

SPECIAL EVENT WEDDING APPLICATION



Date Application received: _____
Application fee paid: _____
Usage Fee Paid amount: _____
Approved _____ Rejected _____ Date: _____

SPECIAL EVENT SUMMARY

Application fee \$50.00; \$100 for events at Great Lawn.

Fill out the application as completely as possible and attach the required supplemental documentation. Add more lines/pages if necessary. It is incumbent on you to ensure that your application is properly completed. Failure to fill out the application completely will result in your application being denied. Applications shall be received by The City of Long Branch Special Events Coordinator sixty (60) days prior to your event. \$10.00 late fee per day will be attached in addition to the application fee for permit applications for any applications submitted within sixty days of your event. Applications fees and late fees are non-refundable. For any reason that you need to cancel or reschedule the date of your event, you must do so in writing no less than forty eight (48) hours in advance of set up time for your event. Violation of any of the terms of this agreement may be grounds for **immediate termination** of your event and will preclude your event from being held within the City of Long Branch for any future events. **Certificate of Insurance naming the City as an additional insured on a Primary and Non-Contributory Basis in the amount of \$1,000,000.00 is required upon approval of the application and must be submitted at the time funds are made payable.**

EVENT TITLE: Wedding of _____ and _____

FEES

LOCAL BUSINESS AND RESIDENT USER FEES: \$150 for groups of 0-49; \$200 for groups of 50-99; \$250 for groups of 100 plus

NON-RESIDENT USER FEE: \$300 for groups of 0-49; \$400 for groups of 50-99; \$500 for groups of 100 plus

EVENT DATE: _____

MAIN EVENT TIME: _____ Set-Up Time: _____ Dismantle Time: _____

EXPECTED NUMBER OF ATTENDEES: _____

Y N

Document attached authorizing the Applicant/Agent of the Applicant to sign application

APPLICANT NAME _____

(The Applicant is the party or entity legally responsible for the event)

Residential address _____

Telephone (day) _____ (cell) _____ (fax) _____

E-mail and/or website addresses _____

CO-APPLICANT NAME

(The Co-Applicant is the party providing insurance for the event if by an entity other than the Applicant.)

Residential address _____

Telephone (day) _____ (cell) _____ (fax) _____

E-mail and/or website addresses _____

LOCATION(S)

Y N

Will any part of the event be held in a City park? **(CIRCLE ONE)**

- | | | | | |
|-------------------|---------------------|--------------------------|-------------------------------|----------------------|
| Branchport Park | Broadway Park | GREAT LAWN | Jerry Morgan Park | Lake Takanassee-Main |
| Manahassett Park | Martin L. King Park | Naylor Park | Pier Village Boardwalk Gazebo | Pinsky Park |
| Pleasure Bay Park | Slocum Park | Troutman's Greenway Park | Truax St. Park | Van Court Park |
| | | | | West End Park |

Y N

- Will any part of the event be held in a City Public Space?
 Band shell at Broadway Park Band shell West End Park
 Promenade Senior Center

GREAT LAWN STAGE

- Will any part of the event be held in a city parking lot? _____
- Will any part of the event be held on a city beach? _____
- Letters of consent attached from property owners for use of private properties not owned by the Applicant.

Addresses for involved private property locations to include street numbers:

VIP ATTENDANCE

Y N

- Do you expect any celebrities or highly public individuals to attend or participate in your event?

If yes, list individuals by name and classification. Examples include: entertainer, political figure, business person, religious person, civil rights, foreign dignitary, etc. _____

PROFESSIONAL EVENT ORGANIZER NAME/TITLE _____

Organization _____

Mailing address _____

Telephone (day) _____ (cell) _____ (fax) _____

E-mail and/or website addresses _____

DATE(S)/TIMES/LOCATION(S)

Indicate the dates, times, and locations the Professional Event Organizer will be staffing the event.

Date(s) _____ from _____ to _____ hours

Location(s) _____

STAFF MEMBER TO WORK WITH THE SPECIAL EVENTS COORDINATOR (if other than the Applicant)

Organization _____

Telephone (day) _____ (cell) _____ (fax) _____

E-mail and website addresses _____

ON-SITE CONTACT NAME ON DAY OF EVENT/TITLE _____

Organization _____

Telephone (day) _____ (cell) _____ (fax) _____

E-mail and website addresses _____

VENDOR CONTACT: NAME/TITLE _____

Organization _____

Telephone (day) _____ (cell) _____ (fax) _____

E-mail and website addresses _____

INSURANCE REQUIREMENTS AND VERIFICATION OF COMPLIANCE

Y N

- Copy of general Certificate of Insurance for Applicant attached.
- Copy(ies) of certificate(s) of insurance for special aspect(s) attached.
(alcohol/inflatables/fireworks/pyrotechnics/climbing wall/security/traffic control)
- Is insurance for the event provided from any entity other than the Applicant?

If so, Co-Applicant's contact information is required on Page 2 and signature on Page 6.

SITE PLAN

Y N

- Site plan attached. **City can provide a map of the Great Lawn area with electric and water access**

Detailed narrative and time-line attached including description of activities during the event.

PARKING MANAGEMENT PLAN (PMP) / PARKING WAIVERS / SHUTTLE SERVICE

Y N

Parking management plan attached.
 Is off-site parking requested for any sites other than within the venue?

If yes, list address(es) _____

Are you requesting any parking waivers?

If yes, when and where? _____

Y N

Have you provided adequate parking for the disabled?

If yes, where? _____

Public parking will be available at what address(es) to include street numbers

SHUTTLE SERVICE

Y N

Will event be providing shuttle services from off-venue parking areas?

If yes, what address(es) to include street numbers? _____

Shuttle plan attached. (Details of shuttle service, a map of the routes, site plan of the off-site public parking)

SHUTTLE PROVIDER

Contact name _____

Telephone (day) _____ (cell) _____ (fax) _____

E-mail and website addresses _____

DATES(S) AND TIMES

Indicate the dates, times, and locations the shuttle will be in operation.

Date(s) _____ from _____ to _____ hours

Location(s) _____

SIGNAGE - Check all that apply

Signs Flags Inflatable Displays Banners Streamers Special Lighting

Pennants Balloons Other

Y N

Have you assigned a clean-up crew with the appropriate number of staff to promptly and adequately clean-up after the event? **How many staff members are assigned to the clean-up crew?**

A refundable sanitation bond of \$1000 will be charged to reserve the referenced area. Bond shall be forfeited to the City if the reserving party fails to clean the permitted area and deposit trash/recycling in receptacles. The applicant is responsible for all clean up including removal of all decorations or items brought in for the event. Based on the number of attendees there may be a need for additional trash/recycling receptacles and/or dumpsters to be placed on site. There will be a charge of \$10 for this per receptacle and \$175 for dumpster. Trash and Recycling containers estimates: under 500 people-5 each

PORTABLE RESTROOMS

Y N

Do you plan to provide portable restroom facilities? If yes, secondary containment trays are required.

If no, explain: _____

Number of portable restrooms _____ Number of hand washing stations _____

Number of ADA accessible portable restrooms _____ **Estimate for units per people: 500 people or less-4;**

All portable restroom and hand washing stations are indicated on the site plan.

RESTROOM PROVIDER

Contact name _____

Telephone (day) _____ (cell) _____ (fax) _____

E-mail address _____

DATE(S)/TIMES FOR PORTABLE RESTROOM DELIVERY AND PICK-UP

Restroom set-up: Date _____ Time _____

Restroom pick-up: Date _____ Time _____

FIRE AND HEALTH: INSPECTIONS AND PERMITS

Does your event have any tents, canopies, or umbrellas? Tents exceeding 30 feet in any dimension or 900 sq.ft. require a permit form Fire Marshal Describe:

Does your event include fireworks, rockets, lasers or other pyrotechnics?

Type (i.e. aerial/theatrical): _____

Will food be provided -Please contact Health Department for guidance 732-571-5665; Food/Drink Permit is \$50.00

Describe Food Activities: _____

Does your event include any open flame cooking? Use of open flame for cooking requires a permit from the Fire Marshal and inspection by the Health Department

List of food services and/or tent vendors attached- name, address & phone number

Copy of Fire Marshal application attached.

FIREWORKS/PYROTECHNICS PROVIDER

Contact Name _____

Telephone (day) _____ (cell) _____ (fax) _____

E-mail and website addresses _____

DATE(S)/TIMES/LOCATION(S)

Indicate the dates, times, and locations the fireworks/pyrotechnics provider will be at the event.

Date(s) _____ from _____ to _____ hours

Location(s) _____

Setup Date _____ Time _____

Take Down Date _____ Time _____

CITY STAFFING AND BILLING

Y N

Are city employees required to staff for your event? *If before 0800 hours or after 1700 hours on weekdays and any time on weekends, there is an extra staffing fee per hour per staff required for all usages other than during regular operation hours.*

AMPLIFIED SOUND OR MUSIC

No amplified sound before 8:00AM. No amplified sound after 9PM.

Speakers MUST be pointed away from residential housing; in the Great Lawn area, speakers must be pointed towards the ocean.

Y N

Are there any musical entertainment features related to your event? If yes, complete the following information:

Name of band(s): _____

Number of stages: _____

List of all bands/performers, their schedule, and locations attached.

Type of Music:

Instrumental Hard rock Jazz Folk Popular National Other

Y N

Will sound checks be conducted prior to the event? **If yes, indicate start and finish time:** _____

Will sound amplification be used? **If yes, indicate start and finish time:** _____

Do you plan to have a patron dance component to either live or recorded music at your event and will there be a designated dance floor or area? **If yes, describe and indicate on site**

plan: _____

Please note that if you need to reschedule your event for whatever reason, you must fill out a new application.

Rain Dates can not be given as other events may be schedule on that date.

The application fee and any late fee are due upon submission of the application. It will be reviewed and if approved a detailed cost statement will be provided. You will have 14 business days to provide the funds required for deposit into a special escrow account. If the funds are not provided in the aforementioned days, you will lose your date for the event and have to resubmit the application. Certificate of Insurance naming the City as an additional insured in the amount of \$1,000,000.00 is required upon approval of the application and must be submitted at the time funds are made payable.

On Behalf of the applicant, I have reviewed the route and/or premises that are being rented and/or utilized and that route and/or premises appears to have no apparent hazards which would endanger the participants or prohibit the activities on the City property being utilized. On behalf of the applicant, I have also advised that I will execute an Indemnification and Hold Harmless Agreement by all applicants and participants who participate in the Special Event that the organization has requested to hold.

Signature of Applicant or Co-applicant

SPECIAL ASPECT OF EVENT RELEASE FROM LIABILITY AND INDEMNIFICATION

(Read before signing)

Y N

Is there a special aspect involved in the event? (**alcohol/inflatables/fireworks/pyrotechnics/climbing wall/security/traffic control**) If yes, please have the entity providing the special aspect fill out this section. If no, proceed to the **AFFIDAVIT OF APPLICANT. Additional insurance required.**

I, the undersigned, agree to and represent that I have the actual and legal authority to waive and release the City of Long Branch, its elected officials, officers, agents, employees and volunteers (collectively "Released Parties") from and against any and all claims, costs, liabilities, expenses or judgments including attorney's fees and court costs arising out of the special activity, service or particular aspect, to wit:

that I am providing to this special event or any illness or injury resulting there from, and hereby agree to indemnify and hold harmless the Released Parties from and against any and all such claims related to the special activity, service or particular aspect provided to this special event, whether caused by negligence or otherwise, except for illness and injury resulting directly from the gross negligence or willful misconduct on the part of the Released Parties. Furthermore, I agree to comply with City of Long Branch Special Event regulations, including the provision of insurance in compliance with those regulations and the resulting issuance of a special event permit.

I UNDERSTAND AND AGREE THAT BY SIGNING THIS WAIVER I AM RELEASING THE CITY OF LONG BRANCH, ITS ELECTED OFFICIALS, EMPLOYEES, VOLUNTEERS, OFFICERS AND AGENTS FROM ANY LIABILITY RESULTING FROM THIS SPECIAL ACTIVITY, SERVICE OR PARTICULAR ASPECT OF THE SPECIAL EVENT. I UNDERSTAND THAT NO CITY EMPLOYEE, VOLUNTEER, OR AGENT IS AUTHORIZED TO MODIFY THIS WAIVER AND RELEASE. I CERTIFY THAT I HAVE PERSONNALLY READ AND UNDERSTOOD THIS WAIVER AND RELEASE.

ENTITY PROVIDING SPECIAL ASPECT

FOR CORPORATIONS

Print entity name

Print name/title of person legally authorized to sign on behalf of entity

Signature of authorized person (notarized signature required of corporations)

Date

FOR NON-CORPORATION

Print entity name

Print name/title of person legally authorized to sign on behalf of entity

Signature of authorized person Date

AFFIDAVIT OF APPLICANT *(Read before signing)*

I certify the information contained in the foregoing application is true and correct to the best of my knowledge and belief; that I have been provided a copy, read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the City of Long Branch Municipal Code; and that I understand this application is made subject to the rules and regulations established by the City Council and/or the City Business Administrator or his designee. I agree to comply with all other requirements of the City, County, State, Federal Government, and any other applicable entity which may pertain to the use of the Event venue and the conduct of the Event.

RELEASE FROM LIABILITY AND INDEMNIFICATION

I agree to waive and release the City of Long Branch, its elected officials, officers, agents, and employees and volunteers (collectively "Released Parties") from and against any and all claims, costs, liabilities, expenses or judgments including attorney's fees and court costs arising out of the activities of this special event or any illness or injury resulting there from, and hereby agree to indemnify and hold harmless the Released Parties from and against any and all such claims, whether caused by negligence or otherwise, except for illness and injury resulting directly from the gross negligence or willful misconduct on the part of the Released Parties.

I UNDERSTAND AND AGREE THAT BY SIGNING THIS WAIVER I AM RELEASING THE CITY OF LONG BRANCH, ITS ELECTED OFFICIALS, EMPLOYEES, VOLUNTEERS, OFFICERS AND AGENTS FROM ANY LIABILITY RESULTING FROM THIS SPECIAL EVENT OR ACTIVITY. I UNDERSTAND THAT NO CITY EMPLOYEE, VOLUNTEER, OR AGENT IS AUTHORIZED TO MODIFY THIS WAIVER AND RELEASE. I CERTIFY THAT I HAVE PERSONNALLY READ AND UNDERSTOOD THIS WAIVER AND RELEASE.

APPLICANT SIGNATURES

_____ *Print Applicant Name*

_____ *Print name/title of person legally authorized to sign on behalf of Applicant*

_____ *Signature of authorized person* _____ *Date*

CO-APPLICANT SIGNATURES

Y N
 Is insurance for the event provided from any entity other than the Applicant?
If yes, please have the Co-Applicant fill out this section.

_____ *Print Applicant Name*

_____ *Print name/title of person legally authorized to sign on behalf of Applicant*

_____ *Signature of authorized person* _____ *Date*

SUBMISSION OF COMPLETED APPLICATION

The Applicant must complete, sign, date, and add supplemental documentation to this application before submitting an original copy to: **City of Long Branch**

**Attn: Danna Kawut, Program/Special Events
344 Broadway
Long Branch, NJ 07740**