



**PERMIT APPLICATION
FOR USE OF COURT ROOM / BAKER
CONFERENCE ROOM**

**Borough of Roselle - Municipal Clerk's Office
108 West Third Avenue, Roselle, NJ 07203 - (908) 259-3010**

Date of Application: _____

Applicants Name: _____

Phone number(s): _____
Home Work Cell

Email Address: _____

FOR USE OF:

COUNCIL CHAMBERS / COURT ROOM _____ or BAKER ROOM _____

PROPOSED DATE(S) OF EVENT: _____

Start Time: _____ **End Time:** _____

Expected Number of Participants: _____

DESCRIPTION OF EVENT:

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

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



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Printed Name of Applicant: _____

Signature of Applicant: _____ Date: _____

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)		

Do you plan to **Serve** food? YES [] NO []

(If YES, no Health Permit is required)

Do you plan to **Sell** food? YES [] NO []

(If YES, a Health Permit is required by the Health Official/Health Department)



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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 _____ [Street Fair / Block Party / Sidewalk Sale, Gathering] To be held on _____. [A certificate of Insurance in the amount of One Million (\$1,000,000.00) Dollars is required 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: _____

