

CITY OF MILLVILLE

HANDBILLS AND COMMERCIAL CIRCULARS LICENSE APPLICATION (Chapter 33)

\$10.00 Application Fee
\$10.00 Per Activity or Event
Copy of Handbill or Circular Must Be Attached to Application
Copy of State of New Jersey Tax Sale Certificate
Certificate of Liability Insurance Naming the City of Millville as Additionally Insured

DATE OF APPLICATION: _____ FEE PAID: \$ _____

NAME OF APPLICANT: _____ PHONE#: _____
Please Print

APPLICANTS ADDRESS: _____
Street Number Street Name

_____ City State Zip County

NAME OF BUSINESS/ORGANIZATION: _____
Name of Business or Organization Conducting Event or Advertisement

ADDRESS OF BUSINESS/ORGANIZATION: _____
Street Number Street Name

_____ City State Zip County

NAME OF PERSON IN CHARGE OF THE DISTRIBUTION OF HANDBILLS/CIRCULARS: _____

ADDRESS OF PERSON IN CHARGE: _____
Street Number Street Name

_____ City State Zip County

D.O.B. ____/____/____ DL# _____ SOCIAL SECURITY# _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

CONTINUATION – 2

NAME ALL PERSONS WHO WILL BE DISTRIBUTING HANDBILLS/CIRCULARS

DISTRIBUTOR 1: _____ PHONE#: () _____

ADDRESS _____

Street Number Street Name

PO No. City State Zip County

D.O.B. ___/___/___ DL# _____ SS#: _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

DISTRIBUTOR 2: _____ PHONE#: () _____

ADDRESS _____

Street Number Street Name

PO No. City State Zip County

D.O.B. ___/___/___ DL# _____ SS#: _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

DISTRIBUTOR 3: _____ PHONE#: () _____

ADDRESS _____

Street Number Street Name

PO No. City State Zip County

D.O.B. ___/___/___ DL# _____ SS#: _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

DISTRIBUTOR 4: _____ PHONE#: () _____

ADDRESS _____

Street Number Street Name

PO No. City State Zip County

D.O.B. ___/___/___ DL# _____ SS#: _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

DISTRIBUTOR 5: _____ PHONE#: () _____

ADDRESS _____

Street Number Street Name

PO No. City State Zip County

D.O.B. ___/___/___ DL# _____ SS#: _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

CONTINUATION – 3

DISTRIBUTOR 6: _____ PHONE#: () _____

ADDRESS _____

Street Number Street Name

PO No. City State Zip County

D.O.B. ___/___/___ DL# _____ SS#: _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

DISTRIBUTOR 7: _____ PHONE#: () _____

ADDRESS _____

Street Number Street Name

PO No. City State Zip County

D.O.B. ___/___/___ DL# _____ SS#: _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

DISTRIBUTOR 8: _____ PHONE#: () _____

ADDRESS _____

Street Number Street Name

PO No. City State Zip County

D.O.B. ___/___/___ DL# _____ SS#: _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

DISTRIBUTOR 9: _____ PHONE#: () _____

ADDRESS _____

Street Number Street Name

PO No. City State Zip County

D.O.B. ___/___/___ DL# _____ SS#: _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

DISTRIBUTOR 10: _____ PHONE#: () _____

ADDRESS _____

Street Number Street Name

PO No. City State Zip County

D.O.B. ___/___/___ DL# _____ SS#: _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

CONTINUATION – 3

DISTRIBUTOR 11: _____ PHONE#: () _____

ADDRESS _____
Street Number Street Name

PO No. City State Zip County

D.O.B. ____/____/____ DL# _____ SS#: _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

DISTRIBUTOR 12: _____ PHONE#: () _____

ADDRESS _____
Street Number Street Name

PO No. City State Zip County

D.O.B. ____/____/____ DL# _____ SS#: _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

DISTRIBUTOR 13: _____ PHONE#: () _____

ADDRESS _____
Street Number Street Name

PO No. City State Zip County

D.O.B. ____/____/____ DL# _____ SS#: _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

No person shall deposit, place, scatter or throw any handbill or commercial circular in or upon any public or private property within the City including public grounds, parks, sidewalks, streets, buildings, homes, mailboxes, porches, steps, yards and motor vehicles. No person shall affix or attach any handbill or circular on benches, bridges, culverts, curbs, fences, hydrants, lamps, public buildings, rocks, sidewalks, street signs, stumps, trees and utility poles. No person shall distribute, hand or transmit any handbill or circular in such a manner as to impede the free flow of motor vehicle traffic on any street or pedestrian traffic on any sidewalk. Furthermore, no person distributing any handbill or circular shall annoy or molest any person, group or gathering. This subsection does not prohibit the distributing, handing or transmitting of any handbill or circular to any person willing to accept it.

CONTINUATION – 4

HAS THE APPLICANT(S), PARTNER(S), CORPORATE MEMBER(S) OR EMPLOYEE(S) EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?

YES: NO:

IF YES, PLEASE INDICATE:

<u>NAME</u>	<u>NATURE OF OFFENSE</u>	<u>DATE OF OFFENSE</u>	<u>PLACE OF CONVICTION</u>

IF APPLICANT(S), PARTNER(S), CORPORATE MEMBER(S) OR EMPLOYEE(S) ARE UTILIZING A VEHICLE TO CONDUCT THEIR BUSINESS IN THE CITY OF MILLVILLE, PLEASE PROVIDE DESCRIPTION OF VEHICLE(S) BELOW:

<u>NAME</u>	<u>YEAR</u>	<u>VEHICLE MODEL, MAKE & COLOR</u>	<u>TAG NO.</u>

PLEASE ATTACH COPY OF INSURANCE CARD & VEHICLE REGISTRATION

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EACH APPLICANT AND EMPLOYEE SHALL CONTACT THE MILLVILLE POLICE DEPARTMENT AND ARRANGE TO BE FINGERPRINTED AND THE PRINTS SHALL BE SUBMITTED TO FEDERAL AND STATE AUTHORITIES FOR COMPARISON AND CRIMINAL RECORD INVESTIGATION. IN THE CASE OF PARTNERSHIPS AND CORPORATIONS THOSE PERSONS WHO ARE REQUIRED TO PROVIDE INFORMATION FOR THE APPLICATION SHALL SUBMIT TO FINGERPRINTING. CONTACT THE MILLVILLE TRAFFIC SAFETY BUREAU @ 856-825-7010

SIGNATURE OF APPLICANT: _____

Signature

Date

**CITY OF MILLVILLE
INDEMNITY CLAUSE
(HOLD HARMLESS AGREEMENT)**

“To the fullest extent permitted by law, (_____)

Name of Contractor/Vendor/Facility User

agrees to defend, pay on behalf of, indemnify, and hold harmless the City of Millville, its elected and appointed officials, its agents, employees and volunteers and others working on behalf of the City of Millville against any and all claims, demands, suits or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City of Millville, its elected and appointed officials, its agents, employees, volunteers or others working on behalf of the City of Millville by reason of personal injury, including loss of the use thereof, which arises out of or is in any way connected to or associated with this _____.”

Type of Event

By: _____
Contractor/Vendor/Facility User

Notary

USE OF MUNICIPAL FACILITIES

Individuals - Weddings, wedding receptions, graduation parties, etc.

Non-Profit/Charitable Groups - Civic groups, service clubs, churches, etc.

Commercial Rental - Flea markets, business displays/seminars, parties, receptions

REQUIREMENTS

I. INDIVIDUALS

- A. General Liability \$ 100,000
Evidence that the individual has personal liability insurance in force is usually sufficient. This will normally take the form of a "Homeowners, Condo, or Tenants policy where the personal liability coverage is included along with other coverages for the individual. A copy of the policy should be kept with rental agreement as evidence of coverage.

II. NON-PROFIT/CHARITABLE GROUPS

- A. General Liability \$ 300,000
B. Municipality named as "Additional Insured"
C. Hold Harmless Agreement required in "Use of Facilities" agreement

III. COMMERCIAL (FOR PROFIT) GROUPS

- A. General Liability \$ 1,000,000
B. Municipality named as "Additional Insured"
C. Hold Harmless Agreement required in "Use of Facilities" agreement

NOTE:

You may wish to include the following language in your "Use of Facilities" agreement: *"The Facility User shall not be allowed access to the facility until it has obtained the insurance required under this contract. All coverage shall be with insurance carriers licensed and admitted to do business in the State of New Jersey and acceptable to the municipality."*

¹ See Special Events Section on Liquor Liability if applicable.

² If the "Facility User" contracts with a caterer, adequate insurance coverage should be secured from them as well.

NOTE: Your ultimate weapon is to not allow use of facilities, commencement of work, and/or to withhold payment under contract until proper *Certificates* are received.

ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED	INSURERS AFFORDING COVERAGE	NAIC#
	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANYAUTO <input type="checkbox"/> ALL DWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANYAUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

Sample

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

THE CITY OF MILLVILLE IS LISTED AS THE ADDITIONAL INSURED.
 TYPE OF EVENT:
 DATE OF THE EVENT:

CERTIFICATE HOLDER

CITY OF MILLVILLE
 12 SOUTH HIGH STREET
 MILLVILLE, NEW JERSEY 08332

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE _____

OFFICE USE ONLY

CHIEF OF POLICE:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Police Chief _____
Signature Date

A brief explanation, if license was denied: _____

***ROBERT CONNER, MINTS INSURANCE AGENCY:**

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Robert Conner _____
Signature Date

A brief explanation, if license was denied: _____

***CITY CLERK/ADMINISTRATOR:**

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: City Clerk _____
Signature Date

A brief explanation, if license was denied: _____

