



Beth Stasuk

Deputy Director of Public Works,
Division of Community Services

GALLOWAY TOWNSHIP

Public Works, Division of Community Services
Recreation Parks Planning & Acquisition Community Events
Senior Services Social Services
Community Education GTV Recycling

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Thank you for your interest in holding a special event or utilizing a Township owned field and/or facility. Attached are the materials needed to obtain approval for your upcoming event. Please follow the application directions very carefully.

Requirements and Conditions:

- 1) Any person wishing to sponsor a special event shall file an application with the Township of Galloway to the applicable department at least 30 days prior to the date of the event.
Application must be completed in its entirety.
- 2) The special events application will be reviewed by the appropriate departments including Community Services. Police, Fire, Public Works, Township Clerk or any other entities as determined by the applicable department.
- 3) The applicant shall comply with all the applicable Township ordinances, code, conditions and requirements. Copies are available upon request. **PLEASE NOTE... AS PER TWP. ORDINANCE § 261-1.B1 - ALCOHOLIC BEVERAGES ARE PROHIBITED ON/IN ANY TOWNSHIP OWNED/ OPERATED FACILITY, PARK OR PLAYGROUND.**
- 4) Requests for Fire, Police, and/or Emergency Services shall be subject to requirements and interpretive authority and discretion of the approving department. Please note, applicant is required to request these services based on their specific needs to the individual agencies.
- 5) Requests for Police services shall be subject to the interpretive authority and discretion of the Chief of Police. Requests for Fire services shall be subject to the interpretive authority and discretion of the Fire Chief. Requests for Emergency services shall be subject to the interpretive authority and discretion of the Director of Galloway Ambulance Squad.
- 6) Applicants must provide a Certificate of Liability Insurance listing the "Township of Galloway, 300 E. Jimmie Leeds Road, Galloway, NJ 08205" as additional insured. **Please note the description on the certificate must include specific dates, events, and location.**
- 7) Applicants must sign a "Hold Harmless Agreement" indemnifying the Township of Galloway, please see attached.
- 8) Organizations that are requesting field use, are required to comply with our Youth Protection Program. **Your form must include your season's coaches registration forms for each and every coach and/or assistant.**

APPLICANT AND/OR SPONSORING ORGANIZATION INFORMATION:

Name of Organization/Individual: _____

Full Address: _____

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

Yes No If yes, please inclose a copy of their 501-C3 for our records.

Applicant Name: _____

Applicant Full Address: _____

Daytime Phone: (____)_____ Evening Phone: (____)_____

Fax: (____)_____ E-mail: _____

ON SITE CONTACT day of event: _____ Cell Phone: (____) _____

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

SPECIAL EVENT INFORMATION:

Is this event a fundraiser? Yes No Beneficiary: _____

Field or Facility Use Location:

Imagination Station II Pine Needle Park Skate Park Veteran's Memorial Park

Patriot Lake (Gazebo) Wrangleboro Road Park Gabriel Soccer Field Tartaglio Park

Historical Room Court Room Other _____

Description of Use:

Children's Party Wedding Ceremony/Pictures Craft Show Fair/Carnival Fundraiser

Parade Run/Walk Block Party Meeting Program Sports Field Other _____

Event Title/Activity: _____

Estimated # of Participants: _____ Estimated Attendance: _____

* Please note attendance exceeding 999 people will require another application & further review.

Event Date(s): _____ Rain Date(s): _____ Time: _____am/pm

Set Up Time(s): _____am/pm Take Down Time(s): _____am/pm

Description of Event Set Up: _____

* Please attach additional sheets as necessary, including plans, maps, flyers, etc.

Will there be an entrance or registration fee? Yes No Amount: \$ _____

GENERAL EVENT INFORMATION (Please note electric is not available):

* Please indicate whether the following items pertain to this event.

- YES NO Food concession and/or Food Preparation area(s)?
- If you intend to cook food, please specify method: Gas Charcoal Other _____
- YES NO Will you be supplying your own First-Aid Station?
- YES NO Will tents be utilized? How many? _____ What size(s) _____
- * Applicant is required to call for a mark-out ten days prior to the event.
- YES NO Will a stage be utilized? Dimensions: _____
- YES NO Will there be entertainment? Description: _____
- YES NO Will vehicle(s) and/or trailer(s) be used? How many? _____
- YES NO Will tables and/or chairs be set up? How many? _____
- YES NO Will fencing, barrier(s) and/or barricade(s) be utilized?
- YES NO Are street closures requested? Street Name: _____

Justification for Street closure: _____

- YES NO Will there be portable toilet(s)? Supplier: _____
- YES NO Will there be inflatables or amusements? Supplier: _____
- YES NO Will there be Booth(s), Exhibit(s), Display(s) and/or Enclosure(s)?
- YES NO Will the event be advertised? Where: _____
- YES NO Is traffic control or crowd control necessary for this event?

* If Yes, Applicant is required to contact Police Department to request.

*** Please note ~ You are required to bag and remove all trash.**

What is your plan for clean up and disposing of all refuse from this event? _____

REQUIRED ATTACHMENTS:

INSURANCE REQUIREMENTS

Evidence of insurance will be required before final approval. Please provide a certificate of insurance which shows a minimum of \$1 million in Commercial General Liability Insurance. Some events may require a higher limit of insurance. Additionally, applicant and/or co-sponsors must list the Township of Galloway as additionally insured on their Certificates of Insurance.

* Each event is evaluated on its risk exposure, all events must have their own certificate .

HOLD HARMLESS AGREEMENT

A Hold Harmless Release Agreement must be submitted with each application (attached).

AFFIDAVIT OF APPLICANT

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. By signing this application, the applicant agrees to follow all rules and regulations. 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.

NAME OF APPLICANT: _____

SIGNATURE: _____ DATE: _____

HOLD HARMLESS AGREEMENT:

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 and appointed officials, all employees, volunteers, all boards, commissions, and/or authorities and their board members, employees, and volunteers 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.

Organization: _____

Organizational President/Individual: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Insurance Policy Coverage: Start: _____ End: _____

Date: _____ Time: _____ Location: _____

Event Type: _____ Applicant: _____ Phone: _____

APPROVED DENIED Signature: _____ Date: _____

~ Deposit Required Received date: _____ Cash/Ch. #: _____ By: _____

Key #: _____ Date Deposit Returned: _____ By: _____