



Borough of Hamburg Application for Special Events Permit



Name of Organization: _____

Address of Organization: _____

Contact Person: _____ Position: _____

Phone: (Primary): _____ (Secondary): _____

Email Address: _____

Event Location: _____

Date of Event: _____ Time: _____ Raindate: _____

Purpose of Event: _____

List of any activities planned for event: _____

Will temporary banners/signs announcing event be placed on or near venue?

NO

YES If Yes, list types of signage to be used with sizes.

(Temporary signage can only be displayed for two weeks.)

NOTICE TO APPLICANT:

1. Applicant agrees to protect, defend, indemnify and save harmless the Borough, its agents and /or officers thereof from all claims, suits, actions and proceedings of every nature and description which may be brought against the Borough, its employees, officer or agents thereof for or on account of any injuries or damages to persons and /or property as of any work performed under the permit.
2. If the special event requires the closure of road to traffic, applicant must contact the Hamburg Police Department (973-827-6211) for required forms

I acknowledge that all information and representations made in this application are true and accurate. By signing this document, I, on my own behalf or as the designated agent for my organization, understand the Borough, its employees, officers and agents shall be held harmless from all loss, damage, claim or expense arising from the permit.

Signed: _____ Printed Name: _____

Date: _____ Position: _____



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**** PLEASE BE ADVISED THAT NO REQUESTS WILL BE APPROVED UNTIL A PROGRAM SCHEDULE AND CERTIFICATE OF INSURANCE IS SUBMITTED. ****

**** CLEAN UP IS THE RESPONSIBILITY OF USER AND MUST BE COMPLIED WITH. LITTER MUST BE REMOVED FROM ALL AREAS. ****

Insurance Coverage Requirements

Full Name of Insurance Carrier: _____

All persons attending the planned function or event are required to be covered in an amount not less than \$1,000,000 per occurrence.

Your insurance policy must establish the above listed minimum coverage requirements and show the Borough of Hamburg as an additional insured party.

Official Use Only:

Received by: _____ *Date* _____

Date Permit Issued: _____ *No:* _____