CITY OF ORANGE TOWNSHIP

29 NORTH DAY STREET, ORANGE NJ 07050

General Event Permit Application

Please provide the following information and return this application to the Approving Department indicated on the attached check off sheet. If you have any questions pertaining to the application, please contact the appropriate office for assistance.

Company/Organization Name _____

Street Address _____

City_____ State _____ Zip _____

Day Phone _____ Weekend Phone _____

Office Contact Person _____ Phone # _____

Event Contact Person _____ Phone # _____

Fax # _____ Emergency Cell / Pager # _____

Name And Address Of Insurance Carrier (Attach a Copy of the Rider): _____

_____

Event Name _____

Event Activities (COMPLETE THE ATTACHED EVENT CHECK-OFF SHEET, CHECK ALL ITEMS THAT APPLY)

Date of Event, if one day _____ Rain Date _____

Dates of Event, if more than one day _____

Event Site Name _____

Site Address (Attach Site Area Plan) _____

Municipal Site_____ Non-Municipal Site_____ (complete lines a & b below)

a. If Non-Municipal Site Give Name of Owner/Operator_____

b. If Non-Municipal Give Status of Use Approval: Approved_____ Pending_____

c. If Approved, Attached Documentation

Estimated Attendance_____ Estimated Vehicles _____ Estimated Staff _____

Merchant Vendors Yes/No_____ How Many? _____

Food Vendors Yes/No _____ How Many?_____

Are You Requesting Use Of Electricity? Yes/No _____

If Yes, For What Purpose?_____

Are You Requesting Use of Restrooms? Yes/No _____

If No, How Will Patrons be Accommodated? _____

Are You Requesting Special Parking Arrangements? Yes/No_____ (If yes, see line a.)

a. If yes, Attach Copy of Parking Plan

How will Security be Provided? Attach a Security Plan

Event Times:

a. Set-Up For The Event Will Begin: _____ am/pm

b. The Event Will Begin: _____ am/pm

c. Clean-Up/Take-Down Will Be Completed By: _____am/pm

Statement of Waiver:

I agree to abide by the above and hold the City of Orange Township, harmless for any injury and/or loss of property while engaging in the activity.

Authorized Signature _____ Date _____

Address _____Phone # _____

City _____ State _____Zip _____

****

FOR OFFICE USE ONLY

Attachments	Yes	No	Date Submitted
Event Check Off Sheet			
Proof of Insurance			
Site Area Plan			
Non-Municipal Site Approval			
Parking Plan			
Security Plan			
Signed Waiver Statement			

Date Approved _____ Supervisor's Signature _____