DENVILLE TOWNSHIP FACILITY REQUEST
1 St. Mary’s Place, Denville, NJ 07834
Telephone: 973-625-8300

FACILITY REQUEST FORM –
USE THIS FORM FOR EVENTS EXPECTING GREATER THAN 50 PEOPLE.

SECTION A: APPLICANT INFORMATION

Organization: ____________________________________________________________
Contact Person: ___________________________ Phone: ______________________
Email Address: ___________________________ Cell: _________________________

SECTION B: FACILITY REQUESTED
(Please check facility requested and areas to be used & return to proper department)

RECREATION:

a) Facilities/Sites:
   Veterans’ Park: _____
   Gardner Field: _____
   Other: _______________

b) Non-field areas to be used:
   Picnic pavilion: _____
   Refreshment stand: _____
   Pavilion lawn area: _____
   Meeting Room: _____
   Bandstand: _____
   Other: __________

c) Athletic sites/fields to be used:
   Softball: _____
   Soccer: _____
   Baseball: _____
   Lacrosse: _____
   Tennis courts: _____
   Other: _____

ADMINISTRATION:

a) Facilities/Sites:
   Municipal Building: _____
   Union Hill School House: _____
   Other: _______________

b) Area to be used:
   Community Room: _____
   Conference Room: _____
   Other: _______________

SECTION C: DESCRIPTION OF EVENT / SIGNATURE

Date requested: ________________ Rain Date (if necessary) __________
Start time: ________________ End Time: ________________

1
a) Description of attendees:

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<tr>
<th>Group size:</th>
<th>minimum</th>
<th>maximum</th>
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b) Description of activity to be conducted: (Please be specific and list the nature of the event (e.g. fundraiser, special event, family or annual picnic) and all events planned (e.g. list all games, music, entertainment and activities).

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c) Number of Staff / Volunteers: ______________

d) Outside Vendors: Yes No

Please obtain permission from each of the listed departments, verifying compliance with permits, regulations, etc. When this form is complete, please return it to the appropriate department for final approval. You will be contacted concerning final approval.

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<tr>
<th>Initial</th>
<th>Mayor: Alcohol permit</th>
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<td>□ Approved □ Denied □ N/A</td>
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| Department of Public Works: Requests for dumpsters, barricades, field prep, etc. |
| | □ Approved □ Denied □ N/A |

| Police Department: Traffic, parking, safety concerns. |
| | □ Approved □ Denied □ N/A |

| Health Department: Food Handling, sanitation |
| | □ Approved □ Denied □ N/A |

| Building Department: Inspections, fireworks requirements, etc. |
| | □ Approved □ Denied □ N/A |

| Zoning Department: Sign Permits, etc. |
| | □ Approved □ Denied □ N/A |

| Clerk’s Office: Solicitor Permit, raffle permits, etc. |
| | □ Approved □ Denied □ N/A |

**SECTION D: BEVERAGES TO BE SERVED**

Alcoholic beverages to be served (check one): yes ______________ no ______________

NOTE: Township Ordinance 133-14.1.b prohibits the consumption of alcoholic beverages in all Township Recreation Facilities without permission. In addition, alcohol consumption is strictly prohibited at Cook’s Pond. If you intend to serve alcohol in any other park/facility described above at a fund-raising event, you must apply to the Municipal Clerk for a Special Affairs Permit. In addition, the mayor of the Township of Denville must grant permission to any person or group intending to consume alcohol on any property of the Township of Denville. A copy of this Facility Request Form will be sent to the office of the mayor upon application. If permission is granted by the mayor, you will receive the completed application indicating in section E, b) below that permission to consume alcohol (beer and wine only) is granted and specifying any additional requirements such as insurance requirements or necessary ABC permit requirements. Additional insurance information is also specified in section F below. Please read sections E and F of the Request Form carefully. Recycling is MANDATORY and GLASS IS PROHIBITED.
If alcoholic beverages are to be served, please complete the following information:

Type of alcoholic beverages to be served: ________________________________
Type of container (e.g. cans, kegs, other): ________________________________
There will be a charge to this event assessed
by ticket or otherwise (check one): yes _________ no _________

SECTION E: PERMIT – Events where NO alcohol will be served

Once permission is granted as indicated in Section E, subsection (a) above, the accompanying
Hold Harmless Agreement is properly executed, the fee is paid, and all necessary insurance
information is received, the appropriate municipal officer shall issue an Events Permit.

SECTION F: PERMIT – Events where alcohol will be served

Once permission is granted as indicated in Section E, subsection (b) above, the accompanying
Hold Harmless Agreement is properly executed, the fee is paid and copies of all necessary
State of New Jersey Division of Alcoholic Beverage Control Special Affairs Permits and
insurance information are received by this office, the appropriate municipal officer shall issue an
Events Permit.

FOR OFFICE USE ONLY

SECTION G: GRANT/DENIAL

a) GRANT/DENIAL OF PERMISSION TO HOLD EVENT AS DESCRIBED (Non-alcohol
related events):

PERMISSION TO HOLD NON-ALCOHOL RELATED EVENT (check one):

  Granted: ______ Certificate of Insurance Yes No Expires: __________

  Denied: ______

b) GRANT/DENIAL OF PERMISSION TO HOLD EVENT AS DESCRIBED AND SERVE
ALCOHOL:

PERMISSION TO SERVE ALCOHOL (check one):

  Granted: ______

    Certificate of Insurance Yes No Expires: __________

    Special Affairs Permit Yes No

  Denied: ______
TOTAL FEE: $______________

Payment due by: ________________
(Reservation will not be held after this date)

CERTIFICATE OF INSURANCE RECEIVED: yes ________ no ________
(NOTE: the Township of Denville must receive a Certificate of Insurance at least fifteen (15) business days prior to the date of the activit(ies)/event(s) described above evidencing a $1,000,000 Liability Insurance Policy covering all participants and activities described above. A copy of the Declarations page of the polic(ies) naming the Township of Denville and NJ Green Acres for Recreation Facilities as an insured or additional insured must be provided with the Certificate of Insurance and completed Facility Request Form. Upon request, applicant must provide the appropriate Township official with a full copy of the insurance polic(ies).

VENDOR’S CERTIFICATE OF INSURANCE RECEIVED: yes ________ no ________

ESCROW:
FEE RECEIVED: yes ________ no ________

AMOUNT: $250 $500

CHECK NUMBER: ______________________

DATE RECEIVED: ______________________

DATE RETURNED: ______________________

USED TO CLEAN AND / OR MAINTAIN AREAS USED: yes ________ no ________