



BOROUGH OF ROSELLE

108 WEST THIRD AVENUE • ROSELLE, NEW JERSEY 07203
TELEPHONE (908) 259-3010

Note: ALL APPLICATIONS ARE DUE IN THE BOROUGH CLERK'S OFFICE AT LEAST TWO WEEKS BEFORE THE SCHEDULED EVENT

Date of Application: _____ Received at Clerk's Office: _____

Application For:

- Block Party (\$25 per Block)
 - Can Shake (No Fee)
 - Fair (\$100)
 - Festival (\$100)
 - Flea Market (\$50)
 - Borough Owned Lots (Please Specify Location) _____
 - Other (Please Specify) _____
- & See Attached Activities Outdoor License Fee Chart.

Borough Owned Fields

- Arminio Field - For Profit (\$125.00 per hour)
Non-Profit (No Fee) with proof of Non-Profit status
- Sylvester Land Field - For Profit (\$125.00 per hour)
Non-Profit (No Fee) with proof of Non-Profit status
- \$500 Security Deposit is required*
- Pine Street
- Cristiani Skate Park
- Grove Street Park

**Deposit will be held by the Borough. Said security deposit will be returned, provided the Borough facility is returned in clean condition without damage.*

Applicants Name: _____
 Telephone Number(s): Home: _____ Cell: _____
 Work: _____
 Email Address: _____

BOROUGH CLERK'S OFFICE USE ONLY			
RECEIVED BY: _____	DATE: _____		
FEE OF \$ _____	CASH _____	CHECK# _____	MO# _____



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Proposed Date(s) of Event: _____, 20____ thru _____, 20____
_____, 20____

Proposed Rain Date: _____, 20____

Start Time: _____ End Time: _____

(No Outside Activity shall begin before 8:00 A.M., nor last later than 10:00 P.M.)

Location of Event: _____

On Street: _____ Off Street: _____

Private Property: _____ Public Property: _____

Non-Profit Property: _____

Expected Number of Participants: _____ (if not applicable, please mark
"N/A")

Organization Contact Person: _____

Address: _____

Phone number(s): _____
Home Work Cell

Contact Person for Day of Event (if different from above): _____

Phone number(s): _____
Home Work Cell

The Contact Person MUST be reachable the Day of the Event for Any Emergency that may arise.

Insurance Information: _____ Policy #: _____
Company and/or Agent



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Check applicable condition(s) & attach applicable permit application(s) and information.
Checked off below are the requirements to be met for use of city owned property.

Proof of insurance coverage as follows:

() For bodily injury to any one person in the amount of \$1,000,000 and any occurrence in the aggregate amount of \$5,000,000.

() For property damage for each occurrence in the aggregate amount of \$1,000,000.

(Purchased from an insurance company of your choice).

Related Conditions:	Yes	No
Certification of Insurance Submitted		
Event to take place on Borough Property		
Hold Harmless Agreement Submitted		
No outside operating agreements exist		
Police Security/Traffic Control Required		
Sanitation Facilities Plan Attached (if required)		
Third Party Operating Agreements Attached (if applicable)		
Street Closing required		
Fire Inspection Required		

Do you plan to **serve/sell food**? YES [] NO [] (If YES, a Health Permit is **REQUIRED**)

Do you need **barricades**? YES [] NO [] (If YES, specify location to be **delivered**)

I certify that the information herein is true and accurate to the best of my knowledge:

Signature: _____ Date: _____



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INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

_____ hereby agrees to indemnify and hold harmless the Borough, its officers, agents, servants, and employees, from any and all liability claims, suits or actions of any type whatsoever including costs, expenses and reasonable attorney fees which may arise against the Borough of Roselle, and that the event sponsor will also hold harmless the Borough from any loss, injury or damage with respect to COVID-19 and that said event sponsor will be responsible, not the Borough as a result of a _____ [To be held on Date] _____. A certificate of Insurance in the amount of (one million \$1,000,000.00) for bodily injury and (one million dollars \$1,000,000) for property damage) noting the Borough of Roselle as additional insured for this event if the Borough requires insurance.

By:

Sponsor's Name:

Witness Name:

Title:

Date: _____

Note: *If the Borough requires insurance should reflect the amount.

This Area is for Municipal Clerk's Office Use Only

Received by Municipal Clerk _____ Date: _____



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BLOCK PARTY

FOR A BLOCK PARTY. PLEASE READ THE FOLLOWING REGULATIONS AND COMPLETE THE MUTUAL CONSENT PETITION ON THE NEXT PAGE:

REGULATIONS

It is required that one-half of the street be kept open for emergency vehicles. The entire road may be closed to regular traffic however, it is required that tables and chairs or other obstructions be kept on one side of the street.

If emergency services are required, we must have IMMEDIATE access to the area. The hydrant side of the street shall be the accessible side.

Any changes in original plans such as the date or time shall be cleared with both police and fire departments.

In addition to conforming to all legal requirements of the Borough of Roselle, anyone wishing to hold a block party must have the consent of at least one half (1/2) of the residents of said block. Failure to provide such a petition will lead to a denial of a permit for such an event.



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MUTUAL CONSENT PETITION FOR NEIGHBORHOOD SPONSORED BLOCK PARTY

I the undersigned have no objection to a block party being held on _____
(Date)

At _____
(Street)

<u>Name</u>	<u>Address</u>

*Must have the consent of at least one half (1/2) of the residents of said block. Failure to provide such a petition will lead to a denial of a permit for such an event.



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BOROUGH / BOARD OF EDUCATION USE ONLY

The following Department Heads have conditionally approved your application for the above function.

Approved Denied

[] []

Signature
Police Chief

Date

[] []

Signature
Borough Administrator

Date

[] []

Signature
Recreation Leader

Date

[] []

Signature
DPW Superintendent

Date

[] []

Signature
Borough Clerk

Date

[] []

Signature
Athletic Director/Board of Education

Date

The following Borough Officials must sign if food or propane tanks will be used.

[] []

Signature
Fire Chief

Date

[] []

Signature
Health Official

Date

COMMENTS: _____



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