

# CUMBERLAND COUNTY FAIRGROUNDS

(No Person shall conduct events at the Cumberland County Fairgrounds including the Cumberland County Fair unless licensed to do so by the City Clerk pursuant to this article.)

## OTHER EVENTS

(A person sponsoring any event at the Cumberland County Fairgrounds shall obtain a license for the event.)

### LICENSE APPLICATION (Article V)

#### **\$10.00 Application Fee**

#### **\$100.00 Per Event Payable When the Application is Filed**

**Application will not be accepted unless completed in its entirety and with all required documentation attached**

**Application Must be Filed 30 days Prior to the Date of the Event**

**Copy of Certificate of Insurance Naming the City of Millville as Certificate Holder and/or Additional Insured**

DATE OF APPLICATION: \_\_\_\_\_

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

Must be filed 30 days Prior to the Event

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

Please Describe

DATE(S) OF EVENT: \_\_\_\_\_ HOURS OF OPERATION: \_\_\_\_\_

### SPONSOR'S INFO

SPONSOR'S NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

Please Print Name of Person, Association, Corporation, Firm, etc.

ADDRESS: \_\_\_\_\_

Street Number Street Address

PO Box No. City State Zip County

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ DL#: \_\_\_\_\_ SOC SEC#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Month Day Year

Attach Copy of DL and/or Legal Id

### APPLICANT'S INFO

APPLICANT'S NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

Please Print Name of Person, Association, Corporation, Firm, etc.

ADDRESS: \_\_\_\_\_

Street Number Street Address

PO Box No. City State Zip County

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ DL#: \_\_\_\_\_ SOC SEC#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Month Day Year

Attach Copy of DL and/or Legal Id

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

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

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

**PLEASE LIST ALL VENDORS (FOOD, NOVELTY, CONCESSION, ETC.) THAT WILL BE PROVIDING SERVICES AT THE EVENT:** (N.J.S.A. 5:70 APPLICATION FOR FIRE SAFETY PERMIT MUST BE FILED ANNUALLY WITH THE CITY OF MILLVILLE FIRE DEPARTMENT BUREAU OF FIRE SAFETY.)

**If Food Vendor's Stand is equipped with some type of heating element, the Fire Official and/or Fire Inspector will be notified by copy of this application to inspect said portable food stand.**  
**PLEASE COMPLETE THE ATTACHED APPLICATION FOR A FIRE PERMIT AND SUBMIT TO THE FIRE OFFICIAL AND/OR INSPECTOR ACCOMPANIED BY A CHECK OR MONEY ORDER IN THE AMOUNT OF \$42.00, WHICH WILL BE DUE AND PAYABLE AT THE TIME OF THE INSPECTION.**

<u>NAME</u>	<u>ADDRESS</u>	<u>TYPE OF VENDOR</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____

**PLEASE ATTACH WRITTEN APPROVAL FROM THE FOLLOWING:**  
 (APPROVAL MUST BE SUBMITTED FROM THE FOLLOWING TO THE CITY CLERK'S OFFICE BEFORE ANY LICENSE IS ISSUED)  
**CUMBERLAND COUNTY FAIR ASSOCIATION**  
**BOARD OF CHOSEN FREEHOLDERS**

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

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

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*“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."*

<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.	
	INSURERS AFFORDING COVERAGE	NAIC#
INSURED	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	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <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 - COMPIOP 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"/> ANY AUTO <input type="checkbox"/> ALL OWNED 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"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: 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 \_\_\_\_\_

**City of Millville  
Incident Action Plan**

**Description of Event:** \_\_\_\_\_

**Date/Time of Event:** \_\_\_\_\_

**Estimated Attendance:** \_\_\_\_\_

**Roads Impacting the Event** (Street Names, County or State Route Numbers): \_\_\_\_\_

**Road Closures:** \_\_\_\_\_

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

Location

Message

_____	_____
_____	_____
_____	_____

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

**Emergency Equipment Routes to and from Event:** \_\_\_\_\_

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

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

**Name of Coordinator developing the plan:** \_\_\_\_\_

**City of Millville  
Incident Action Plan**

**Aerial Map of Effected Area:**

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

**OFFICE USE ONLY**

**STATE UNIFORM CONSTRUCTION CODE:** (The Construction/Subcode Official shall make all appropriate inspections of the Cumberland County Fairgrounds to ensure compliance with the code and shall file an annual report with the City Clerk.)

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

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

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

**STATE UNIFORM FIRE CODE:** (The Fire Subcode Official and/or Fire Inspector shall make all appropriate inspections of the Cumberland County Fairgrounds to ensure compliance with the code and shall file an annual report with the City Clerk.)

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

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

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

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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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

**\*Upon the receipt of an application for a license which necessitates an inspection or investigation before the issuance of the license, the City Clerk shall refer such application to the proper City Officials for making the investigations within 48 hours of the date when the application was filed. The municipal officials charged with the duty of making an investigation or inspection shall make a written report, either favorable or otherwise within 10 days after receiving a copy of the application.**

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