



## TOWN OF CLINTON

INCORPORATED APRIL 5, 1865

43 Leigh St., P.O. Box 5194

Clinton, N.J. 08809-5194

(908) 735-8616 FAX (908) 735-8082

### SPECIAL EVENT REQUEST FORM

This special event request form is to facilitate communication, cooperation, and logistical coordination between the governing body of the Town of Clinton, our residents and the business community with those wishing to sponsor or conduct special events within the Town of Clinton. Filming, street closures and the use of public property or public right-of-ways for any purpose are all regulated by Ordinance. For these types of activities permission must be granted by the Mayor and Council and this application must be submitted in its entirety to the Town Clerk and be put on the Council's Agenda for a regularly scheduled Council Meeting. The Mayor and Council meet at 7:30pm the 2nd and 4th Tuesday of each month at the Municipal Building 43 Leigh Street. The Mayor and Council will consider each request on an individual basis and reserve the right to deny permission for activities, which may be deemed inconsistent with the character of the Town or may be disruptive or dangerous to the public safety of the Town. All sections must be filled out in full. If section is not applicable you need to indicate as such.

#### EVENT INFORMATION

Name of Event: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Name of Person Responsible for application: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Event Contact during event \_\_\_\_\_

Mobile phone for during event \_\_\_\_\_

#### EVENT LOGISTICS

Location of the Event: check all that apply

\_\_\_\_ Town Building(s) \_\_\_\_ Park \_\_\_\_ Street(s) \_\_\_\_ Private

List all specific locations where event will be held:

\_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Rain Date(s): \_\_\_\_\_

Hours of Event: \_\_\_\_\_

Event Set Up & Break Down Date & Times \_\_\_\_\_

Attendance Anticipated: \_\_\_\_\_

Type of Event: check all that apply

\_\_\_ Clinton Community \_\_\_ Fundraiser \_\_\_ Pass thru event\* (org using parts of TOC's streets)

\_\_\_ Road Race\* \_\_\_ indoor event \_\_\_ age targeted (indicate age range)

Description of event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Applicant must include a map with this application of Route if Street closures are deemed

## EVENT REQUIREMENTS

### A. Sanitary Provisions

\* Restroom Facilities: Indicate how sanitary provision will be made. If not Applicable indicate

\_\_\_\_\_

Name of Contractor if bringing in outside service \_\_\_\_\_

Contact & Phone of Contractor \_\_\_\_\_

Which service will you be contracting for? Indicate how many units:

\_\_\_ Porta Johns \_\_\_ Trailer

Note location where units will be placed \_\_\_\_\_

Date & Time of Arrival & Removal \_\_\_\_\_

\*Trash Disposal: Indicate how trash disposal will be made. If not Applicable indicate so.

\_\_\_ Taking off Premise \_\_\_ Arrangements to be made with TOC\*\* \_\_\_ Outside service arrangements

Name of Contractor if bringing in outside service \_\_\_\_\_

Contact & Phone of

Contractor \_\_\_\_\_

\*\*Trash and Recycling is to be coordinated with the Business Administrator/Public Works Director at 908- 735-8616

**B. Food Sales**

Temporary Food Licenses are required by the Town and must be inspected by the Hunterdon County Health Department.

See the Town Clerk for information regarding this application and fee. Or find on our website [www.clintonnj.gov/forms.html](http://www.clintonnj.gov/forms.html)

Indicate the exact location of any food vending on the attached map.

For cooking equipment use please refer to section C Fire Permits.

Restaurants that may be affected by your food sales must be notified of the proposed vending by the applicant or through the Clinton Guild. Refer to notifications in section below

**C. Fire Permits**

Use of any of the following are subject to fire permits and inspections. Check off items being used.

\_\_\_\_\_ cooking equipment open flame including but not limited to charcoal and propane grills

\_\_\_\_\_ Tent(s) Subjected to scope and size of tent(s) being used.

Describe what is being used

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See Town Clerk for information and forms regarding the above. Or find on our website [www.clintonnj.gov/forms.html](http://www.clintonnj.gov/forms.html). Any questions may be directed to Fire Inspector at 908-735-2275.

**D. Alcohol Consumption**

See Town clerk for information regarding this application to consume and or sell alcohol on Town of Clinton property. Approvals subjected to ABC license approvals and documentation must be submitted to town.

**E. Signs & Banners**

Permits are required for any signage even if it's temporary.

See the Town Clerk for information regarding this application and fee. Or find on our website [www.clintonnj.gov/forms.html](http://www.clintonnj.gov/forms.html)

**E. Street Closures**

Street closures need to be shown on a provided map

Upon approval of Town of Clinton Police. See Notification section.

**F. Insurance Requirements:**

The required ACORD certificates of insurance reflecting all of the insurance coverages required herein must be submitted with this application.

A. All insurance coverages reference in this application, purchased by the applicant shall use Insurers with a minimum A.M. Best Rating of A- VII and all Insurers shall be licensed or authorized to do business in New Jersey.

- B. Compliance by applicant with the carrying of insurance and furnishing of ACORD 25 certificates of insurance or its equivalent, shall not in any way relieve applicant from any liability or diminish their obligations to maintain the insurance coverages required herein, or with any agreement with the Town or by law.
- C. Applicant shall maintain, or cause to be maintained, for the full term of the contract or as required below, at their sole cost and expense, the following insurance coverages:
- a. Commercial General Liability insurance shall cover ALL operations of the Applicant for bodily injury, property damage, personal injury with minimum limits of not less than:
    - i. \$2,000,000 General Aggregate (Other than Products-Completed Ops)
    - ii. \$2,000,000 Products-Completed Operations Aggregate
    - iii. \$1,000,000 Personal and Advertising Injury Limit
    - iv. \$1,000,000 Liquor Law Liability if applicable
    - v. \$1,000,000 Each Occurrence Limit
  - b. Commercial General Liability coverage shall contain:
    - i. No Cross Liability or Cross Suits exclusions or limitations.
    - ii. Town and its officers, directors, boards, commissions, agents, employees and volunteers as additional insured on a primary and non-contributory basis.
    - iii. Waiver of Subrogation.
  - c. Commercial Automobile Liability insurance coverage with minimum limits of \$1,000,000 per accident for all Owned, Leases, Non-Owned and Hired Vehicles
  - d. Workers' Compensation and Employers Liability insurance in accordance with the applicable State statutes and laws. Sole proprietorships, members of LLC's and partners who will performing work may not "opt out" of coverage in states were allowed; coverage must be maintained.
  - e. Professional Liability Coverage if applicable with minimum limits of \$1,000,000 each claim/\$1,000,000 annual aggregate.
- D. Should the insured's coverage lapse or be cancelled for any reason, the Town must be notified no later than 30 days prior to cancellation date.
- E. Umbrella Liability Insurance shall be excess of employers liability, commercial general liability, commercial automobile liability, liquor law liability if applicable and professional liability if applicable. Additional Insured will follow form with minimum limits of:
- a. \$2,000,000 General Aggregate Limit
  - b. \$2,000,000 Each Occurrence Limit
  - c. \$2,000,000 Products-Completed Operations Aggregate

- F. The Applicant to the fullest extent permitted by law, hereby agrees to indemnify and hold harmless the Town of Clinton, and all of its agents, directors, officers, employees, boards, commissions and volunteers, against any and all claims, judgments, demands for damages and expenses, including but not limited to attorney's fees, arising out of, by reason of, on account of, in consequence of, or in connection with the special event, arising from losses to any persons or property caused by the applicant, its guest, invitees, family member or participants or any other person(s) to which this application applies.
  
- G. Any/All of the above-referenced insurance requirements can be waived by the Mayor and Council of the Town of Clinton at their discretion. Said waivers must be requested in writing with submission of this request form.

**NOTIFICATIONS:**

The following organizations must be notified of the proposed event by the applicant prior to submission of this application if services are required or event impacts any organization noted.

**Clinton Fire Company** 908-735-8613 Required Services: \_\_\_ Yes \_\_\_ Not Applicable (NA)

Person Contacted: \_\_\_\_\_ Date: \_\_\_\_\_

If yes, indicate Service Required \_\_\_\_\_

**Clinton Rescue Squad** 908-735-8234 Required Services: \_\_\_ Yes \_\_\_ NA

Person Contacted: \_\_\_\_\_ Date: \_\_\_\_\_

If yes, indicate Service Required \_\_\_\_\_

**Clinton Business Guild:** 908-735-8808 Required Coordination: \_\_\_ Yes \_\_\_ NA

Person Contacted: \_\_\_\_\_ Date: \_\_\_\_\_

If yes, indicate Coordination

Required \_\_\_\_\_

**Hunterdon Historical Museum** 908-735-4101 Required Coordination: \_\_\_ Yes \_\_\_ NA

Person Contacted: \_\_\_\_\_ Date: \_\_\_\_\_

If yes, indicate Coordination

Required \_\_\_\_\_

**Hunterdon Arts Museum** 908-735-8415 Required Coordination: \_\_\_ Yes \_\_\_ NA

Person Contacted: \_\_\_\_\_ Date: \_\_\_\_\_

If yes, indicate Coordination

Required \_\_\_\_\_

**Parks and Recreation Commission** 908-735-7276 Required Coordination: \_\_\_ Yes \_\_\_ NA

Person Contacted: \_\_\_\_\_ Date: \_\_\_\_\_

If yes, indicate Coordination

Required \_\_\_\_\_

**POLICE DEPARTMENT:** 908-735-2665 Required Coordination: \_\_\_ Yes \_\_\_ NA

Person Contacted: \_\_\_\_\_ Date: \_\_\_\_\_

If yes, indicate Coordination

Required \_\_\_\_\_

Below is based on event exposure to town, location, street closures, crowd control

Town of Clinton Officers Required \_\_\_\_\_ (number indicated) and time frame \_\_\_\_\_

Will Off-Duty Officers be Required: Yes \_\_\_\_\_ No \_\_\_\_\_

Final determination will be made by the Chief of Police (If "Yes", Complete "Off Duty Employment Application")

Chief's Comments / Recommendations:

\_\_\_\_\_  
\_\_\_\_\_

Police Chiefs Approval: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

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

**CERTIFICATION OF APPLICATION:**

As the applicant for this Special Event I request permission from the Mayor and Council to hold this event as described in this application. I certify to the Mayor and Council that this application is true and correct in its entirety and that all required notifications and conditions of this permit will be satisfied.

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

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

Internal Use

Clerk Receipt of Application ( All boxes have been checked)

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

I certify that this application is complete including all additional applications such as but not limited to fire, banner or alcohol if deemed.

Scheduled for Council Meeting: indicate date \_\_\_\_\_

Approval of the Mayor and Council      Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

\_\_\_\_\_  
Date

Mayor and Council Comments/Conditions