

# GALLOWAY TOWNSHIP

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## Special Event Instructions

*Thank you for your interest in holding a special event at Township owned property and/or facility. Attached are the materials needed to obtain an approval. Please follow the application directions very carefully. This page explains all procedures & rules associated with the intended use and is yours to keep for informational purposes. At anytime, if you need additional assistance, please feel free to contact us at (609) 241-0692 or by emailing [gtcomserv@gtmj.org](mailto:gtcomserv@gtmj.org)*

### REQUIREMENTS, GUIDELINES & PROCEDURES:

- Any person wishing to sponsor a special event on Township owned property or facility, shall file an application at least 30 days prior to the requested date. **Prior to Submission, please contact Community Services to verify that your date is available! The Application must be completed in its entirety and include all additional requested documents upon submission for the Review Process.**
- The special events application will be reviewed by the Galloway Community Services Department, whom will determine if any other entity (including Fire, Police and/or Emergency Services) will need to be contacted for further review. Please note, these may require additional documents, fees and/or permits. *\* Please note attendance exceeding 999 people will require another application & further review.*
- The applicant **MUST** comply with any/all applicable Township ordinances, codes, conditions and requirements. Copies are available upon request. *Below are a few that will be reviewed during this application.*
  - **TWP. ORDINANCE § 261-1: PARK USE/ALCOHOLIC BEVERAGES/DOGS NOT PERMITTED**
    - TRASH/RECYCLING MUST BE BAGGED & REMOVED
    - ELECTRIC IS NOT AVAILABLE AT ANY SITE
    - HELIUM BALLOONS/INFLATABLES ARE NOT ALLOWED FOR ANY REASON
  - **TWP. ORDINANCE § 253-1: NOISE ALLOWANCES**
    - REFRAIN FROM ANY LOUD NOISE BETWEEN 11:00PM TIL 7:00AM
- **INSURANCE REQUIREMENTS...**Insurance is required under all circumstances for approval. **Special Event Applicants** are required to provide a certificate of insurance which shows a minimum of \$1 million in General Liability Insurance listing "Township of Galloway, 300 E. Jimmie Leeds Road, Galloway, NJ 08205" as additional insured. **The description on the certificate must include specific dates, event type & locations.**
- All Applicants must sign a "Hold Harmless Agreement/Affidavit" indemnifying the Township of Galloway, which is provided as part of the application.
- Fees are required for use of Township property (Ordinance § 1901) & will be determined per event based on various needs determined by Community Services. (Minimum Resident Charge-\$30 & Minimum Business/School/Organization Charge-\$100 Made payable to GTCSEF/Special Event.
- Pine Needle Park requires a Key Deposit of \$25 for the restroom facilities (locked for security purposes). This payment must be turned in to receive the key on the business day prior to the event (checks can be made payable to GTCSEF). Key must be turned in by the first business day following the event for deposit to be returned.
- Applicant must contact the Galloway Township Construction Office to see if a Fire Inspection is required. Approval is contingent upon receiving a Fire Inspection if required.
- **You must pickup your PERMIT from Community Services prior to your event. This PERMIT must be with you at all times. You will need to present it if requested by a Township Official or Police Officer. NO EXCEPTIONS!**

# *GALLOWAY TOWNSHIP*

## Special Event Application

EVENT TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Is the organization registered with the State of New Jersey as a non-profit organization?

Yes ☐ No ☐ *If yes, please provide a copy of the 501-C3 for our records.*

**ON SITE CONTACT** (day of event): \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

*\* Any change in the above information, please notify the approving department immediately.*

Is this event a fundraiser? Yes ☐ No ☐ Beneficiary: \_\_\_\_\_

Event Use Requested Location: \_\_\_\_\_

*\* Fees for Use are determined per event by Township Ordinance \**

Brief Description of Event: \_\_\_\_\_

\_\_\_\_\_

Estimated # of Participants: \_\_\_\_\_ Anticipated Attendance: \_\_\_\_\_ (999 or under)

Will Children be present? Yes ☐ No ☐ If so, what age range is expected: \_\_\_\_\_

Event Day/Date(s): \_\_\_\_\_ Time: \_\_\_\_\_

*Are you advertising a RAIN DATE? Yes ☐ No ☐ If so, what is the date? \_\_\_\_\_*

Set Up Time(s): \_\_\_\_\_ am/pm Clean Up Time: \_\_\_\_\_ am/pm

Will there be an entrance or registration **FEE**? Yes ☐ No ☐ Amount: \$ \_\_\_\_\_

Has this event been held before? Yes ☐ No ☐ In what City was event held in? \_\_\_\_\_

What are the dates event was previously held? \_\_\_\_\_

**SPONSORING ORGANIZATION/BUSINESS/APPLICANT:**

*~ Please indicate **BELOW** whether the following items pertain to this event ~*

YES <input type="checkbox"/>	NO <input type="checkbox"/>	Food concession and/or Food Preparation area(s)?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will you be supplying your own First-Aid Station?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will there be entertainment?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will a stage be utilized? Dimensions: _____
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will tents or trailers be utilized? Dimensions: _____
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will there be inflatables or amusements?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will there be Booth(s), Exhibit(s), Display(s) and/or Enclosure(s)?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will there be portable toilet(s)? ** Supplier: _____
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will you have alcoholic beverages? *
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will fencing, barrier(s) and/or barricade(s) be utilized?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Is traffic control or crowd control necessary for this event?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you anticipate street closures? Street: _____
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will you be contracting outside entities? _____

*~ If you answered YES to any of the above items, you must provide detailed description, supplies, manufacturer ~*

**EVENT DESCRIPTIONS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

*\* ABC permit will be required.*

*\*\* If providing portable toilets, you must provide at least one (1) Handicap/ADA compliant toilet.*

## **HOLD HARMLESS AGREEMENT/AFFIDAVIT:**

For the purposes of Contractual Liability Coverage's under this policy the following Indemnification Agreement is recited as required under contract with the Township of Galloway, County of Atlantic.

My organization and/or myself, \_\_\_\_\_ agree to Indemnify and Hold Harmless the Township of Galloway, County of Atlantic, including all elected/appointed officials, all employees, volunteers, all boards/commissions, and/or authorities from any and all claims arising out of the negligence of the Insured's operations.

The above recited indemnification wording does not amend, extend or alter the coverage afforded by my organizations policy. Notwithstanding any requirement, term or condition of any contract or document to which this endorsement may pertain, the insurance afford by this policy is subject to all terms, exclusions and conditions of this policy.

I further agree that my organization and/or I have reviewed and will adhere to Governor Phil Murphy's Executive Order No. 149 and any subsequent Executive Orders, The Centers for Disease Control and Prevention guidelines, and the New Jersey Department of Health guidelines for Coronavirus disease 2019 ('COVID-19') in all aspects while I and/or my organization are using Township facilities and/or equipment. Furthermore that I shall Hold Harmless and indemnify the Township of Galloway from any and all liabilities for any and all claims related to COVID-19.

Everything that I have stated on this application is correct to the best of my knowledge. I have read, understand, and agree to abide by the policies and rules and regulations listed on this form as they pertain to the requested usage. All programs and facilities of the Township of Galloway are open to all residents regardless of race, sex, age, color, religion, national origin or handicap.

*PLEASE PRINT CLEARLY*

Name of Applicant: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

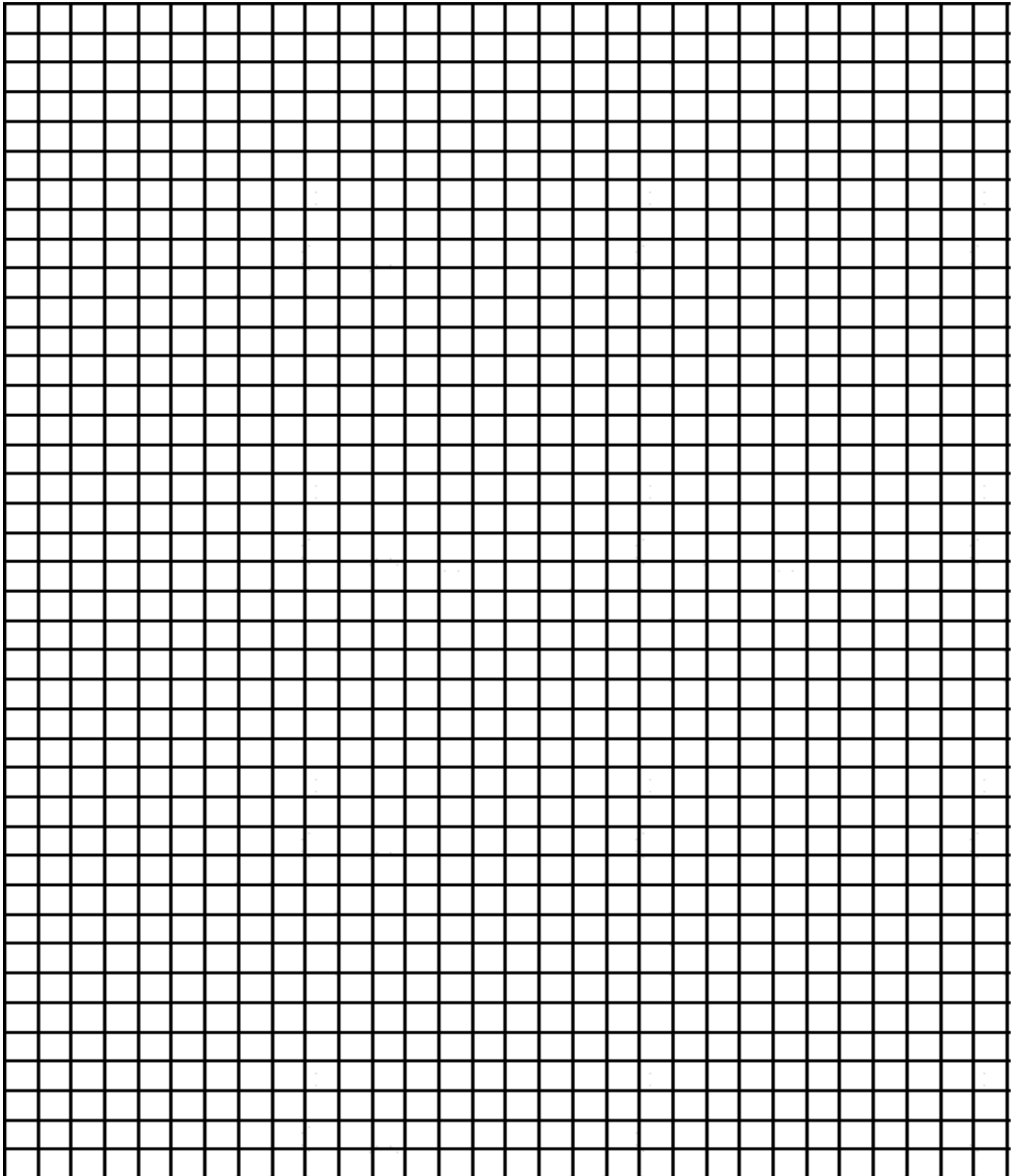
Business/Organization: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPONSORING ORGANIZATION/BUSINESS/APPLICANT:**

**SCALE DRAWING**

Note: Please include key written information with this drawing. Attached additional pages if necessary.



**FOR OFFICE USE ONLY**

Date Submitted: \_\_\_\_\_

Event Location: Imagination Station II ☐ Pine Needle Park ☐ Patriot Lake (Gazebo) ☐  
Glenn By the Bay ☐ Wrangleboro Road Park ☐ Gabriel Soccer Field ☐ Tartaglio Park ☐  
Historical Room ☐ Court Room ☐ Senior Center ☐ Other \_\_\_\_\_

Insurance: ☐ Certificate of Liability Start: \_\_\_\_\_ End: \_\_\_\_\_  
☐ Hold Harmless/Affidavit Signed

**Fire Inspection**

\*Make sure all Special Event Applications are sent to Galloway Township Construction Official and Galloway Township Fire Inspector to determine if the event needs a Fire inspection. Date Emailed: \_\_\_\_\_ Required ☐ Yes ☐ No

Received Reply: Construction Official ☐ Fire Inspector ☐

Special Requirements: \_\_\_\_\_

\_\_\_\_\_

**Fees Determined to Be Charged:** \_\_\_\_\_

Minimum Charges... Galloway Resident \$30 ☐ Non Resident \$50 ☐  
Business/School/Camp \$100 ☐

Received date: \_\_\_\_\_ Cash/Check#: \_\_\_\_\_ By: \_\_\_\_\_

APPROVED ☐ DENIED ☐

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

~ Key Deposit Required ☐ Yes ☐ No

Received date: \_\_\_\_\_ Cash/Check #: \_\_\_\_\_ By: \_\_\_\_\_

Key #: \_\_\_\_\_ Date Deposit Returned: \_\_\_\_\_ By: \_\_\_\_\_