

# CITY OF MILLVILLE

## PROFESSIONAL ATHLETIC EVENT

(For which a single admission is charged)

### LICENSE APPLICATION (Chapter 33)

**§ 33-7**

**B. Public events sponsored by a local nonprofit organization held for the benefit of the Millville residents at large located on private property are exempt from the payment of the license fees contained in this article if approved by resolution of the governing body. Any permits that may be required from the Construction Official or other public officials for the erection of temporary structures and amusement rides are not waived. [Amended 2-20-2001 by Ord. No. 5-2001]**

**\$10.00 Application Fee  
\$300.00 Per Event**

**All Permit Fees Shall Be Paid To City Clerk When Application Is Filed  
Application Must Be Filed At Least 30 Days Before The Date Set For The Professional Athletic Event  
Attach Certificate of Insurance Naming the City of Millville as Certificate Holder and/or Add'l Insured  
Attach Written Consent of Property Owner  
Attach Completed Incident Action Plan  
Copy of State of New Jersey Tax Sale Certificate**

DATE OF APPLICATION: \_\_\_\_\_  
Must be filed 30 Days Before the Date of Event

FEE PAID: \$ \_\_\_\_\_

TYPE OF EVENT: \_\_\_\_\_  
\_\_\_\_\_

DATE(S)/TIME(S) OF EVENT: \_\_\_\_\_  
Please Describe

LOCATION OF EVENT: \_\_\_\_\_ ADMISSION FEE: \$ \_\_\_\_\_

SPONSOR'S NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
Please Print Name of Person, Association, Corporation, Firm, etc.

SPONSOR'S ADDRESS: \_\_\_\_\_  
Street Address PO Box No. City State Zip Code

SPONSOR'S DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SPONSOR'S DL#: \_\_\_\_\_  
Month Day Year Attach Copy of DL and/or Legal Id

SPONSOR'S SOCIAL SECURITY#: \_\_\_\_\_

ESTIMATE OF DAILY CROWD EXPECTED: \_\_\_\_\_

SECURITY MEASURES TO BE INSTITUTED BY SPONSOR FOR CROWD AND TRAFFIC CONTROL:

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



NOTICE TO APPLICANT'S SPONSORING  
PROFESSIONAL ATHLETIC EVENTS ON PRIVATE PROPERTY

The completed Professional Athletic Event Application Must be received by the City Clerk's Office 30 days Prior to the Event.

Application will only be accepted if the application is completed in its entirety and all the required documentation is attached.

An Appropriate Certificate of Liability Insurance naming the City of Millville as Additionally Insured must be submitted from the Sponsor of the Professional Athletic Event as follows in the amount as indicated below:

Non-Alcohol Events

\$ 1,000,000.00

All Events With Alcohol

\$5,000,000.00

Food/Novelty Vendors

\$1,000,000.00

Each Food/Novelty Vendor that will be providing services at the Event must complete the appropriate City of Millville Street Vendor and/or Temporary Application and submit the completed application to the City Clerk's Office.

*(Please note the vendor application may be subject to a criminal background investigation by the Millville Police Department and it is strongly recommended that if the Vendor has never been fingerprinted by the Millville Police Department that they submit their application at least 6 to 8 weeks prior to the event.)*

The vendor application must include all the required documentation attached (written consent from Sponsor, State of New Jersey Tax Sale Certificate, Board of Health Certificate, copy of driver's license, copy of vehicle registration, etc.). In addition, each vendor must provide a Certificate of Liability Insurance naming the City of Millville as Additionally Insured in the amount as indicated above.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_  
Signature Date

# CITY OF MILLVILLE INCIDENT ACTION PLAN

Attach Aerial Map of Effected Area

**DESCRIPTION OF EVENT:** \_\_\_\_\_

**DATE TIME OF EVENT:** \_\_\_\_\_

**ESTIMATES OF ATTENDANCE:** \_\_\_\_\_

**ROADS IMPACTING THE EVENT: (Street Names and County or State route numbers):** \_\_\_\_\_

**ROAD CLOSURE(S):** \_\_\_\_\_

**POSTED DETOURS (If any road is closed proper signage must be posted or use of Message Boards):**

Location

Message

**Emergency Evacuation Plan:** \_\_\_\_\_

**Agency Coordination Contacts:** \_\_\_\_\_

**Contact Numbers of Event Staff:** \_\_\_\_\_

**Name of Coordinator Developing the Plan:** \_\_\_\_\_

**Signature of Event Manager:** \_\_\_\_\_



# 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."*

<sup>1</sup> See Special Events Section on Liquor Liability if applicable.

<sup>2</sup> 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.

# ACORD<sup>TM</sup> 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				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
		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
		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 \_\_\_\_\_

**OFFICIAL USE ONLY**

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**TRAFFIC SAFETY BUREAU:**

\*APPLICATION WAS RECEIVED BY MY OFFICE ON \_\_\_\_\_  
Date Received By

APPROVED:  DENIED:  Traffic Safety Officer: \_\_\_\_\_  
Signature Date

A brief explanation, if license was denied: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ZONING OFFICER:**

\*APPLICATION WAS RECEIVED BY MY OFFICE ON: \_\_\_\_\_  
Date Received By

APPROVED:  DENIED:  Zoning Officer: \_\_\_\_\_  
Signature Date

A brief explanation, if license was denied: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**CONSTRUCTION OFFICIAL:**

\*APPLICATION WAS RECEIVED BY MY OFFICE ON: \_\_\_\_\_  
Date Received By

APPROVED:  DENIED:  Construction Official: \_\_\_\_\_  
Signature Date

A brief explanation, if license was denied: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**TAX COLLECTOR:**

\*APPLICATION WAS RECEIVED BY MY OFFICE ON: \_\_\_\_\_  
Date Received By

APPROVED:  DENIED:  Tax Collector: \_\_\_\_\_  
Signature Date

A brief explanation, if license was denied: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**CITY CLERK/ADMINISTRATOR:**

\*APPLICATION WAS RECEIVED BY MY OFFICE ON: \_\_\_\_\_  
Date Received By

APPROVED:  DENIED:  City Clerk/Adm: \_\_\_\_\_  
Signature Date

A brief explanation, if license was denied: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_