

CITY OF MILLVILLE

SPECIAL EVENTS ON PUBLIC LANDS

(No Person shall conduct a special event on public lands owned or leased by the City of Millville unless licensed to do so by the City Clerk pursuant to Chapter 43 Article VII of the City of Millville Municipal Code.)

LICENSE APPLICATION (Chapter 43 Article VII)

**\$100.00 For the Permit Plus \$100.00 Per Day for Each Day That The Special Event Is Authorized
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 Special Event
Attach Certificate of Insurance Naming the City of Millville as Certificate Holder and/or Add'l Insured**

DATE OF APPLICATION: _____ FEE PAID: \$ _____
Must be filed 30 Days Before the Date of Event

TYPE OF EVENT: _____
Please Describe

DATE(S)/TIME(S) OF EVENT: _____
Please Describe

LOCATION OF EVENT: _____ ADMISSION FEE (If Any): \$ _____

The Permittee May Charge A Reasonable Admission Fee For The Attendance Of The Public At The Special Event, Provided That The Fee Has Been Approved By The City Clerk.

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:

Section 43-38. Exemptions and Waivers.

- A. Special Events sponsored solely by the City of Millville are exempt from the payment of the fee for a special event permit. A special event sponsored or co-sponsored by a local nonprofit organization held for the benefit of the Millville residents at large which is open to the public free of charge, and where no beverages, food, goods or services are sold by vendors sponsored by the local nonprofit organization, is exempt from the payment of the fee for a special event permit. Examples include the following special events:
1. An art exhibit sponsored by the Millville Development Corporation.
 2. A baby contest held by the Department of Parks and Public Property.
 3. A Christmas parade sponsored by the Millville Chamber of Commerce.
 4. A spirit parade and rally sponsored by the Millville Board of Education.
 5. Youth Week sponsored by the Millville Elks.
- B. When the local nonprofit organization desires to sponsor vendors for beverages, food, goods or services for the special event the vendors' permit fees required by Chapter 33 of the Municipal Code may be waived by the governing body. However, the local nonprofit organization must pay the special event permit fees to the City Clerk in lieu of the vendors' permit fees.
- C. When the local nonprofit organization desires the exclusive use of the public lands for the special event for the time period designated in the special event permit, the governing body may authorize this use in the resolution approving the special event. When this occurs, the City Clerk shall not issue licenses or permits pursuant to Chapter 33 of the Municipal Code which allows non-sponsored vendors to sell beverages, food, goods or services on the public lands covered by the special event permit.

NOTICE TO APPLICANT'S SPONSORING

SPECIAL EVENTS ON PUBLIC LANDS

The completed Special Event Permit on Public Lands Application Must be received by the City Clerk's Office 30 days Prior to the Special Event.

Application will not be approved unless the following 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 Special 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 participating in the Special 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

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				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 _____

DEPARTMENT OF PARKS AND PUBLIC PROPERTY

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

APPROVED: DENIED: Parks Superintendent: _____
Signature Date

A brief explanation, if license was denied: _____

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: _____

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/Adm: _____
Signature Date

A brief explanation, if license was denied: _____

