

APPLICATION FOR SPECIAL EVENTS

**ORDINANCE #162-11/CHAPTER 27**

**(APPLICATION MUST BE SUBMITTED NOT LATER THAN 45 DAYS PRIOR TO EVENT, ETC.)**

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

**ADDRESS** \_\_\_\_\_

**TELEPHONE #** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Person/Corporation/Association Sponsoring Activity**

**NAME** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**REASON FOR SPECIAL EVENT** \_\_\_\_\_

**DATE(S) AND TIME(S) OF EVENT** \_\_\_\_\_

**LOCATION OF EVENT** \_\_\_\_\_

**WILL TICKETS BE SOLD TO THE EVENT** \_\_\_\_\_

**PROCEEDS TO BE USED FOR** \_\_\_\_\_

**ANTICIPATED NUMBER OF PEOPLE** \_\_\_\_\_

**DETAILED DESCRIPTION OF EVENT (Type, structures, tents, fences, barricades, signs, banners, rest room facilities, Attach Sketch/Footprint to include route to be used, etc.**

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

**DETAILS REGARDING SECURITY/TRAFFIC CONTROL** \_\_\_\_\_

\_\_\_\_\_

---

**DETAILED DESCRIPTION OF BOROUGH RESOURCES/SERVICES REQUIRED**

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

WILL THERE BE ANY VENDORS AT THE EVENT? \_\_\_\_\_

How Many \_\_\_\_\_ Type(s) of Vendor(s) \_\_\_\_\_

All vendors must hold a Vendor's Permit as well as a Food Handler's Permit issued by the Borough of Sayreville along with fingerprinting scheduled by the Police Department. *This is the responsibility of the vendor and must be completed – NO EXCEPTIONS. PLEASE HAVE ALL VENDORS CONTACT THE CLERK'S OFFICE, BOARD OF HEALTH AND THE POLICE DEPARTMENT AT LEAST 3 WEEKS PRIOR TO EVENT.*

ARE YOU A BONAFIDE NON PROFIT ORGANIZATION (Attach IRS forms)

\_\_\_\_\_

WILL ALCOHOLIC BEVERAGES BE SERVED \_\_\_\_\_ YES \_\_\_\_\_ NO

DO YOU HAVE A PERMIT OR LICENSE TO DISPENSE/SELL ALCOHOL \_\_\_\_\_ YES

\_\_\_\_\_ NO

\_\_\_\_\_  
Signature

**FOR OFFICE USE ONLY:**

Sent Applications for Approval: \_\_\_\_\_

REC DIRECTOR \_\_\_\_\_ DPW \_\_\_\_\_ FIRE DEPT/OFFICIAL \_\_\_\_\_

POLICE DEPT. \_\_\_\_\_ CONSTRUCTION \_\_\_\_\_

EMERGENCY MEDICAL SERVICES \_\_\_\_\_

Meeting Date:

2<sup>nd</sup> Meeting Date:

-----

LICENSE NUMBER: \_\_\_\_\_

DATE MAILED: \_\_\_\_\_

INSURANCE REQUIRED – YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, DATE POSTED & APPROVED \_\_\_\_\_