

Township of Raritan Special Events Permit Request

Date of Application: _____ **Permit Number:** _____

(Official Use Only)

Event organization and address:	Name & address of primary contact person:
Phone:	Cell#:
Event Website:	Email:

Event Name: _____ Event Date(s): _____

Event Start time: _____ End Time: _____ Set-up & Breakdown Times: _____

Location of Event: _____

Description of Event:

Estimated No. of Participants: _____ Estimated No. of Spectators: _____

The following questions will help indicate which Departments will need additional follow-up or permitting.

- | | | |
|--|---|---|
| Will your event take place on Township Property? | Y | N |
| Will your event require street closings? | Y | N |
| Will you need to block parking spaces? | Y | N |
| Will your event take place after dark? | Y | N |
| Will there be vendors? | Y | N |

Describe Vendors: _____

- | | | |
|--|---|---|
| Will there be food served/sold? | Y | N |
| Will there be food trucks? | Y | N |
| Will there be cooking/food prep on site? | Y | N |
| Will there be alcohol? | Y | N |
| Will there be raffles/games of chance? | Y | N |
| Will there be electricity use? | Y | N |
| Will there be an open flame or heaters? | Y | N |
| Use of temporary tents? | Y | N |
| Use of inflatable structures? | Y | N |
| Use of a Stage? | Y | N |
| Use of amusement rides or equipment? | Y | N |
| Use of banners or signage? | Y | N |
| Do you have a traffic/parking plan? | Y | N |
| Do you have an EMS/Medical Plan? | Y | N |
| Do you have a security plan? | Y | N |

If yes, have you applied for a Social Affairs permit from the Alcohol Beverage Control Board? _____

Generator Use? Y N

Size(s): _____

If yes, what are the dimensions? _____

Permittee understands that non-compliance may result in revocation of this permit. If Permittee is an organization, the undersigned certifies that he/she is authorized to sign on behalf of Permittee.

Signature of Applicant: _____ Date: _____

Fee Amount: \$50.00 Check No.: _____ Insurance Policy Number: _____

Submit completed forms to clerk@raritantwpnj.gov

Department	Comments & Anticipated Permit Requirements
OEM	
Finance	
Fire	
Police	
Health/Clerk	
Public Works	
Construction	
Zoning	
Administration/ Township Committee	

Terms and Conditions:

1. The Township of Raritan retains the authority to revoke a permit and/or stop a use in progress upon reasonable notification and the opportunity to cure a violation of the conditions or standards for issuance.
2. By signing above, the individual requesting the facility/facilities on behalf of the Applicant Group:
 - Understands that approval of this application will be withheld until payment is received.
 - If the event is held on Raritan Township property, a Certificate of Insurance is secured, which includes the following information:
 - Raritan Township is listed as an Additional Insured party.
 - Liability limits of \$1,000,000 for each occurrence of personal injury and bodily injury/property damage.
 - The Applicant Group will indemnify and hold harmless the Township of Raritan, and its officers, agents, and employees from all liability, injury, damage and loss to any person and any property arising from or relating to the permitted activity, even if due wholly or partly to the negligence of the Township or its officers, agents, or employees.
3. All applicants must provide a minimum of two (2) weeks’ notice and all requests may be subject to approval of the Township Committee depending on the reason and/or type of request.