



6 PROSPECT STREET, FAR HILLS, NJ 07931  
T. 908.234.0611 F. 908.234.0918  
[WWW.FARHILLSNJ.ORG](http://WWW.FARHILLSNJ.ORG)

## **LARGE EVENT VENDOR CHECKLIST & INFORMATION PACKET**

This vendor checklist and information packet was compiled to assist vendors wishing to provide services at large events held in the Borough of Far Hills. This packet contains permit applications typically required for large events; however, the Borough of Far Hills may request additional information as necessary. The packet also includes two sample forms with highlighted instructions to provide clarification of the required information.

Vendors must complete and submit the checklist along with the permit applications and fees pertaining to the services identified that will be provided at the event.

Vendors must only utilize the Borough of Far Hills permit application forms provided in this packet with the revision date of 4/2022 or later. As a convenience, the permit application forms are also available on the Borough website. Prior versions of the permit application forms will not be accepted. The most current permit application forms from State on New Jersey agencies are also included.

### **BOROUGH OF FAR HILLS PERMIT APPLICATION FORMS**

- Large Event Vendor Checklist
- Temporary Food Establishment Permit Application
- Food Truck Permit Application
- Open Flame Permit Application
- Tent/Canopy Permit Application
- Large Event - Vendor - Hold Harmless Agreement
- SAMPLE – Large Event - Vendor - Hold Harmless Agreement
- SAMPLE - Certificate of Insurance

### **NEW JERSEY AGENCIES PERMIT/LICENSE APPLICATION FORMS**

- Raffle License Application – Legalized Game of Chance Control Commission
- Division of Alcoholic Beverage Control Catering/Social Affairs Permit – online instructions
- Catering Permit Application – Division of Alcoholic Beverage Control
- Social Affairs Permit Application – Division of Alcoholic Beverage Control

All application forms should be submitted to the Office of the Borough Clerk. A separate check must accompany each application, made payable to the Borough of Far Hills.

Per Borough of Far Hills Ordinance 2017-09, unless otherwise indicated, permit applications associated with large events must be submitted thirty (30) calendar days prior to the event. Late charges may apply and incomplete applications will be returned.

Vendors should also coordinate directly with the event organizer and comply with their specific requirements.

Contact the Borough Clerk's Office at 908.234.0611 with any questions.



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## LARGE EVENT VENDOR CHECKLIST

VENDOR NAME: \_\_\_\_\_

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

CONTACT NAME: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EVENT NAME/LOCATION: \_\_\_\_\_ DATE(S): \_\_\_\_\_

YES	NO	
		<b>WILL THE VENDOR BE PROVIDING FOOD AT THE EVENT?</b> IF YES, SUBMIT A TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION.
		<b>WILL THE VENDOR BE UTILIZING A FOOD TRUCK AT THE EVENT?</b> IF YES, SUBMIT A FOOD TRUCK PERMIT APPLICATION AND A TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION.
		<b>WILL THE VENDOR BE UTILIZING AN OPEN FLAME COOKING APPLIANCE AT THE EVENT?</b> IF YES, SUBMIT AN OPEN FLAME PERMIT APPLICATION.
		<b>WILL THE VENDOR REQUIRE A TENT AT THE EVENT?</b> IF YES, SUBMIT A TENT PERMIT APPLICATION. (GENERALLY REQUIRED FOR TENTS IN EXCESS OF 900 SQ. FT.)
		<b>WILL THE VENDOR BE UTILIZING A GENERATOR AT THE EVENT?</b> IF YES, CONSULT WITH THE BOROUGH CONSTRUCTION DEPARTMENT AND SUBMIT THE APPROPRIATE APPLICATION.
		<b>WILL THE VENDOR BE HOLDING A RAFFLE AT THE EVENT?</b> IF YES, SUBMIT AN APPLICATION FOR A RAFFLE LICENSE.
		<b>WILL THE VENDOR BE PROVIDING ANY ALCOHOLIC BEVERAGES AT THE EVENT?</b> IF YES, AT LEAST 21 CALENDAR DAYS PRIOR TO EVENT APPLY ONLINE FOR A CATERING OR SOCIAL AFFAIRS PERMIT THROUGH THE NEW JERSEY DIVISION OF ALCOHOLIC BEVERAGE CONTROL WEBSITE. IF LESS THAN 21 CALENDAR DAYS PRIOR TO EVENT, A PAPER APPLICATION MUST BE SUBMITTED TO THE BOROUGH CLERK.

**THIS CHECKLIST MUST BE SUBMITTED WITH ALL APPLICABLE APPLICATIONS TO THE OFFICE OF THE BOROUGH CLERK.**  
SEPARATE CHECKS ARE REQUIRED FOR EACH APPLICATION AND MADE PAYABLE TO: THE BOROUGH OF FAR HILLS.

\_\_\_\_\_  
VENDOR SIGNATURE

\_\_\_\_\_  
DATE  
r. 8/2022



**Somerset County Department of Health**  
27 Warren Street, P.O. Box 3000  
Somerville, NJ 08876  
Phone (908) 231-7155 | Fax (908) 704-8042



## Temporary Food Establishment Permit Application Packet

A **Temporary Food Establishment** as defined in N.J.A.C. 8:24, *Sanitation in Retail Food Establishments and Food and Beverage Vending Machines*, is a food establishment that operates for a period of no more than 14 consecutive days in conjunction with a single event or celebration.

To apply for a Temporary Food Establishment Permit:

1. **Complete and submit the application form (pages 2 & 3) and pay the required fees for each booth at each event, at least 10 business days prior to the event.** Incomplete applications will be returned. A rain date or “not applicable” must be entered.
  - **An application fee of \$150.00 is required. Please make checks payable to: Borough of Far Hills and mail to the Board of Health Secretary at Borough of Far Hills, 6 Prospect Street, Far Hills, NJ 07931.**
  - **The application and payment need to be submitted to the Borough of Far Hills at least 10 business days prior to the event date. Late applications will be charged an additional fee of \$75.00.**
2. Provide a copy of the most recent health inspection rating placard for review and retail food license.
3. If you have successfully completed a basic food handler and sanitation course, please include a copy of your Completion Certificate with your application.
  - If you are a Cottage Food business as defined in N.J.A.C. 8:24 you must provide a copy of your New Jersey Department of Health permit and food manager certificate with this application.
  - In this application packet you will find information on handwashing facilities, kitchenware washing procedures, and a self-inspection form. The Somerset County Department of Health and the local jurisdiction require that proper facilities be available for hand washing, kitchenware washing, overhead protection, ground covering, and proper storage of hot and cold foods. Additional information on preparing and serving food safely will be provided upon request. Applicants are encouraged to take a food safety course.
  - A digital thermometer and sanitizer test strips are required.
  - Use the self-inspection form on page 6, to ensure that you are prepared and have met the requirements of the Regulations.
4. Submit application pages 2 and 3 to the Borough of Far Hills for processing and keep pages 1, 4 - 6 for your use.

An Environmental Health Specialist will call you after your completed application is reviewed to discuss your operation, obtain additional information if needed and answer any questions you may have. Permits for Temporary Food Establishments are issued by the Somerset County Health Department **on the day of the event**, prior to the start of the food operations. If you have any questions, please contact us at (908) 231-7155. We look forward to working with you.

Revised 9/21/15 – Borough of Far Hills Ordinance BH2015-03

## Application for Temporary Food Establishment

- Please print legibly or type
- **Completed application and fee must be submitted at least 10 business days prior to the event.**
- Failure to provide the necessary information regarding your operation will delay the processing of your application.
- For staffing purposes, a “rain date” or “not applicable” must be included.

### EVENT - GENERAL INFORMATION

Event Name and Sponsoring Organization: \_\_\_\_\_

Event Coordinator and Phone Number: \_\_\_\_\_

Event Location Address and Phone Number: \_\_\_\_\_

Date(s) of operation: \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

Rain date(s): \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

### APPLICANT INFORMATION

Organization or Individual Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Organization Representative Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Individual Responsible for Food Preparation Onsite: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### TEMPORARY FOOD ESTABLISHMENT INFORMATION

Time when operation will be ready for inspection: \_\_\_\_\_

Type of food facility (building on site, open air, mobile unit, food trailer, tent/canopy, etc.): \_\_\_\_\_

Please indicate the source of the following to be provided for operation of the food facility:

Potable Water Source: \_\_\_\_\_  
*(private well, public, bottled water, holding tank, etc.)*

Garbage Disposal: \_\_\_\_\_  
*(on-site, off-site, by vendor, by event sponsor, etc.)*

Sewage Disposal: \_\_\_\_\_  
*(Onsite septic system, public system, etc.)*

Liquid Waste Disposal: \_\_\_\_\_  
*(dump station on-site or off-site, public, septic system, etc.)*

Have you completed a basic food handler and sanitation program?  Yes  No

If yes, indicate the year completed: \_\_\_\_\_ (Please include a copy of your certificate with this application)

**Food Items and Equipment**

Food/Beverage Items	Source (where purchased)	Where prepared (i.e. on sit at event, at a permitted facility, etc.)	Methods of preparation and serving

*(Please attach another sheet with the same information, if more spaces are needed.)*

Condiments and Serving Methods (individual or bulk containers)	Utensils (serving, cooking, eating)	Cooking Equipment*	Type of Refrigeration (coolers, refrigerator, truck)
			Type of sanitizer/ test

*\*All cooking or reheating equipment must be able to rapidly heat foods to 165 °F or above.*

***CROCK POTS ARE NOT ACCEPTABLE FOR THE COOKING OR REHEATING OF FOODS.***

\*Are accurately calibrated metal stem food thermometers provided to monitor food temperatures? \_\_\_\_\_

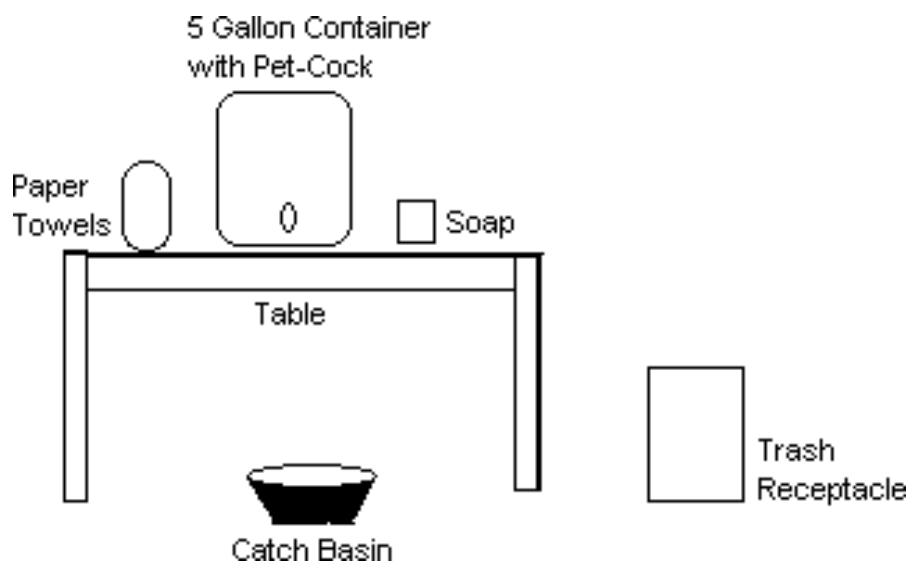
\* What method will be used to prevent bare hand contact with ready-to-eat foods? \_\_\_\_\_

I have read the attached instructions, understand them and will comply with their requirements. I understand that failure to comply may result in the denial of my application for a permit and license by the Health Department.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Handwashing Facility Set-up

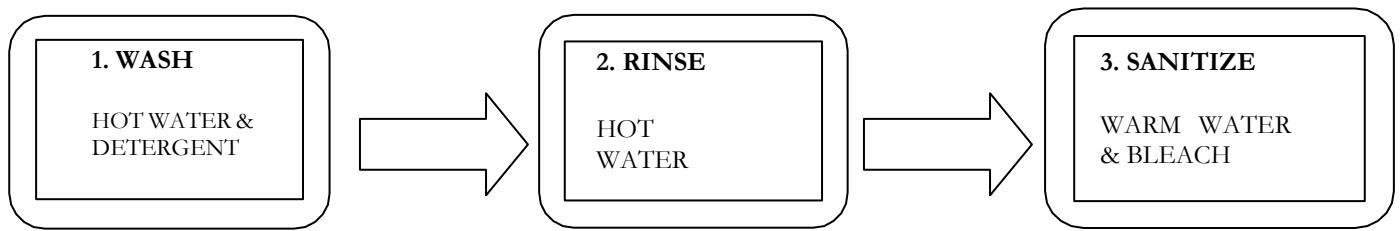


The most common cause of contamination during food preparation and serving is unclean hands. For this reason, hand washing facilities are a must. Facilities must be designed to provide unaided, easy hand washing under a continuous flow of running water. Water spigots of the push-button type will not be allowed.

### Steps of Handwashing

1. Wet hands.
2. Apply soap.
3. Briskly rub hands for at least ten (10) seconds.
4. Scrub fingertips and between fingers.
5. Scrub forearm to just below elbow.
6. Rinse forearms and hands.
7. Dry hands and forearms with a disposable paper towel.
8. Turn off water with paper towel.
9. Discard paper towel.

## Kitchenware Washing Procedure



After washing, rinsing, and sanitizing, items may be air dried or wiped dry with disposable towels and should then be stored in a clean place.

Provide appropriate sanitizer test strips and use them to monitor the concentration of the sanitizing solution. (If using bleach, maintain the chlorine concentration between 50 and 100 parts per million; this is approximately 1 T. bleach per 1 gallon water.)

*Unscented* chlorine bleach may be used to sanitize kitchenware. Other acceptable sanitizers include quaternary ammonia and iodine.

All wastewaters must be disposed of properly, to either a sanitary sewer or drainfield.

## Self-Inspection Form

ITEM	AREA OF CONCERN
1	Review proper food handling practices and employee hygiene requirements.
2	Food Source: approved, in sound condition, no spoilage.
3	Potentially hazardous foods kept at proper temperature during transportation, storage, preparation, cooking, display, and service.
4	Food protected from contamination: wrapped, sneeze guards/shields, 6"+ off the ground. Food protected from insects, rodents, birds, and animals.
5	Facilities provided to maintain product temperatures (refrigerator, freezer, drained coolers w/ ice, etc.) Cold: 41 F or below. Hot: 135 F or above.
6	Thermometers provided: dial probe or digital thermometer for taking product temps, indicating thermometers for refrigeration units.
7	Ice storage adequate, 6"+ off the ground, self-draining with catch basin, scoop stored in ice with the handle extended.
8	Good employee hygiene; proper hand washing; proper use of gloves; no illness; etc.
9	Proper hair restraints; clean clothing; no artificial nails; no jewelry.
10	Equipment cleaned thoroughly <u>prior to the event</u> , kept clean, stored properly.
11	Proper facilities to wash, rinse, and sanitize equipment and utensils. MUST HAVE HOT WATER. Wash basins should be large enough to accommodate the biggest item to be washed.
12	Sanitizer with appropriate test strips, i.e. chlorine bleach and chlorine test strips.
13	Single service items stored and dispensed in plastic sleeve, utensils dispensed with handles up.
14	Water source approved; Hot and cold water provided; food grade hoses used.
15	Approved and adequate disposal of sewage and all waste water.
16	Hand washing facilities: hot water, soap, paper towels, catch basin, wastebasket.
17	Adequate collection and disposal of grease and garbage.
18	Overhead protection (tent, pavilion, etc.); Lighting adequately shielded. Check with fire marshal regarding fire retardant material and use of gas, propane, etc.
19	Public access to cook area, storage area, and service area completely restricted.
20	Wiping cloths: clean, stored in sanitizing solution, use restricted to employees only. Alternative to wiping cloths: paper towels and a spray bottle of sanitizing solution.
21	Toxic items labeled and stored separately from food and single service items. No pesticides stored or used on site. used on site.





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## FOOD TRUCK PERMIT APPLICATION

PER ORDINANCE – 2017-02

Applicant Name: \_\_\_\_\_

**ORGANIZATION:**

Name/Type: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Property Location: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Permit requested for following date/time(s): \_\_\_\_\_

**I WOULD LIKE A FIRE SAFETY PERMIT FOR:**

Temporary Event \_\_\_\_\_ Semi-Permanent: \_\_\_\_\_ Other (Please describe): \_\_\_\_\_

**EVENT PERMIT INFORMATION:**

The food truck will be used in the following location (description of the location on property):

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

The food truck will be used for the following event (description of the event, i.e. "Smith Wedding"):

\_\_\_\_\_

The food truck will be used on/between the hours of \_\_\_\_\_ and \_\_\_\_\_

The food truck will be set up on (date/time): \_\_\_\_\_

**EVENT PERMIT INSPECTION INFORMATION:**

Date/Time Requested for Inspection: \_\_\_\_\_

Individual present at the time of inspection, name/phone: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

PERMIT:  CONDITIONS IMPOSED  DENIED  APPROVED: PAYMENT AMOUNT RECEIVED \$ \_\_\_\_\_ / CHECK # \_\_\_\_\_

FIRE OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Vehicle Registration (License #): \_\_\_\_\_

Is this vehicle equipped with an exhaust hood:     YES     NO

If the answer is “Yes”, please complete the following:

• Number of appliances located under the hood: \_\_\_\_\_

• Appliance type (Number of each type – all that apply)

\_\_\_\_\_ Stove        \_\_\_\_\_ Griddle        \_\_\_\_\_ Oven        \_\_\_\_\_ Deep Fryers

\_\_\_\_\_ Other: \_\_\_\_\_

• Date of last suppression system inspection: \_\_\_\_\_

Number of propane tanks mounted on the vehicle: \_\_\_\_\_

Size of propane tanks (lbs.) mounted on the vehicle: \_\_\_\_\_

**THIS APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING:**

A copy of an “Inspection Report” for the kitchen hood fire extinguishing system, issued by a Fire Protection Company authorized by the NJ Division of Fire Safety (NJ PERMIT) to perform such inspections, and issued no more than 6 months prior to the date of the event.

A copy of a Mobile Food Vendors License issued by the Somerset County Health Department.

Payment of Type I Permit fee (\$54 – if writing a check, make payable to Borough of Far Hills).

**PLEASE NOTE:**

- **Failure to be present at the time of inspection can result in a denial of the fire safety permit.**
- **Failure to comply with all conditions at the time of inspection can result in denial of the fire safety permit.**
- **The permit may be revoked by the Fire Official or designated representative for failure to comply with the conditions of issuance or any violations of any provisions of the New Jersey Fire Code.**

**APPLICATION CHECK LIST**

- Complete and sign application
- Per Fee Schedule, include check made payable to “Borough of Far Hills”
- Complete and Sign/Notarize the Hold Harmless Agreement
- Provide Certificate of Insurance naming the Borough of Far Hills as “An Additional Insured”

I hereby acknowledge that the information given is correct and agree to comply with the applicable requirements of the fire code as well as any specific conditions imposed and if not, this permit may be revoked and will be subject to penalties as provided by law.

Applicant Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



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### Enclosed Mobile Food Trucks Permitting & Inspection Requirements

The New Jersey Division of Fire Safety has determined that “Enclosed Mobile Food Truck” vehicles, once they are parked and operating they are “premises” and subject to all regulations and permit requirements contained in the NJ Uniform Fire Code.

### Administrative Requirements

1. The operator must obtain a Type 1 Permit (permanent cooking operation with fire suppression system) (NJAC 5:70-2.7(a)3.xii)
2. Permits will not be granted unless a completed application and payment of the application fee is brought to the office of Fire Prevention during normal business hours, at least seven (7) business days prior to the commencement of the event. (NJAC 5:70-2.7(b)).
3. For the purposes of this policy, “complete application” shall include all information requested on the application form.
4. If the applicant is someone other than a representative of the property owner, a letter from the property owner authorizing the applicant to perform the permitted function is required to be included with the initial application (Sample letter attached).
5. A permit application will not be accepted unless the permit fee in the form of a check payment is provided. (NJAC 5:70-2.7(i)).
6. The applicant shall specify a date/time requested for inspection on the application form. No permit will be issued until such time as an inspection is completed (NJAC 5:70-2.7c.)
7. The igniting of gas powered appliances prior to an inspection shall constitute a violation of the code and the operator shall be subject to penalty (NJAC 5:70-2.12(b)7.i).

## Technical Requirements

1. A food truck utilizing a cooking operation that, by way of cooking method or type of cuisine, creates grease laden vapors, must be equipped with an exhaust hood and a kitchen hood fire suppression system (NJAC 5:70-4.7(g)).
2. The suppression system must be inspected/tested within previous 6 months by a company possessing a valid NJ Division of Fire Safety Contractor Permit (if the truck is registered in another state, such as PA or NY, then it must have been inspected within the last 6 months but the inspection does not have to be performed by a company having a NJ Division of Fire Safety Contractor Permit). (Section 904.5.1, 2006 IFC, NJ ED.)
3. The operator must have a copy of the actual fire suppression system inspection report in the vehicle (not just the cylinder tag).
4. The truck must be equipped with a “K” type portable fire extinguisher, if the truck is equipped with deep fat fryers. (Section 906-4, 2006 IFC, NJ Ed.)
5. Propane cylinders must be inspected for rust, damage, dents, leaks, alterations. (NFPA 58-5.2.2.1)
6. Propane hoses, exposed portions, must be inspected for general condition and leaks. (NFPA 58-6.18.2)
7. Maximum propane tank size is 125 lbs. (300 gal wc). (There is no maximum amount per vehicle) (NFPA 58-6.21.3.1(E))
8. Propane containers and regulators must be installed on the outside of the vehicle, unless in a cabinet that is vapor tight to the inside of the vehicle, accessible only from outside the vehicle, and properly vented to exterior of the vehicle. (NFPA 58-6.21.3.3)
9. Propane cylinders must be attached to the vehicle-they may not be free standing, even if properly secured. (NFPA 58-6.21.3.4)
10. Propane cylinder valves, regulators, hoses, etc., must be protected from damage from physical impact, stones, mud, etc. (NFPA 58-6.21.3(b))
11. Regulators must be installed so that the pressure relief valve is pointed downward and the vent must be protected to prevent dirt, mud, etc., from entering the vent (NFPA 58-6.21.4.2)
12. The entire vehicle is subject to full inspection for all other applicable requirements provided for “premises” in accordance with NJ Uniform Fire Code, Sub-chapter 3.



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## OPEN FLAME PERMIT APPLICATION

PER ORDINANCE – 2017-02

Applicant Name: \_\_\_\_\_

Organization Name/Type: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Property Location: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

TYPE 1: \$54.00/EA

Permit requested for following date/time(s): \_\_\_\_\_

**NUMBER OF COOKING APPLIANCE(S)** \_\_\_\_\_

**FUEL TYPE:** Charcoal \_\_\_\_\_ Wood: \_\_\_\_\_ Propane: \_\_\_\_\_

**IF PROPANE, NUMBER OF PROPANE TANKS:** \_\_\_\_\_ **SIZE OF TANKS:** \_\_\_\_\_ *\*Note: Propane tanks shall be kept a minimum of 5 feet from all grills/ appliances and be properly secured to prevent tipping or falling over. A secure area with a minimum of 5 feet separation from grills/ appliances and propane tanks shall be provided to prevent access from the general public*

Location in tent/under canopy if applicable: \_\_\_\_\_

The above named applicant hereby requests permission to conduct the following activity at the above location: \_\_\_\_\_

[ ] Attach use and schematic of layout in accordance with the Uniform Fire Code.

### FOR OFFICIAL USE ONLY

**PERMIT:**  CONDITIONS IMPOSED  DENIED  APPROVED: PAYMENT AMOUNT RECEIVED \$ \_\_\_\_\_ / CHECK # \_\_\_\_\_

**FIRE OFFICIAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE NOTE:**

- Failure to be present at the time of inspection can result in a denial of the fire safety permit.
- Failure to comply with all conditions at the time of inspection can result in denial of the fire safety permit.
- The permit may be revoked by the Fire Official or designated representative for failure to comply with the conditions of issuance or any violations of any provisions of the New Jersey Fire Code.

The firing or use of a propane or charcoal grill prior to an inspection shall constitute a violation of N.J.A.C. 5:70-2.12(b)7.i and the operator shall be subject to a penalty.

**APPLICATION CHECK LIST**

- Complete and sign application
- Per Fee Schedule, include check made payable to "Borough of Far Hills"
- Complete and Sign/Notarize the Hold Harmless Agreement
- Provide Certificate of Insurance naming the Borough of Far Hills as "An Additional Insured"
- Use and Schematic of Layout

I hereby acknowledge that the information given is correct and agree to comply with the applicable requirements of the fire code as well as any specific conditions imposed and if not, this permit may be revoked and will be subject to penalties as provided by law.

Applicant Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



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**TENT/CANOPY  
PERMIT APPLICATION  
NJ STATE TYPE 1 PERMIT**

Date: \_\_\_\_\_

**Applicant:**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Request for Fire Safety Permit**

*Please Select One:*

Tent – enclosed on more than 25% of the sides

Canopy – open on at least 75% of the sides

Size of Tent (s): \_\_\_\_\_

Number of Tent(s): \_\_\_\_\_ X \$54.00 = \_\_\_\_\_ Total: \_\_\_\_\_

**Note: *Tent/Canopy falling in any of the categories below shall require a separate permit from Borough of Far Hills Construction Department***

- Greater than 140 feet in any direction, or
- Greater than 16,800 square feet in area, or
- In use for more than 180 days, or
- Which have a permanent anchoring system or
- Which are used between November 1<sup>st</sup> and March 31<sup>st</sup>, or
- Contain platforms greater than 11 feet in height
- Any electric attached to the tent

*\* If only lights, they must be plugged into GFI outlet and permit not needed*

**Application Checklist**

**This Application must be accompanied by the following:**

- A site plan showing the location of the tent/canopy in relation to the property lines and other nearby structures
- A floor plan showing the set up under the tent/canopy including location and dimensions of tables or dance floor (only for 50 or more people)
- A copy of the flame certificate from the tent/canopy manufacturer showing the fabric meets the requirements of NFPA 701
- Borough of Far Hills Hold Harmless Agreement
- Certificate of Insurance naming the Borough of Far Hills as an "Additional Insured"
- Check made payable to the Borough of Far Hills
- Submit completed application to the Borough Clerk at 6 Prospect Street Far Hills, NJ 07931

**NOTE: For tents, the number, location, and type of exits MUST be shown on the floor plan. EXIT signs and emergency lights are required. (Only for 50 or more people)**

Event Location: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Total Number of occupants expected to utilize the tent/canopy: \_\_\_\_\_

Date(s) of Use: \_\_\_\_\_

Hours of Use: \_\_\_\_\_

Tent/Canopy will be set up and ready for inspection on Date: \_\_\_\_\_ Time: \_\_\_\_\_

**The following will be used/installed in the tent or canopy:**

- Electric Lighting
- Electric Power
- Heating Equipment
- Other, please describe: \_\_\_\_\_
- Platforms, including dance floors
- Tables and chairs for dining

**I hereby acknowledge that I have read this application, that the information given is correct, and that I am the owner, or duly appointed person, authorized to act in the owner's behalf and as such hereby agree to comply with the applicable requirements of the Fire Code as best as any specific conditions imposed by the Fire Official.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name/Title

**FOR OFFICE USE ONLY**

TENT PERMIT:  Conditions Imposed  Denied  Approved  Approved pending payment of fee \$\_\_\_\_\_  Check #: \_\_\_\_\_

Comment: \_\_\_\_\_ PERMIT #: \_\_\_\_\_

FIRE OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_



## **TYPE 1 PERMIT: REQUIREMENTS FOR TENTS**

- Two-week notice is required prior to any permit inspection
- Tents/Canopies are required to have a Type 1 Fire Safety Permit when they are greater than 900 square feet or more than 30 feet in any dimension whether it is one unit or of multiple units
- Shall be erected and secured as directed by manufacturer
- No open flame cooking under or within 20 feet of any tent/canopy
- Cooking is prohibited in any tent/canopy occupied by the public/guests
- Cooking tents. Tents with sidewalls or drops where cooking is performed shall be separated from other tents or membrane structures by not less than 5 feet
- Flame retardant certificate must be attached to each tent/canopy
- Tent/Canopy must be properly secured to sustain severe weather conditions
- Generators and other internal combustion power sources shall be separated from each tent/canopy by not less than 20 feet and isolated from public by fencing
- A detailed site and floor plan for tents or membrane structures with an occupant load of 50 or more shall be provided with each application for approval. The tent or membrane structure floor plan shall indicate details of the means of egress facilities, seating capacity, arrangement of the seating and location and type of heating and electrical equipment
- A construction permit shall be obtained for heating, ventilation, or electrical equipment that requires a construction permit pursuant to the Uniform Construction Code
- Fire Extinguishers are required in each tent/canopy. Minimum rating of 2A-10: BC fire extinguisher for each 3000 square feet and 75 feet travel distance
- No smoking signs required in each tent/canopy

### **Exceptions:**

1. Cooking tents are not required to be separated from other cooking tents
2. Cooking tents shall be separated from other tents having more than 25 percent of the tent perimeter enclosed with sidewalls or drops or membrane structures with an occupant load of 50 or greater by a minimum of 20 feet



6 PROSPECT STREET, FAR HILLS, NJ 07931

T. 908.234.0611 F. 908.234.0918

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## LARGE EVENT - VENDOR HOLD HARMLESS AGREEMENT

Complete and return to the Office of the Borough Clerk

1. **“I/WE/OUR”, “ME/MY/US/OUR”** shall mean:

(Name of Individual/Organization/Corporation/Partnership/LLC/LLP)

---

2. **“YOU/YOUR/BOROUGH”** shall mean the BOROUGH OF FAR HILLS, their agents, servants, employees, volunteers, Borough Council members, other public officials and/or contractors.

### 3. GENERAL INFORMATION

Setup Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Event Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Take Down Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Site of Event: \_\_\_\_\_

Activity(ies) to be held: \_\_\_\_\_

---

4. **I/WE** sign this Hold Harmless Agreement as **MY/OUR** voluntary act and by this act agree to hold the **BOROUGH** harmless and indemnify the **BOROUGH** from any claims, suits or other actions arising from, caused by, or which are the alleged result of any act or omission of **OURS, OUR** guests, invitees, licensees, visitors or other persons present on and/or in property(ies) and/or building(s) and/or street(s) and/or facility(ies) and/or park(s) and/or parking lots owned by the Borough of Far Hills and/or on locations designated in a Large Event Permit Application, Open Flame Permit Application, Temporary Food Permit Application, Tent Permit Application, Use of the J. Malcolm Belcher Fairgrounds Permit Application, Use of the Municipal Building Permit Application, Social Affairs Permit Application, Catering Permit Application or on a Borough-sponsored event application (the “Application”) in order to participate in, organize, assist, enjoy, supervise or in any other way further any and all activity(ies) on date(s) as described above to **YOU**.

5. **I/WE** state that the **BOROUGH** will be advised in a written communication and/or in the Application of any and all activity(ies) that will include the consumption of alcoholic beverages and **I/WE** agree to be bound by the terms of (a), (b), (c) and (d) listed below. **I/WE** state that the **BOROUGH** will be advised in a written communication and/or in the Application of any and all activity(ies) listed that will **NOT** include the consumption of alcoholic beverages; however, should any

person described in Paragraph 4 consume alcohol or allow or permit others to consume alcohol then **I/WE** agree to be bound by the following terms:

- a) That **I/WE** am solely responsible for the dispensing and consuming of alcohol, including the prudent and responsible dispensing and consuming of alcohol by all persons involved in any/all of **MY/OUR** activity(ies) including but not limited to those persons described in Paragraph 4 above;
  - b) To acknowledge by the signing of this Hold Harmless Agreement that the **BOROUGH** has no authority, control, or participation in the dispensation or consuming of alcohol by **ME/US** and that **I/WE** will take no step(s), actions(s), or measure(s) to convey the idea that the **BOROUGH** in any way have promoted, assisted, or participated in **MY/OUR** dispensing and consuming of alcoholic beverages on the site(s) and date(s) indicated;
  - c) That **I/WE** will not allow persons under the age of 21 to dispense or consume alcohol at the site(s) during **MY/OUR** activity(ies) to be held at the site of the event/activity described above;
  - d) To comply with all Municipal Ordinances and New Jersey State laws relating to the consumption of alcoholic beverages, including but not limited to obtaining any necessary permits.
6. **I/WE** shall also provide the **BOROUGH** with a Certificate of Insurance showing evidence of the insurance as required on Exhibit A – Insurance Provisions. **I/WE** and **YOU** hereby acknowledge that Exhibit A is considered a material item of this Agreement. Permit(s) will not be issued until evidence of valid insurance is provided and accepted. The Certificate of Insurance shall name the “Borough of Far Hills” as an additional insured, as well as any other entity which will be covered by the insurance coverage provided for this event/activity. It is further agreed that **I/WE** shall provide a Waiver of Subrogation to the **BOROUGH** on the General Liability coverage.
7. (For Entities Only) **I/WE** also agree that **I /WE** am obligated to reimburse the **BOROUGH** for all reasonable attorney’s fees incurred by the **BOROUGH** to enforce the terms of this Hold Harmless Agreement or to defend the **BOROUGH** against the claim, suit, demand for subrogation, or other action which a court of competent jurisdiction later determines should have been defended by **ME/US** at **MY/OUR** sole cost and expense pursuant to this Hold Harmless Agreement.

8. LEGAL SIGNATURE(S)

**Signature on Behalf of Individual or Entity:**

---

Print Name and Title of Person Signing

---

Print Name of Entity

---

Print Mailing Address for Individual or Entity

---

Telephone/ Fax/ Email

---

Signature of Individual or Authorized Representative of Organization/Entity

Date

AND

**Signature on Behalf of the Borough of Far Hills:**

---

Print Name and Title of Person Signing

---

Signature of Authorized Representative of Borough of Far Hills

Date

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**ENTITY ACKNOWLEDGEMENT FOR ORGANIZATION/CORPORATION/PARTNERSHIP/LLC/LLP**

The following is to be completed only if the above is being signed on behalf of an entity. This statement, signed by a duly authorized representative of the Organization/Corporation/Partnership/LLC/LLP verifies that the person signing the Hold Harmless Agreement above, is authorized to do so on behalf of the Organization/Corporation /Partnership/LLC/LLP entering into this agreement.

STATE OF NEW JERSEY,  
COUNTY OF \_\_\_\_\_

I CERTIFY that on \_\_\_\_\_  
Date

\_\_\_\_\_ personally, came before me and  
(Name of signature on behalf of Entity)  
this person acknowledged under oath, to my satisfaction that:

- a. This person is the (title)\_\_\_\_\_ of (entity)\_\_\_\_\_ and is the person who signed the Hold Harmless Agreement.
- b. I am the attesting witness to the signing of this document by the proper member of the entity, and I am (name)\_\_\_\_\_ the (title)\_\_\_\_\_ of the entity.
- c. This document was signed and delivered by the entity as its voluntary act and is duly authorized;
- d. I am signing to attest to the truth of these facts.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

NOTARY  
Signed and sworn to before me on

CORPORATE SEAL

\_\_\_\_\_, \_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public (Print Name)

\_\_\_\_\_  
Signature of Notary Public

## **EXHIBIT A: INSURANCE PROVISIONS**

**I/WE** shall purchase and maintain insurance, in conformance with the provisions contained in this Exhibit. This insurance shall apply regardless of whether the operations, actions, derelictions or failures to act, from which the claim arises, are attributable to **ME/US**, or any of **OUR** consultants, officers, agents, subcontractors, employees, or anyone directly or indirectly employed by any of them, including anyone for whose acts any of the aforementioned may be liable by operation of statute, government regulation, or applicable case law.

If **I/WE** shall fail to maintain the required insurance, it will not be deemed a waiver by the **BOROUGH** of **OUR** insurance obligations set forth herein.

**I/WE** must maintain the required insurance with an insurance company admitted to conduct business in the state of New Jersey and rated A- VIII or better by A. M. Best.

**I/WE** shall name the **BOROUGH** as an Additional Insured for Operations and Products/Completed Operations (where applicable) on **OUR** Commercial General Liability Policy. Insurance obtained by **ME/US** is primary and non-contributory in relation to any coverage(s) procured by the **BOROUGH**. It is further agreed that **I/WE** shall provide a Waiver of Subrogation to the **BOROUGH** on the General Liability coverage.

**I/WE** shall maintain the Types of Insurance with minimum limits of liability and terms as set forth as follows:

**Commercial General Liability Insurance with limits of not less than a combined single limit of liability for Bodily Injury, Property Damage, Personal Injury and/or Advertising Injury as follows:**

- \$1,000,000 Each Occurrence Limit (Bodily Injury and Property Damage)
- \$1,000,000 General Aggregate
- \$1,000,000 Products/Completed Operations Aggregate
- \$1,000,000 Personal and Advertising Injury Limit
- \$ 100,000 Damage to Premises Limit (added these per prior Insurance requirement submitted)
- \$3,000,000 Liquor Liability, Each Occurrence, if **I/WE** are in the business of manufacturing, distributing, selling, serving or furnishing alcoholic beverages
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**Business Automobile Liability Insurance, including coverage for owned vehicles (if any), non-owned vehicles and hired (rented) vehicles:**

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- \$500,000 Bodily Injury by Accident, for each accident
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(Excess of Commercial General Liability, Business Auto Liability and Employers' Liability)

- \$2,000,000 each occurrence/\$2,000,000 aggregate



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## LARGE EVENT - VENDOR HOLD HARMLESS AGREEMENT

Complete and return to the Office of the Borough Clerk

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\_\_\_\_\_

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Take Down Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Site of Event: \_\_\_\_\_

Activity(ies) to be held: \_\_\_\_\_

\_\_\_\_\_

4. **I/WE** sign this Hold Harmless Agreement as **MY/OUR** voluntary act and by this act agree to hold the **BOROUGH** harmless and indemnify the **BOROUGH** from any claims, suits or other actions arising from, caused by, or which are the alleged result of any act or omission of **OURS, OUR** guests, invitees, licensees, visitors or other persons present on and/or in property(ies) and/or building(s) and/or street(s) and/or facility(ies) and/or park(s) and/or parking lots owned by the Borough of Far Hills and/or on locations designated in a Large Event Permit Application, Open Flame Permit Application, Temporary Food Permit Application, Tent Permit Application, Use of the J. Malcolm Belcher Fairgrounds Permit Application, Use of the Municipal Building Permit Application, Social Affairs Permit Application, Catering Permit Application or on a Borough-sponsored event application (the “Application”) in order to participate in, organize, assist, enjoy, supervise or in any other way further any and all activity(ies) on date(s) as described above to **YOU**.
5. **I/WE** state that the **BOROUGH** will be advised in a written communication and/or in the Application of any and all activity(ies) that will include the consumption of alcoholic beverages and **I/WE** agree to be bound by the terms of (a), (b), (c) and (d) listed below. **I/WE** state that the **BOROUGH** will be advised in a written communication and/or in the Application of any and all activity(ies) listed that will **NOT** include the consumption of alcoholic beverages; however, should any

person described in Paragraph 4 consume alcohol or allow or permit others to consume alcohol then **I/WE** agree to be bound by the following terms:

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6. **I/WE** shall also provide the **BOROUGH** with a Certificate of Insurance showing evidence of the insurance as required on Exhibit A – Insurance Provisions. **I/WE** and **YOU** hereby acknowledge that Exhibit A is considered a material item of this Agreement. Permit(s) will not be issued until evidence of valid insurance is provided and accepted. The Certificate of Insurance shall name the “Borough of Far Hills” as an additional insured, as well as any other entity which will be covered by the insurance coverage provided for this event/activity. It is further agreed that **I/WE** shall provide a Waiver of Subrogation to the **BOROUGH** on the General Liability coverage.
7. (For Entities Only) **I/WE** also agree that **I /WE** am obligated to reimburse the **BOROUGH** for all reasonable attorney’s fees incurred by the **BOROUGH** to enforce the terms of this Hold Harmless Agreement or to defend the **BOROUGH** against the claim, suit, demand for subrogation, or other action which a court of competent jurisdiction later determines should have been defended by **ME/US** at **MY/OUR** sole cost and expense pursuant to this Hold Harmless Agreement.



8. LEGAL SIGNATURE(S)

**Signature on Behalf of Individual or Entity:**

\_\_\_\_\_  
Print Name and Title of Person Signing

\_\_\_\_\_  
Print Name of Entity

\_\_\_\_\_  
Print Mailing Address for Individual or Entity

\_\_\_\_\_  
Telephone/ Fax/ Email

\_\_\_\_\_  
Signature of Individual or Authorized Representative of Organization/Entity Date

AND

**Signature on Behalf of the Borough of Far Hills:**

\_\_\_\_\_  
Print Name and Title of Person Signing

\_\_\_\_\_  
Signature of Authorized Representative of Borough of Far Hills Date

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STATE OF NEW JERSEY,  
COUNTY OF \_\_\_\_\_

I CERTIFY that on \_\_\_\_\_  
Date

\_\_\_\_\_ personally, came before me and  
(Name of signature on behalf of Entity)  
this person acknowledged under oath, to my satisfaction that:

a. This person is the (title) \_\_\_\_\_  
of (entity) \_\_\_\_\_  
and is the person who signed the Hold Harmless Agreement.

b. I am the attesting witness to the signing of this document by the proper member of the entity,  
and I am (name) \_\_\_\_\_  
the (title) \_\_\_\_\_ of the entity.

c. This document was signed and delivered by the entity as its voluntary act and is duly authorized;  
d. I am signing to attest to the truth of these facts.

Name of the applicant signing on behalf of the entity (page 3 of the Hold Harmless Agreement)

Title of the applicant in the entity

Name of the witness

Title of the witness in the entity

Witness Signature

\_\_\_\_\_  
Signature of Witness Date

NOTARY  
Signed and sworn to before me on

CORPORATE SEAL

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public (Print Name)

\_\_\_\_\_  
Signature of Notary Public

The Notary may not also serve as the witness

## EXHIBIT A: INSURANCE PROVISIONS

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**Excess or "Umbrella" Liability Insurance**

(Excess of Commercial General Liability, Business Auto Liability and Employers' Liability)

- \$2,000,000 each occurrence/\$2,000,000 aggregate



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>INSURANCE COMPANY INFORMATION</b>	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b>		
<b>INSURER B :</b>		
<b>INSURER C :</b>		
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**COVERAGES** **CERTIFICATE NUMBER:** 1184669694 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR Host Liquor Applies GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ 10,000						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Nurses Professional Liab						Per Claim	Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**REQUIRED VERBIAGE:**  
"The Certificate Holder is included as an additional insured on a Primary & Non-Contributory basis. A Waiver of Subrogation applies in favor of the Certificate Holder"  
\*Include all set up, event and take down dates.

<b>CERTIFICATE HOLDER</b> Borough of Far Hills 6 Prospect St. Far Hills NJ 07931	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE
---	--

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**Part E - Officers of Applicant**

(1) Office	Name of officer	Age
_____	_____	_____
Residence address	Telephone No. (include area code)	
_____	Day _____ Evening _____	
(2) Office	Name of officer	Age
_____	_____	_____
Residence address	Telephone No. (include area code)	
_____	Day _____ Evening _____	
(3) Office	Name of officer	Age
_____	_____	_____
Residence address	Telephone No. (include area code)	
_____	Day _____ Evening _____	
(4) Office	Name of officer	Age
_____	_____	_____
Residence address	Telephone No. (include area code)	
_____	Day _____ Evening _____	

**Part F - Members of Applicant who will be in charge of the games**

Name of member in charge	Residence address	Telephone No. (include area code) Day / Evening	Age
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____

**Part G - Members of Applicant who will assist in conducting the games**

Name of member	Residence address	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Part H - Names of other organizations whose members will assist in conducting the games**

Name and address of organization	How related	Identification No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more space is needed in any section of this application, insert extra sheets of paper.

**Part I - Statement of Applicant and member(s) in charge**

State of New Jersey

} ss.

County of \_\_\_\_\_

We do hereby each make the following statement, under oath, with respect to the foregoing application:

1. The applicant (is) (is not) limited in its activities to the furtherance of one or more authorized purposes as defined in the Raffles Licensing Law.
2. Prior to the issuance of any license to it to conduct games of chance, the applicant was actively engaged in serving one or more "authorized purposes."
3. The applicant has received and used, and in good faith expects to continue to receive and use, to further one or more authorized purposes, funds from sources other than games of chance.
4. The conduct of the games on the occasion or occasions for which this application is made will be to raise and devote the entire net proceeds to the authorized purpose described in the application.
5. For each occasion for which a license is sought, one or more of the members listed who are familiar with the Raffles Licensing Law and the Rules and Regulations, will be in full charge of, and primarily responsible for, the conduct of the games.
6. No commission, salary, compensation, reward or recompense will be paid to any person for holding, operating or conducting or assisting in the holding, operation or conducting, of the games, except to bookkeepers or accountants for professional services not exceeding the amounts fixed by the Schedule of Fees, as well as the compensation for the Licensed Compensated Workers pursuant to N.J.A.C. 13:47-6A. No prize may be offered and given in cash, except as otherwise provided by the Raffles Licensing Law (N.J.S.A. 5:8-50 et seq.). If a cash prize under certain circumstances **is** permitted by the law, the amount of the cash prize may not exceed the limits prescribed by the Raffles Licensing Law.
7. All statements in the foregoing application are true.

Sworn and subscribed to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public (Print name)

\_\_\_\_\_  
Signature of Notary Public



\_\_\_\_\_  
Signature of Officer and Title

\_\_\_\_\_  
Signature of Member-in-Charge

\_\_\_\_\_  
Signature of Member-in-Charge

\_\_\_\_\_  
Signature of Member-in-Charge

\_\_\_\_\_  
Signature of Member-in-Charge

**If more space is needed in any section of this application, insert extra sheets of paper.**

**Applicant's registration slip from the *Legalized Games of Chance Control Commission* must be presented to the Municipal Clerk with this application.**



## **ONLINE INSTRUCTIONS**

### **NOTICE TO ALL SOCIAL AFFAIR, CATERING AND EXTENSION OF PREMISES PERMIT APPLICANTS**

Effective November 16, 2015, the Division of Alcoholic Beverage Control is accepting online applications for permits through POSSE, the ABC online licensing system.

In order for the Division to accept an online application, the application must be submitted at least 21 days prior to the date of the event. If application is being made less than 21 days prior to the event, you must proceed with a paper application.

At the time an online application is filed, an email notification will be sent to the municipal authority (Municipal Clerk or ABC Board Secretary) for review. Please be advised that applicants will need to inquire with the municipality for any other type of approvals.

New applicants who are not registered users and are NOT A LICENSEE, such as new Social Affair Permittees, will need to register.

Please go to the following link: <http://www.nj.gov/oag/abc/posse/login.html>

Click on the Licensee/Public User button and follow the instructions to register on the log in page.

Once you successfully log in to your account, your main menu will reflect "Help Videos". Please review and use these videos/tutorials to learn how to navigate in the new system.

For questions or assistance, please call the Division's main telephone line at 609-984-2830 and ask for the Permit Unit. Do not use the ABC Webinfo link to address POSSE questions.

**\*\*\*CURRENT LICENSE HOLDERS MUST APPLY USING THEIR EMAIL AND PASSWORD THAT THEY ALREADY SET UP WITH POSSE WHEN THEY RENEWED THEIR LICENSE.**



STATE OF NEW JERSEY  
 DEPARTMENT OF LAW AND PUBLIC SAFETY  
 DIVISION OF ALCOHOLIC BEVERAGE CONTROL  
 P.O. BOX 087, 140 EAST FRONT STREET  
 TRENTON, NJ 08625-0087

**APPLICATION FOR  
 CATERING PERMIT [CT]**

**APPLICATION MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO THE EVENT**

Application must be accompanied by a fee of **\$100.00** for each 24-hour period, in the form of a check or money order payable to the Division of Alcoholic Beverage Control.

Pursuant to N.J.S.A. 33:1-74, undersigned makes application for a Special Permit to sell, dispense and serve alcoholic beverages **off the licensed premises.**

**Licensee Information**

- Name of Licensee \_\_\_\_\_ d/b/a \_\_\_\_\_
- License Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Address of Licensed Premises \_\_\_\_\_  
 \_\_\_\_\_
- Contact for License \_\_\_\_\_ Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Email Address: \_\_\_\_\_

**Premise Information**

- What is the specific catering event being held? \_\_\_\_\_
- Location of premises where affair will be held:  
 Name of the premises where the event will be held \_\_\_\_\_  
 Address \_\_\_\_\_  
 Is affair to be held outdoors?    Yes     No
- Are the premises where affair is to be held licensed?    Yes     No   
 If yes, state the license number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Are the premises where the affair is to be held owned by a municipality, county or the State? Yes     No   
 If yes, state the name of owner \_\_\_\_\_  
 For what purpose is premises normally used? \_\_\_\_\_  
 Does the premise conduct mercantile business? Yes     No  If yes, what is sold? \_\_\_\_\_

**Event Information**

- What date(s) will affair be held and between what hours alcoholic beverages will be dispensed (Dates **must be consecutive** to be on one application):

MM/DD/YY	START	END
/ /	am pm	am pm
/ /	am pm	am pm
/ /	am pm	am pm

Rain Date (only **one** rain date): \_\_\_\_\_

- How will a charge be assessed? Ticket     Contribution     Other: \_\_\_\_\_  
 (SPECIFY OTHER)
- Will there be a cash bar? Yes     No  If no, how will the event be paid for? \_\_\_\_\_
- Check the types of alcoholic beverages to be dispensed if permit is granted:  
 Wine     Distilled Spirits     Malt Alcoholic Beverages
- What are cup sizes for alcoholic beverages?    Wine \_\_\_\_\_    Beer \_\_\_\_\_    Spirits \_\_\_\_\_
- How many people are expected to attend your event on a daily basis? \_\_\_\_\_

16. What is the approximate age group of the attendees? \_\_\_\_\_

17. Will persons under the legal age to consume alcohol be in attendance? Yes  No

18. Explain in detail the security plans for the event. The plan should include the number of people checking for ID's, plans to prevent pass-offs to minors, the type of security at the event, the limit of alcoholic beverages per transaction, and any other relevant information pertaining to the event. *Please attach another sheet if necessary.*

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19. Please use the space below or attach a **detailed** sketch of the area to be licensed. The sketch should include entrances and exits, ID checking area(s), location of where alcoholic beverages will be dispensed and any other relevant information pertaining to the event. **No permit will be issued if a sketch is not attached.**

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**Licensee Customer Information**

- Identify client utilizing services: \_\_\_\_\_  
Client contact: \_\_\_\_\_ Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Email address: \_\_\_\_\_

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**Event Organizer Information**

- Is the event being handled by a promoter, Production Company, or other entities? Yes  No  If yes, attach contract.  
If yes, company Name \_\_\_\_\_  
Contact \_\_\_\_\_ Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Email address: \_\_\_\_\_

**NO PERMIT WILL BE GRANTED UNLESS WRITTEN MUNICIPAL APPROVALS PROVIDED FOR BELOW ARE FIRST OBTAINED.**  
**ORIGINAL SIGNATURES ONLY**

**AUTHORIZED SIGNATURE OF APPLICANT:** This application must be filed by an official of the company which holds the Retail Consumption License who has full authority to act on behalf of the company and who is disclosed in the applicant's most recent full license application filed with the Division of Alcoholic Beverage Control (i.e., corporate president or vice president, general or managing partner, individual proprietor).

The applicant represents that if a Special Permit is issued, the permittee will fully abide by all provisions of the New Jersey Alcoholic Beverage Law, State Rules and Regulations, and Municipal Ordinances and Regulations, the same as if the sale and service were occurring upon the applicant's licensed premises.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
Title of Signatory

\_\_\_\_\_  
Signature

The following consent is to be signed by the person so authorized at the premises where the affair is to be held, including property under the control of a unit of government, municipality, county or State; a church; or a premises under license or other privately owned facility.

I certify that I am the person authorized to permit the sale and service of alcoholic beverages on the premises described in the application form, and I certify that there is no objection to the sale and service of alcoholic beverages as herein specified.

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Printed Name and Title of Signatory**

\_\_\_\_\_  
Signature

This is to certify that there are no objections to the issuance of the Permit applied for herein and that NOT MORE THAN 25 SPECIAL PERMITS HAVE BEEN AUTHORIZED FOR THESE PREMISES DURING THIS CALENDAR YEAR.

\_\_\_\_\_  
**Police Chief (Printed Name)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Municipality

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Municipal Clerk (Printed Name)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Municipality

\_\_\_\_\_  
Date

**NOTE: THE DIVISION MUST BE NOTIFIED FOR CANCELLATION OR RESCHEDULING PRIOR TO THE DATE OF THE EVENT.**

<b>TYPE OR PRINT NAME AND ADDRESS OF PERSON TO WHOM PERMIT IS TO BE MAILED/E-MAILED:</b>
NAME _____
E-MAIL _____
ADDRESS _____
_____
TELEPHONE: _____ - _____ - _____
IF NO ADDRESS OR E-MAIL IS SUPPLIED IT WILL BE SENT TO THE LICENSED PREMISES.



STATE OF NEW JERSEY  
 DEPARTMENT OF LAW AND PUBLIC SAFETY  
 DIVISION OF ALCOHOLIC BEVERAGE CONTROL  
 P.O. BOX 087, 140 EAST FRONT STREET  
 TRENTON, NJ 08625-0087

**APPLICATION FOR  
 SOCIAL AFFAIR PERMIT [SA]**

**APPLICATION MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO THE EVENT**

Applications must be accompanied by a fee of **\$100.00** PER DAY for Civic, Religious, or Educational Organizations; **\$150.00** PER DAY for all other NON-PROFIT organizations, in the form of a check or money order payable to the DIVISION OF ALCOHOLIC BEVERAGE CONTROL.

**NOTICE: ORGANIZATIONS MAKING APPLICATION FOR THE FIRST TIME, MUST SUBMIT PROOF OF NON-PROFIT STATUS IN NEW JERSEY.** COMBINATIONS OF CERTIFICATE OF INCORPORATION, CHARTER OR BY-LAWS, FEDERAL TAX EXEMPT CERTIFICATE, FINANCIAL RECORDS AND MEMBERSHIP LIST (NAMES AND ADDRESSES INCLUDED) ARE ACCEPTABLE FORMS OF PROOF. THE DIVISION OF ALCOHOLIC BEVERAGE CONTROL RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION IF DOCUMENTATION SUBMITTED IS NOT SUFFICIENT.

Pursuant to **N.J.S.A.** 33: 1-74 and **N.J.A.C.** 13:2-5.1, the undersigned makes application for a Special Permit to sell, dispense and serve alcoholic beverages for consumption at an affair as stated herein:

**Organization Information**

1. Name of Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_
2. Does organization hold a liquor license? Yes  No  If yes, \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(CLUB LICENSE'S ONLY)
3. Has organization held a special permit for Social Affair during the past 3 years? Yes  No  If no, supply proof of non-profit status from **NOTICE** paragraph above. Previous Permit No: \_\_\_\_\_
4. Contact \_\_\_\_\_ Phone Number: \_\_\_\_\_
5. E-mail address \_\_\_\_\_
6. Mailing address \_\_\_\_\_

**Premises Information**

7. Location of premises where affair will be held: **(Describe Specifically)**  
 Name of premises \_\_\_\_\_  
 Address of premises \_\_\_\_\_
8. Is the above named premises licensed? Yes  No  If yes, \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
9. Are the premises where the affair is to be held owned by a municipality, county or state? Yes  No   
 If yes, state the name of owner \_\_\_\_\_  
 For what purposes are premises used? \_\_\_\_\_
- Does the premise conduct mercantile business? Yes  No  If yes, what is sold? \_\_\_\_\_

**Event Information**

10. What date(s) will affair be held and between what hours alcoholic beverages will be dispensed (Dates **must be consecutive** to be on one application):

MM/DD/YY	START	END
/ /	am pm	am pm
/ /	am pm	am pm
/ /	am pm	am pm

Rain Date (only **one** rain date): \_\_\_\_\_

11. What is the specific fundraising event being held? \_\_\_\_\_
12. How is a charge assessed? Ticket  Contribution  Other : \_\_\_\_\_  
(SPECIFY OTHER)
13. Who is the recipient of the proceeds? \_\_\_\_\_

14. Check the types of alcoholic beverages to be dispensed if permit is granted:  
 Wine       Distilled Spirits       Malt Alcoholic Beverages
15. What are cup sizes for alcoholic beverages?      Wine \_\_\_\_\_      Beer \_\_\_\_\_      Spirits \_\_\_\_\_
16. How many people are expected to attend your event on a daily basis? \_\_\_\_\_
17. What is the approximate age group of the attendees? \_\_\_\_\_
18. Will persons under the legal age to consume alcohol be in attendance?      Yes       No
19. Explain in detail the security plans for the event. The plan should include the number of people checking for ID's, plans to prevent pass-offs to minors, the type of security at the event, the limit of alcoholic beverages per transaction, and any other relevant information pertaining to the event. *Please attach another sheet if necessary.*
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
20. Please use the space below or attach a **detailed** sketch of the area to be licensed. The sketch should include entrances and exits, ID checking area(s), location of where alcoholic beverages will be dispensed and any other relevant information pertaining to the event. **No permit will be issued if a sketch is not attached.**

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### Event Organizer Information

- Is the event being handled by a promoter, Production Company, or other entities? Yes       No       If yes, attach contract.
- Company Name \_\_\_\_\_
- Company Contact \_\_\_\_\_
- Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_ Title \_\_\_\_\_

**NO PERMIT WILL BE GRANTED UNLESS WRITTEN APPROVALS FOR BELOW ARE OBTAINED**  
**ORIGINAL SIGNATURES ONLY**

If a Special Permit is granted, applicant agrees that alcoholic beverages will not be sold or served to anyone under the legal age, nor will such persons be permitted to consume alcoholic beverages at aforesaid affair and certifies that all conditions set forth in said Permit, all rules and regulations pertaining thereto and all ordinances and/or resolutions of the municipality where aforesaid affair is to be held will be complied with; and that permission is hereby given the Director of the Division of Alcoholic Beverage Control, Division of Taxation, and their duly authorized investigators and agents, and to any local peace officer to investigate the sale of alcoholic beverages at the social affair for which this application is made.

Gambling, mock gambling and gambling paraphernalia are not permitted on the premises licensed by the Special Permit unless otherwise approved by the Legalized Games of Chance Commission (973) 273-8000. **I HEREBY CERTIFY THAT THIS ORGANIZATION HAS NOT EXCEEDED ITS LIMIT OF 12 SPECIAL PERMITS DURING THIS CALENDAR YEAR.**

\_\_\_\_\_  
(Signature of Authorized Officer and Title)

\_\_\_\_\_  
(Name of Organization)

Date of Signature \_\_\_\_\_

.....  
I hereby certify that there is no objection to the granting of a Special Permit to above applicant to sell alcoholic beverages at the affair to be held on aforesaid date and premises, subject to, however, the following Special Conditions (if any):

\_\_\_\_\_  
(Signature of Chief of Police)

\_\_\_\_\_  
(Municipality where affair is to be held)

Date of Signature \_\_\_\_\_

.....  
I hereby certify that the License Issuing Authority of this municipality has no objection to the granting of a Special Permit herein applied for and consents thereto. I further certify that the issuance of said Permit is not contrary to any local ordinance, resolution, regulation or policy which would prohibit same.

\_\_\_\_\_  
(Signature of Clerk)

Date of Signature: \_\_\_\_\_

\_\_\_\_\_  
(Municipality where affair is to be held)

.....  
The following consent is to be signed by the person so authorized of the premises where the affair is to be held.

I hereby certify that I am the person in charge of the premises upon which the herein affair will be held, that I am fully authorized to and do hereby certify that there are no objections to the sale and service of alcoholic beverages upon such premises at such affair. **I HEREBY CERTIFY THAT THIS PREMISE HAS NOT EXCEEDED ITS LIMIT OF 25 SPECIAL PERMITS DURING THIS CALENDAR YEAR.**

\_\_\_\_\_  
(Signature and Title)

Date of Signature \_\_\_\_\_

**NOTE: THE DIVISION MUST BE NOTIFIED FOR CANCELLATION OR RESCHEDULING PRIOR TO THE DATE OF THE EVENT.**

**Issuance of the Special Permit will allow the organization to purchase alcoholic beverages for resale at the affair specified in the application from any licensed wholesaler or retailer. All advertising, tickets, etc., for the affair which contain reference to alcoholic beverages must include this Permit Number.**