



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 located at 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 completed 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 Number: _____

Contact During Event: _____

Mobile Phone Number during Event: _____

EVENT LOGISTICS

Location of Event (Check all that apply)

_____ Town Building(s) _____ Park (s) _____ Street(s) _____ Private Property

List all specific locations where the event will be held:

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Date(s) of Event: _____

Rain Date(s): _____

Hours of Event: _____

Event Set-up and Break-down Date(s) & Time(s)

Attendance Anticipated: _____

Type of Event (Check all that apply)

_____ Clinton Community _____ Fundraiser

_____ Pass-Thru Event (Organization using Clinton facilities/roads)

_____ Road Race _____ Indoor Event _____ Age Targeted _____ Other

Number of 3rd party vendors/contractors participating in the event: (If applicable) _____

Description of Event:

EVENT REQUIREMENTS

A. Sanitary Provisions

Restroom Facilities – Indicate what type of service being provided:

_____ Portable Bathrooms _____ Bathroom Trailer _____ Other _____ Not Applicable

Additional Information: (Indicate quantity of each service being used)

Location where unit(s) will be placed: _____

Date/Time of Arrival/Removal _____

Name of Contractor Providing Sanitary Services _____

Contact Name and Number for Contractor _____

B. Trash/Recycling Provisions

Trash/Recycling Containers – Indicate what type of provisions will be made.

_____ Personal Removal Off Premises _____ Use of Outside Contractor
_____ Arrangements with the Town _____ Other _____ Not Applicable

Additional Information: (Indicate quantity of provision being used)

Location where unit(s) will be placed: _____

Date/Time of Arrival/Removal _____

Name of Contractor Providing Trash/Recycling Services _____

Contact Name and Number for Contractor _____

*Trash/Recycling provisions must be coordinated with the Public Works/Business Administrator, Rich Phelan at 908-735-8616.

C. Food Sales

Temporary Food Licenses are required by the Town of Clinton and must be inspected by the Hunterdon County Health Department. Contact the Municipal Clerk at 908-735-8616 for information regarding the application and/or fee. The application can be downloaded directly from the Town’s website at http://clintonnj.gov/forms/Clerk/temporary_food_license_application.pdf.

If food will be served/sold, the applicant must include a map showing where this will occur.

If using “Cooking Equipment”, please refer to Section D, “Fire Permits”, below.

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.

D. Fire Permits

The use of any of the following is subject to applicable Fire Permits and/or inspections. Check off item(s) being used:

_____ Open Flame Cooking Equipment, including but not limited to Charcoal and Propane Grills

_____ Tent(s) – Subject to the scope and size of the ten(s) being used.

Additional Information: (Describe what is being used)

Contact the Fire Official at 908-735-2275 for information regarding the application and/or fee. The Application can be downloaded directly from the Town's website at http://clintonnj.gov/forms/Fire%20Official/Fire_Safety_Permit.pdf.

E. Alcohol Consumption

Contact the Municipal Clerk at 908-735-8616 for information regarding this application, and the requirements to consume and/or sell alcohol on Town of Clinton property. Applications are subject to the approval of the New Jersey State Division of Alcoholic Beverage Control licenses approval and documentation showing this must be submitted to the Town.

If alcohol is consumed, additional insurance requirements are applicable. See Section H below.

F. Signs and Banners

Contact the Municipal Clerk at 908-735-8616 for information regarding the application and/or fee to place a banner at the intersection of Leigh Street and Main Street. The Application can be downloaded directly from the Town's website at http://clintonnj.gov/forms/Clerk/Banner_Request_Form2014.pdf.

Contact the Zoning Officer at 908-735-2275 for information regarding the application and/or fee for the installation of temporary signage. The Application can be downloaded directly from the Town's website at <http://clintonnj.gov/forms/Building%20and%20Construction/Sign-Application.pdf>.

G. Street Closures

Refer to the "Event Logistics" section of this application. If you are requesting a street closure, the applicant must include a map showing the areas in question, as well as a list specific street(s) to be closed, Date(s) to be closed and Hours(s) to be closed.

All street closures are subject to the approval of the Chief of Police.

H. Insurance Requirements

The required ACORD Certificate 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 noncontributory 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.

f. Liquor Law 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, its vendors and/or contractors agree to protect, indemnify and hold harmless the Town of Clinton, its officers and directors, employees, officials, volunteers, agents, subcontractors and affiliates and all of the fore going's respective successors and assigns (collectively, the "Indemnified Parties"), from and against any and all liabilities, losses, damages, costs, expenses (including but not limited to attorney's fees and expenses), causes of action, suits and claims of any nature whatsoever. Such indemnification shall include, but not be limited to, matters arising from, based upon, or relating to (a) Personal Injury or death to, or damage to or loss of property of, loss of use of property, to any person caused in whole or part by the negligence of any Indemnified Party in connection with such Indemnified Party's involvement or participation in the afore-mentioned event. This indemnification agreement is not limited to the insurance requirements.

This indemnification shall be governed by and construed in accordance with the laws of the State of New Jersey, without reference to the conflict of law provisions thereof. If any portion of this indemnity shall be invalid or unenforceable, the remaining portion hereof shall not be affected thereby and shall remain in full force and effect.

G. The applicant, as well as any/all vendor(s) and/or contractor(s) that will be participating in this event are required to agree to all of the terms and conditions as set forth in the "Insurance

Requirements” of this application.

- H. By signing this form, the applicant agreed to the indemnification statement above. However, all vendors/contractors will be required to complete the attached Indemnification and Hold Harmless Agreement and submit along with their proof of insurance.
- I. Any/All of the above-referenced insurance/indemnification 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. (All sections must be checked off)

Clinton Public Works/Business Administrator

908-735-8616 Required Coordination _____ Yes _____ N/A

Person Contacted: _____ Date: _____

If yes, indicate service required. _____

Clinton Fire Department

908-735-8613 Required Services _____ Yes _____ N/A

Person Contacted: _____ Date: _____

If yes, indicate service required. _____

Clinton First Aid and Rescue Squad

908-735-8234 Required Services _____ Yes _____ N/A

Person Contacted: _____ Date: _____

If yes, indicate service required. _____

Clinton Guild

908-735-8808 Required Coordination _____ Yes _____ N/A

Person Contacted: _____ Date: _____

If yes, indicate service required. _____

Red Mill Museum Village

908-735-4101 Required Coordination _____ Yes _____ N/A

Person Contacted: _____ Date: _____

If yes, indicate service required. _____

Hunterdon Art Museum 908-735-8415 Required Coordination _____ Yes _____ N/A

Person Contacted: _____ Date: _____

If yes, indicate service required. _____

Clinton Parks and Recreation Commission 908-735-7276 Required Coordination _____ Yes _____ N/A

Person Contacted: _____ Date: _____

If yes, indicate service required. _____

Street Closure Resident Notification Acknowledgement (If applicable)

If you are requesting a street closure as part of this application, you are required to make individual notifications to all property owners located on the street(s) that will be closed seven (7) days prior to the closure.

Individual notification can be in the form of a letter or door-tag provided to each property owner.

Closure Requested _____ Yes _____ No

If yes, indicate date when individual notifications will be made. Date: _____

Clinton Police Department 908-735-2665 Required Coordination _____ Yes _____ N/A

Person Contacted: _____ Date: _____

If yes, indicate service required. _____

Based on event exposure to Town, location, street closures, and crowd control, the following will be required:

Off-Duty Officers Required _____ Yes _____ No

Police Chief's Comments/Recommendations

Approval of Police Chief _____ Yes _____ No

Signature of Police Chief _____ Date: _____

APPLICANT'S CERTIFICATION:

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. I further certify that I agree to all of the terms and conditions as set forth in this application, as well as any additional conditions placed on me by the Mayor and Council.

Applicant Name: _____

Applicant Signature _____ Date _____

INTERNAL USE ONLY

Municipal Clerk's certification of receipt of completed application:

I certify that:

1. This application is complete, all sections of the application have been filled in properly, and all required documentation (IE: Insurance Certificate from Applicant, as well as Insurance Certificate & Indemnification/Hold Harmless Agreements from any vendor/contractor being utilized by the applicant) has been received.
2. All additional applications required, which include but are not limited to Fire Safety, Banner Request, Temporary Signage, and Alcohol has been received.

Clerk's Signature: _____ Date _____

Scheduled before the my Mayor and Council: _____ Date _____

Approval by the Mayor and Council _____ Yes _____ No

Date _____

Mayor and Council Comments/Conditions

VENDOR/CONTRACTOR INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

The Vendor/Contractor participating in the event entitled _____, which is scheduled for _____, 20____ agrees to protect, indemnify and hold harmless the Town of Clinton, its officers and directors, employees, officials, volunteers, agents, subcontractors and affiliates and all of the fore going's respective successors and assigns (collectively, the "Indemnified Parties"), from and against any and all liabilities, losses, damages, costs, expenses (including but not limited to attorney's fees and expenses), causes of action, suits and claims of any nature whatsoever. Such indemnification shall include, but not be limited to, matters arising from, based upon, or relating to (a) Personal Injury or death to, or damage to or loss of property of, loss of use of property, to any person caused in whole or part by the negligence of any Indemnified Party in connection with such Indemnified Party's involvement or participation in the aforementioned event. This indemnification agreement is not limited to the insurance requirements.

This indemnification shall be governed by and construed in accordance with the laws of the State of New Jersey, without reference to the conflict of law provisions thereof. If any portion of this indemnity shall be invalid or unenforceable, the remaining portion hereof shall not be affected thereby and shall remain in full force and effect.

IN WITNESS WHEREOF, the undersigned, a duly authorized representative of the Vendor/Contractor, have read and agree to be bound by the terms listed in the Town of Clinton Special Event Application.

Vendor/Contractor Signature: _____

Print Name: _____

Title: _____

Vendor/Contractor
Company Name (If applicable) _____

Date: _____

Witness: _____

Print Name: _____

Date: _____