SPECIAL EVENT APPLICATION

UNION COUNTY DEPARTMENT OF PARKS AND RECREATION

ADMINISTRATION BUILDING
2nd FLOOR
10 ELIZABETHTOWN PLAZA
Elizabeth, NJ 07207
Phone (908) 527-4900



2nd FLOOR 300 NORTH AVE, EAST

Westfield, NJ 07090 Phone (908) 654-9805

E-Mail Address: parkrequest@ucnj.org

Complete this form and mail, deliver or e-mail it to the address above.

- *Please save a copy of your application for future reference.
- *Incomplete or illegible applications will not be processed.
- *For address verification, a copy/scan of your driver's license or a utility bill must be submitted prior to proceeding.

| Date the application: | Date applica | | tion received at Parks: | | |
|--|---|---|--------------------------------------|----------------------|------|
| Name of Applicant: | Is this a No | | n-Profit organization? | | • |
| Contact person (if different): | | Provide noi | n-profit ID#: | | |
| Organization Name (if applicable): | | | | | |
| Address: | | Is this even | t a fundraiser? | | • |
| City: | How will | | unds be raised? (place answer below) | | |
| State: | | | | | |
| Zip: | | | | | |
| Phone: | | Cell: | | | |
| E-Mail Address: | | Fax: | | | |
| | | | | | |
| NAME/TYPE/EVENT: | | | | | |
| ANTICIPATED ATTENDANCE: | | | | | |
| | | | | | |
| DATE (1st choice): | | Will the event be held Rain or Shine? | | | • |
| Date (2nd choice): | | RAIN DATE: | | | |
| PARK REQUESTED (1st Choice): | | Specific Park Area(s) to be used: | | | |
| PARK REQUESTED (2nd Choice): | | Specific Park Area(s) to be used: | | | |
| | | | | | |
| Reservation fees are charged full up and | | ates, including rain date es. Reservation fees are | | | set- |
| | | | | | |
| Provide a detailed description of acti- | vities to be held du | ring this park usage (place a | nswer below): | | |
| | | | | | |
| TIME(S): Beginning & ending times | E(S): Beginning & ending times when participants will be present: | | | Other Time Comments: | |
| Event Start Time From: | | | | | |
| Event End Time To: | | | _ | | |
| Setup and Breakdown Times: | | | | | |
| Setup to begin: | | | | | |
| Breakdown to be completed by: | | | _ | | |
| Breakdown to be completed by: | | | | | |
| Have you held this or any other event in a Union County park? | • | If YES, what, when & where? | | | |
| Is this a Public or Private event? (ie. is the public invited/welcome) | ~ | If Public , explain: | | | |
| Will the event be advertised? | • | If YES, how? | | | |

| Are you requesting a BEER or WINE permit? | • | Beer/Wine permits are available for an additional fee with a picnic reservation. Beer/Wine cannot be sold. | | | | | |
|--|----------------------|---|--|--|--|--|--|
| TENT(S): Will tents be setup? | ▼ | Will tents be staked into the ground? | | | | | |
| If YES, how many & what sizes tents? | | | | | | | |
| The following are not permitte | ed unless they a | are granted special permission which may require the hiring of | | | | | |
| | | Overtime rate: Amplification; Band; Live Entertainment. | | | | | |
| • | | | | | | | |
| Will there be music? | - | Will sound be professional or self-run? ▼ | | | | | |
| Will you use a stage/platform? | _ | Professional Name: | | | | | |
| If YES, specify type, size and use of | stage/platform: | | | | | | |
| | | | | | | | |
| | | | | | | | |
| List all equipment you intend to bring quantity), etc: | to the site, includi | ng props, electrical wiring, decorations, tables, chairs (with size & | | | | | |
| | | | | | | | |
| | | | | | | | |
| List signs, banners and/or trail markings that will be put up on the day of the event and how they will be hung/posted: | | | | | | | |
| | J | ση στο | | | | | |
| | | | | | | | |
| Signs and banners may not be po | sted/hung on pa | rk property in advance and must be removed at the conclusion of the | | | | | |
| | event. Plea | se do not nail signs to trees. | | | | | |
| | | | | | | | |
| Will the event be catered? | ▼ | If YES, what equipment will they bring (answer below)? | | | | | |
| | | | | | | | |
| Will there be food or novelty vendors? • f YES, what type of vendor(s) & what equipment will they bring? Note: Each vendor will need to secure a Vendor Permit from the Department of Parks & Recreation. | | | | | | | |
| vendor will need to secure a vendor Permit fro | om the Department of | Parks & Recreation. | | | | | |
| | | | | | | | |

ADDITIONAL APPLICATION INFORMATION & INSTRUCTIONS

- Full payment is due within 14 days of application approval.
- A certificate of insurance naming the County of Union as an additional insured may be required. Amount to be determined at the time of approval by the County.
- Union County Police may be required to be hired at the prevailing overtime rate. Number of officers and hours needed are to be determined at the time of approval by the County.
- Payment for extra port-a-johns may be required if the area does not have enough standard restrooms or port-a-johns to accommodate your event, as determined by Park Maintenance.
- A clean-up bond or check may be required by the County.
- Applicants are responsible for the cost of repairs for ground or property damage resulting from the event.
- Admission fees/donations may not be collected on County Property without prior approval from the County.
- Adherence to all Union County Department of Parks & Recreation guidelines and regulations is required.

| *** For Office Use Only *** | | | | | | | | | |
|--|-----------------|--|----------------------|-----|--|--|--|--|--|
| Are OT or other police services necessary? | Yes or No | | Time From: | То: | | | | | |
| Police needs/comments below: | Initial & Date: | | | | | | | | |
| | 01-11 | | | | | | | | |
| Staff Comment Area | | | | | | | | | |
| Reservation System Entry: | Initial & Date: | | | | | | | | |
| | | | | | | | | | |
| Event Manager | Initial & Date: | | | | | | | | |
| | | | | | | | | | |
| Maintenance Coordinator | Initial & Date: | | | | | | | | |
| | | | | | | | | | |
| Maintenance Coordinator | Initial & Date: | | | | | | | | |
| | | | | | | | | | |
| Maintenance Area Supervisor | Initial & Date: | | | | | | | | |
| | | | | | | | | | |
| Stage/Sound | Initial & Date: | | | | | | | | |
| | | | | | | | | | |
| Scout Area and Masker's Barn | Initial & Date: | | | | | | | | |
| | | | | | | | | | |
| Other | Initial & Date: | | | | | | | | |
| | | | | | | | | | |
| Other | Initial & Date: | | | | | | | | |
| | | | | | | | | | |