

# BELMAR SPECIAL EVENT APPLICATION

## SPECIAL EVENT SUMMARY

**Application fee \$100 (not for profit \$35.00)**

Fill out the application and attach the required supplemental documentation. Add more Lines/pages if necessary. Applications shall be received by the Borough of Belmar Special Events Coordinator ninety (90) days prior to your event. Application fees are non-refundable. For any reason that you need to cancel or reschedule the date of your event, you must do so in writing no less than 48 hours in advance of setup time for your event. Violation of any terms of this agreement may be grounds for *immediate termination* of your event and will preclude your event from being held within the Borough of Belmar for any future events.

**Certificate of Insurance naming the City as an additional insured on a Primary and Non-Contributory Basis in the amount of \$1,000,000.00 is required upon approval of the application and must be submitted at the time funds are made payable.**

EVENT TITLE \_\_\_\_\_

EVENT DATE: \_\_\_\_\_ # OF PARTICPANTS: \_\_\_\_\_

EVENT TIME: DAY 1: \_\_\_\_\_ DAY 2: \_\_\_\_\_

Set-up time: \_\_\_\_\_ Break-down time: \_\_\_\_\_ Set-up time: \_\_\_\_\_ Break-down time: \_\_\_\_\_  
\*Set-up cannot be before 7 AM; Break-down needs to be done by 9 PM

## EVENT STAFF CONTACT INFORMATION

**Y N**  
  Document attached authorizing the Applicant/Agent of the Applicant to sign application

**APPLICANT NAME** \_\_\_\_\_  
(The Applicant is the party or entity legally responsible for the event)

Mailing address \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

E-mail and website addresses \_\_\_\_\_

Entities without an IRS 501(c)(3) valid tax exemption status are considered to be commercial in nature.

**CO-APPLICANT NAME** \_\_\_\_\_

(The Co-Applicant is the party providing insurance for the event if by an entity other than the Applicant.)

Mailing address \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

E-mail and website addresses \_\_\_\_\_

**Y N**  
  Will any part of the event be held in a Borough park? **(CIRCLE ONE)**

***Pyanoe Plaza, 9<sup>th</sup> & Main Street***

***Silver lake Park, 5<sup>th</sup> & Ocean Avenue***

***Schroder Park, 2<sup>nd</sup> & Ocean Avenue***

***McClearie Park, Hwy 35***

***Memorial Field, 12<sup>th</sup>-13<sup>th</sup> Ave & Main Street***

***Fuggerio Park, 8<sup>th</sup> & D Street***

**Y N**  
  Will any part of the event be held in a Borough Public Space? **(CIRCLE ONE)**

Belmar Beach

Belmar Marina

Huisman Gazebo

Other.....

Will any part of the event be held in a Borough parking lot? \_\_\_\_\_

Will any part of the event be held on a Borough beach? \_\_\_\_\_

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Letters of consent attached from property owners for use of private properties not owned by the Applicant

**LOCATION(S) Indicate involved location(s) including all addresses to include street numbers:**

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## AFFECTED PARTY MEETING- *to be determined during application review by committee*

**Y N**

Affected Party meeting required? Copy of meeting notice attached. **Date notice is to be sent**

List of recipients and their addresses attached.

**Addresses for involved private property locations to include street numbers:**

**Y N**

Is this your first time organizing such an event? If no, what other events have you organized and been responsible for? \_\_\_\_\_

Have you held this event or a similar event in past years?

If yes, when and where: \_\_\_\_\_

## **How does this event benefit the Borough of Belmar? (explain)**

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## FEES

**To be assigned following Special Event Meeting**

Are patron admission, entry, or participant fees required?: Fee amount \_\_\_\_\_

**DATES(S) AND TIMES** *Add more lines/page if necessary. If in a public park or space, set up time will not begin before 7AM and dismantle and cleanup will be finished for the day by 9PM*

## CATEGORY (CIRCLE ALL THAT APPLY)

Run	Marathon/Half-marathon	Expo	Street Fair
Walk	Triathlon	Festival/Celebration	Cold Water Plunge
Cycling	Fundraiser	Fireworks/pyrotechnics	Other: _____
5K	Concert	Parade	

## ACTIVITIES (CIRCLE ALL THAT APPLY)

Do your event plans include any of the following activities:

Bingo Games	Casino Games	Drawing
Live Music	Lottery	Patron Dancing

## AMPLIFIED SOUND OR MUSIC

**No amplified sound before 8:00AM. No amplified sound after 9PM.**

**Speakers MUST be pointed away from residential housing.**

**Y N**

Are there any musical entertainment features related to your event? If yes, complete the following information:

Name of band(s): \_\_\_\_\_

Number of stages: \_\_\_\_\_

List of all bands/performers, their schedule, and locations attached.

**Type of Music:**

Instrumental  Hard rock  Jazz  Folk  Popular  National  Other

**Y N**

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- Will sound checks be conducted prior to the event? **If yes, indicate start and finish time:** \_\_\_\_\_
- Will sound amplification be used? **If yes, indicate start and finish time:** \_\_\_\_\_
- Do you plan to have a patron dance component to either live or recorded music at your event and will there be a designated dance floor or area? **If yes, describe and indicate on site plan:** \_\_\_\_\_

## DESCRIPTION OF EVENT

Describe the nature of the event in detail for advertising purposes: \_\_\_\_\_

Expected number of spectators per day: \_\_\_\_\_

Expected number of participants per day: \_\_\_\_\_

### Y N

- Copies attached of pamphlets, schedule of events or activities, flyers, promotional materials, event advertising, maps, etc., which are provided to the public or participants.

## VIP ATTENDANCE

### Y N

- Do you expect any celebrities or highly public individuals to attend or participate in your event?  
**If yes, list individuals by name and classification.** Examples include: entertainer, political figure, business person, religious person, civil rights, foreign dignitary, etc. \_\_\_\_\_

## DATE(S)/TIMES/LOCATION(S)

Indicate the dates, times, and locations the **Applicant or On-site contact** will be staffing the event:  
Date(s) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ hours  
Location(s) \_\_\_\_\_

## ON-SITE CONTACT NAME ON DAY OF EVENT/TITLE

Organization \_\_\_\_\_  
Telephone (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_  
E-mail and website addresses \_\_\_\_\_

## PROFESSIONAL EVENT ORGANIZER NAME/TITLE

Organization \_\_\_\_\_  
Mailing address \_\_\_\_\_  
Telephone (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_  
E-mail and website addresses \_\_\_\_\_

## STAFF MEMBER TO WORK WITH THE SPECIAL EVENTS COORDINATOR

(if other than the Applicant or Agent)

Organization \_\_\_\_\_  
Telephone (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_  
E-mail and website addresses \_\_\_\_\_

### Y N

- Will event staff be recognizable in uniforms on the day of the event?  
Describe uniforms: \_\_\_\_\_
- Will event staff be in contact with city staff via  cell phone or  two-way radios?
- Event staff roster attached to include: names, titles, shifts, phone numbers, locations, duties.  
Location of event staff accepting lost property and persons: \_\_\_\_\_
- Missing child policy attached.  
Volunteer check-in location: \_\_\_\_\_

## INSURANCE REQUIREMENTS AND VERIFICATION OF COMPLIANCE

### Y N

- Copy of general Certificate of Insurance for Applicant attached. **Cert. Of Insurance, \$1 Million, see first page.**
- Copy(ies) of certificate(s) of insurance for special aspect(s) attached. (alcohol/inflatables/fireworks/pyrotechnics/climbing wall/security/traffic control)

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Is insurance for the event provided from any entity other than the Applicant?

**If so, Co-Applicant's contact information is required on Page 2 and signature on Page 9.**

## ATHLETIC PARTICIPANTS

Y N

Copy of blank waiver and release of liability form(s) for athletic participants attached.

**(Release of the City of Long Branch from liability must be included on the form)**

## SITE PLAN

Y N

Site plan attached.

Detailed narrative and time-line attached including description of activities during the event.

Will inflatables be provided?

## POLICE

### TRAFFIC CONTROL PLAN (TCP)

### ROAD CLOSURE SIGN NOTIFICATIONS

Y N

Copy of TCP attached.

Road closure summary attached.

After plan review, if roads need to be closed and/or signage needs to be put out, the Borough of Belmar Police Department Traffic Division will be responsible for this development and implementation.

### ROUTE MAP

Y N

Route map attached. *See Borough of Belmar PD Special Events Coordinator for route selection.*

**The City has predetermined several run routes, which you may select for the run length you require**

### SECURITY PLAN

Y N

Will you require Belmar Police Officers to be present for security and/or traffic control?

**Administrative Staff from the Police Department will review your application to determine the number of officers required. An estimate will be provided to you for review and acceptance. Payment will be required in advance.**

Will you be hiring a licensed professional security company to develop and manage your event's security plan?

**Plans developed by a security company must be reviewed by the Police Department to meet city, state and Homeland Security policy.**

Will the security company be monitoring the entire venue or just the alcohol service area?

### SECURITY PROVIDER

Contact name \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

E-mail address \_\_\_\_\_

Copy of certificate of insurance for special aspect attached.

### DATE(S)/TIMES/LOCATION(S)

Indicate the dates, times, and locations security will be at the event.

Date(s) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ hours

Location(s) \_\_\_\_\_

### SAFETY EQUIPMENT- Barricades, Message Boards

### EQUIPMENT PROVIDER

Contact Name \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

E-mail and website addresses \_\_\_\_\_

### DATES(S) AND TIMES

Equipment set-up Date \_\_\_\_\_ Time \_\_\_\_\_

Equipment pick-up Date \_\_\_\_\_ Time \_\_\_\_\_

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**PARKING MANAGEMENT PLAN (PMP) / PARKING WAIVERS / SHUTTLE SERVICE**

**Y N**

Parking management plan attached

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Y N

Have you provided adequate parking for the disabled?

If yes, where? \_\_\_\_\_

Public parking will be available at what address(es) to include street numbers? \_\_\_\_\_

Parking for event staff and volunteers will be available at what address(es) to include street numbers? \_\_\_\_\_

## SHUTTLE SERVICE

Y N

Will event be providing shuttle services from off-venue parking areas?

If yes, what address(es) to include street numbers? \_\_\_\_\_

Shuttle plan attached. (*Details of shuttle service, a map of the routes, site plan of the off-site public parking*)

## SHUTTLE PROVIDER

Contact name \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

E-mail and website addresses \_\_\_\_\_

## DATES(S) AND TIMES

Indicate the dates, times, and locations the shuttle will be in operation.

Date(s) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ hours

Location(s) \_\_\_\_\_

## PUBLIC WORKS

### Clean Up

Y N

Have you assigned a clean-up crew with the appropriate number of staff to promptly and adequately clean-up after the event? **How many staff members are assigned to the clean-up crew?** \_\_\_\_\_

Contracted street sweeper vehicle will clean the streets and/or parking lots after the event? \_\_\_\_\_

## PORTABLE RESTROOMS

Y N

Do you plan to provide portable restroom facilities? If yes, secondary containment trays are required.

If no, explain: \_\_\_\_\_

Number of portable restrooms \_\_\_\_\_ Number of hand washing stations \_\_\_\_\_

Number of ADA accessible portable restrooms \_\_\_\_\_

All portable restroom and hand washing stations are indicated on the site plan.

**Estimate for minimum number of units per people: 500 people or less-4; 1000 people-8; 2500 people-15**

## RESTROOM PROVIDER

Contact name \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

E-mail address \_\_\_\_\_

## DATE(S)/TIMES FOR PORTABLE RESTROOM DELIVERY AND PICK-UP

Restroom set-up: Date \_\_\_\_\_ Time \_\_\_\_\_

Restroom pick-up: Date \_\_\_\_\_ Time \_\_\_\_\_

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## FIRE AND HEALTH INSPECTIONS AND PERMITS

Y N

Have you provided 20-foot emergency access lane throughout the event?  
  Does your event have any tents, canopies, or umbrellas? **Tents exceeding 30 feet in any dimension or 900 sq.ft. require a permit form Fire Marshal. No Stakes in the ground permitted Describe:**

Does your event include fireworks, rockets, lasers or other pyrotechnics?

**Type (i.e. aerial/theatrical):** \_\_\_\_\_

Will food be provided -**Please contact Monmouth County Health Department for guidance**

**Describe Food Activities:** \_\_\_\_\_

Does your event include any open flame cooking? *Use of open flame for cooking requires a permit from the Fire Marshal and inspection by the Health Department*

List of food services and/or tent vendors attached- name, address & phone number

Copy of Fire Marshal application attached.

## FIREWORKS/PYROTECHNICS PROVIDER

Contact Name \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

E-mail and website addresses \_\_\_\_\_

### DATE(S)/TIMES/LOCATION(S)

Indicate the dates, times, and locations the fireworks/pyrotechnics provider will be at the event.

Date(s) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ hours

Location(s) \_\_\_\_\_

Setup Date \_\_\_\_\_ Time \_\_\_\_\_

Take Down Date \_\_\_\_\_ Time \_\_\_\_\_

## MEDICAL PLAN- for events over 2000 attending

### MEDICAL SERVICE PROVIDER

Contact name \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

E-mail address \_\_\_\_\_

### DATE(S)/TIMES/LOCATION(S)

Indicate the dates, times, and locations medical staff will be at the event.

Date(s) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ hours

Location(s) \_\_\_\_\_

### MEDICAL SHUTTLE PICK-UP PROVIDER

Contact name \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

E-mail address \_\_\_\_\_

Y N

Roster of medical staff attached to include: names, titles, qualifications, cell numbers.

Will first aid/CPR certified Event staff be on-site? **Location:** \_\_\_\_\_

Will there be a doctor on-site directing medical care?

Will there be a supervisor for the medical personnel? **Name:** \_\_\_\_\_

Will medical personnel be stationed in a designated first aid area? **Location:** \_\_\_\_\_

Will medical personnel be mobile (i.e., foot or bicycle) with first response equipment throughout the venue? **Describe:** \_\_\_\_\_

Will medical personnel be wearing distinctive, recognizable clothing? **Describe:** \_\_\_\_\_

What times will medical personnel be on-duty? **Indicate:** \_\_\_\_\_

Will a shuttle be provided for non-medical pick-ups?

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Indicate staging location, company name, contact person, cell phone number:

Indicate first aid station locations along the route and how they will be clearly identified:

- Will there be an Automatic External Defibrillator (AED) on-site(s)? **Location**
- Will a Basic Life Support (BLS) ambulance be on-site? **Location(s)**
- Will an Advanced Life Support (ALS) ambulance be on-site? **Location(s)**
- Will a Long Branch Fire Department engine be needed on-site?

**Indicate:** engine location \_\_\_\_\_

Please note that if you need to reschedule your event for whatever reason, you must fill out a new application. Rain Dates cannot be given as other events may be schedule on that date.

*The placing of lawn signs on private and public property or signs on street poles to advertize an event is prohibited; 40-7.24*

The application fee is due upon submission of the application. It will be reviewed and if approved a detailed cost statement will be provided. You will have 14 business days to provide the funds required for deposit into a special escrow account. If the funds are not provided in the aforementioned days, you will lose your date for the event and have to resubmit the application. Certificate of Insurance naming the Borough as an additional insured in the amount of \$1,000,000.00 is required upon approval of the application and must be submitted at the time funds are made payable.

On Behalf of the applicant, I have reviewed the route and/or premises that are being rented and/or utilized and that route and/or premises appears to have no apparent hazards which would endanger the participants or prohibit the activities on the City property being utilized. On behalf of the applicant, I have also advised that I will execute an Indemnification and Hold Harmless Agreement by all applicants and participants who participate in the Special Event that the organization has requested to hold.

Signature of Applicant or Co-applicant \_\_\_\_\_



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## SPECIAL ASPECT OF EVENT RELEASE FROM LIABILITY AND INDEMNIFICATION

(Read before signing)

Y N

Is there a special aspect involved in the event? (**alcohol/inflatables/fireworks/pyrotechnics/climbing wall/security/traffic control**) If yes, please have the entity providing the special aspect fill out this section. If no, proceed to the **AFFIDAVIT OF APPLICANT. Additional insurance required.**

I, the undersigned, agree to and represent that I have the actual and legal authority to waive and release the Borough of Belmar, its elected officials, officers, agents, employees and volunteers (collectively "Released Parties") from and against any and all claims, costs, liabilities, expenses or judgments including attorney's fees and court costs arising out of the special activity, service or particular aspect, to wit: that I am providing to this special event or any illness or injury resulting therefrom, and hereby agree to indemnify and hold harmless the Released Parties from and against any and all such claims related to the special activity, service or particular aspect provided to this special event, whether caused by negligence or otherwise, except for illness and injury resulting directly from the gross negligence or willful misconduct on the part of the Released Parties. Furthermore, I agree to comply with Borough of Belmar Special Event regulations, including the provision of insurance in compliance with those regulations and the resulting issuance of a special event permit.

**I UNDERSTAND AND AGREE THAT BY SIGNING THIS WAIVER I AM RELEASING THE BOROUGH OF BELMAR, ITS ELECTED OFFICIALS, EMPLOYEES, VOLUNTEERS, OFFICERS AND AGENTS FROM ANY LIABILITY RESULTING FROM THIS SPECIAL ACTIVITY, SERVICE OR PARTICULAR ASPECT OF THE SPECIAL EVENT. I UNDERSTAND THAT NO CITY EMPLOYEE, VOLUNTEER, OR AGENT IS AUTHORIZED TO MODIFY THIS WAIVER AND RELEASE. I CERTIFY THAT I HAVE PERSONNALLY READ AND UNDERSTOOD THIS WAIVER AND RELEASE.**

### ENTITY PROVIDING SPECIAL ASPECT FOR CORPORATIONS

\_\_\_\_\_  
*Print entity name*

\_\_\_\_\_  
*Print name/title of person legally authorized to sign on behalf of entity*

\_\_\_\_\_  
*Signature of authorized person (notarized signature required of corporations)*

\_\_\_\_\_  
*Date*

### FOR NON-CORPORATION

\_\_\_\_\_  
*Print entity name*

\_\_\_\_\_  
*Print name/title of person legally authorized to sign on behalf of entity*

\_\_\_\_\_  
*Signature of authorized person Date*

### AFFIDAVIT OF APPLICANT (Read before signing)

I certify the information contained in the foregoing application is true and correct to the best of my knowledge and belief; that I have been given a copy, read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the Borough of Belmar Municipal Code; and that I understand this application is made subject to the rules and regulations established by the City Council and/or the City Business Administrator or his designee. I agree to comply with all other requirements of the City, County, State, Federal Government, and any other applicable entity which may pertain to the use of the Event venue and the conduct of the Event.

### RELEASE FROM LIABILITY AND INDEMNIFICATION

I agree to waive and release the Borough of Belmar, its elected officials, officers, agents, and employees and volunteers (collectively "Released Parties") from and against any and all claims, costs, liabilities, expenses or judgments including attorney's fees and court costs arising out of the activities of this special event or any illness or injury resulting there from, and hereby agree to indemnify and hold harmless the Released Parties from and against any and all such claims, whether caused by negligence or otherwise, except for illness and injury resulting directly from the gross negligence or willful misconduct on the part of the Released Parties.

**I UNDERSTAND AND AGREE THAT BY SIGNING THIS WAIVER I AM RELEASING THE BOROUGH OF BELMAR, ITS ELECTED OFFICIALS, EMPLOYEES, VOLUNTEERS, OFFICERS AND AGENTS FROM ANY LIABILITY RESULTING FROM THIS SPECIAL EVENT OR ACTIVITY. I UNDERSTAND THAT NO CITY EMPLOYEE, VOLUNTEER, OR AGENT IS AUTHORIZED TO MODIFY THIS WAIVER AND RELEASE. I CERTIFY THAT I HAVE PERSONNALLY READ AND UNDERSTOOD THIS WAIVER AND RELEASE.**

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## APPLICANT SIGNATURE FOR CORPORATIONS

\_\_\_\_\_  
*Print Applicant Name*

\_\_\_\_\_  
*Print name/title of person legally authorized to sign on behalf of Applicant*

\_\_\_\_\_  
*Signature of authorized person (notarized signature required of corporations)*

\_\_\_\_\_  
*Date*

## FOR NON-CORPORATION

\_\_\_\_\_  
*Print Applicant Name*

\_\_\_\_\_  
*Print name/title of person legally authorized to sign on behalf of Applicant*

\_\_\_\_\_  
*Signature of authorized person*

\_\_\_\_\_  
*Date*

## CO-APPLICANT SIGNATURES

### Y N

Is insurance for the event provided from any entity other than the Applicant?

**If yes, please have the Co-**

**Applicant fill out this section. FOR**

## CORPORATIONS

\_\_\_\_\_  
*Print Applicant Name*

\_\_\_\_\_  
*Print name/title of person legally authorized to sign on behalf of Applicant*

\_\_\_\_\_  
*Signature of authorized person (notarized signature required of corporations)*

\_\_\_\_\_  
*Date*

## FOR NON-CORPORATION

\_\_\_\_\_  
*Print Applicant Name*

\_\_\_\_\_  
*Print name/title of person legally authorized to sign on behalf of Applicant*

\_\_\_\_\_  
*Signature of authorized person*

\_\_\_\_\_  
*Date*

## SUBMISSION OF COMPLETED APPLICATION

The Applicant must complete, sign, date, and add supplemental documentation to this application before submitting an original copy to: **Borough of Belmar,**

**Attn: Special Events  
PO BOX A, 601 Main Street,  
Belmar, NJ 07719**

FOR OFFICE USE ONLY (PLEASE DO NOT PRINT BELOW THIS SPACE)

DATE APPLICATION RECEIVED.....

APPLICATION FEE PAID.....

USAGE FEE PAID AMOUNT & DATE OF PAYMENT.....

APPROVED..... REJECTED..... DATE.....