



BOROUGH OF BOUND BROOK SPECIAL EVENT APPLICATION

FEE-\$15.00 – PAID ___ EVENT FEE - \$150.00-PAID ___

MULTIPLE EVENT FEE-SECOND THROUGH FIFTH DATE-\$50.00 (EACH ADDITIONAL DAY)-PAID ___

SIXTH AND MORE DATES: \$25.00(EACH ADDITIONAL DAY)-PAID ___

MUST BE SUBMITTED AT LEAST 21 DAYS PRIOR TO THE DATE OF EVENT

NAME OF ORGANIZATION		ADDRESS
CONTACT PERSON		PHONE NUMBER
EVENT TYPE		LOCATION OF ACTIVITIES
DATES OF EVENT	RAIN DATE	TIMES

Check off any of the following items being used at the event:

- | | |
|---|---|
| <input type="checkbox"/> Screen / Projector | <input type="checkbox"/> Stage |
| <input type="checkbox"/> Bounce House / Blow-Up Slide | <input type="checkbox"/> Propane Gas / Charcoal Grill |
| <input type="checkbox"/> Prepackaged Food | <input type="checkbox"/> Tent(s) |
| <input type="checkbox"/> Cooked Food | <input type="checkbox"/> Food Truck(s) |
| <input type="checkbox"/> Speakers | <input type="checkbox"/> Carnival Games |
| <input type="checkbox"/> Generator | <input type="checkbox"/> Number of People to be Expected: _____ |

(If this number exceeds 50 people Police presence is required)

1. State Approval Received: (If Needed): YES___ NO___ N/A___ *If Yes, please attach approval letter*
2. County Approval Received (If Needed): YES___ NO___ N/A___ *If Yes, please attach approval letter*
3. NJ Transit Received (If Needed): YES___ NO___ N/A___ *If Yes, please attach approval letter*
4. Certificate of Insurance Received (If Needed)YES___ NO___ N/A___ *If Yes, please attach approval letter*

The above organization agrees to abide by any restrictions or requirements that may be placed on the fundraising event by any Borough Department or by the Mayor and Council.

Signature of Authorized Representative

Signature of Borough Clerk/or Designee

Date:_____

Date:_____

**Failure to complete the application or false information on the application
may be grounds to deny or revoke the permit**

POLICE DEPARTMENT-

APPROVED: YES ____ NO ____

RESTRICTIONS: _____

Signature of Police chief or Designee _____ Date _____

ZONING DEPARTMENT-

RESTRICTIONS: _____

Signature of Zoning Official or Designee _____ Date _____

HEALTH DEPARTMENT-

RESTRICTIONS: _____

Signature of Health Official or Designee _____ Date _____

FIRE DEPARTMENT-

RESTRICTIONS: _____

Signature of Fire Marshall or Designee _____ Date _____