

**SOMERSET COUNTY PARK COMMISSION**

**PO Box 5327**

**North Branch NJ 08876**

**(908) 722-1200 ext. 5121 FAX: (908) 429-0539**

**NATURAL AREAS - SPECIAL EVENT PERMIT APPLICATION**

Signature and completed applications are necessary to process confirmations and permits. Return this application to *Somerset County Park Commission, PO Box 5327, North Branch, NJ, 08876, Attn: Ranger Administrator.*

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

Name of Organization: \_\_\_\_\_

Street/Address: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Day Phone Number: (     ) \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

Evening Phone Number: (     ) \_\_\_\_\_

1. Name and Purpose of the special event for which a permit is requested: \_\_\_\_\_  
\_\_\_\_\_

2. Date(s) and time(s) of the Special Event:

A. Set-up for the Special Event will begin \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (Month/Day/Year)

B. The Special Event will begin \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (Month/Day/Year)

C. The Special Event will end \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (Month/Day/Year)

D. Clean-up/Take-down will be completed by \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (Month/Day/Year)

E. Rain Date(s) \_\_\_\_\_ (am/pm) \_\_\_\_\_

3. Maximum number of participants expected: \_\_\_\_\_ (if unsure, please provide an estimate)

4. Specific Somerset County Park Commission grounds or facilities requested: \_\_\_\_\_  
\_\_\_\_\_

5. On site person who will be in charge of the Special Event: Name \_\_\_\_\_  
Address \_\_\_\_\_

Day Phone Number (     ) \_\_\_\_\_ Evening Phone Number (     ) \_\_\_\_\_

6. Applicant must provide satisfactory evidence of comprehensive liability insurance in the aggregate amount of at least \$1,000,000 combined single limit and designated as a primary in nature to that of the Somerset County Park Commission and naming the Somerset County Park Commission as an additional insured on this policy. A certificate of insurance, as described, must be provided to the Somerset County Park Commission before a permit is issued to utilize the facility. It can be mailed to park headquarters as the address listed on the top of this application or faxed to 908-429-5508 Attn: Permit Coordinator.

Insurance company name, address, and phone number: \_\_\_\_\_

7. **IN ORDER TO DETERMINE WHETHER OR NOT YOUR REQUEST MEETS THE CRITERIA FOR A PERMIT, PLEASE SUPPLY THE INFORMATION REQUESTED BELOW ON A SEPARATE SHEET(S) OF PLAIN PAPER AND ATTACH TO THIS APPLICATION. FAILURE TO PROVIDE COMPLETE INFORMATION MAY RESULT IN DENIAL OF YOUR PERMIT APPLICATION.**

A. Provide plans for the special event: Please describe all activities, principal speakers and time schedule, and the proposed route of any march or parade planned.

B. List all props, platforms, stages, sound equipment, electrical wiring, decorations, catering equipment, tables, chairs, tent, and/or other items to be used.

C. List all contractors, suppliers, groups, or individuals providing support services, such as caterers, musical groups, sound technicians, electricians, first aid, security, traffic control, sanitation, etc. (including name, address, phone number and service provided)

- D. If your special event will involve the setting up of booths, tables, tents, etc., please provide a diagram showing the location of each and a list of the names of each individual or group assigned to each booth or area, and the activity, service, or function that will be provided at each booth or area. If items are to be given away or otherwise dispensed (i.e. printed material, leaflets, bumper stickers, tee shirts, buttons, etc.), please provide a list of all such items for each booth area.
- E. Please provide a list showing the name, address, phone number, and contact person for any other organizations or co-sponsoring organization involved in this special event.
- F. Is there any reason to believe, or is there any information indicating that any individual, group or organization will seek to disrupt your special event? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_. If the answer is yes, please attach explanation on a separate page.

**Please answer the following questions, (for each item below, please circle appropriate answer).**

- |    |  |            |           |
|----|--|------------|-----------|
| A. | Have you visited or are you familiar with the site you have requested?   | <b>Yes</b> | <b>No</b> |
| B. | Will there be vendors at your event. If so how many?<br>Will these vendors be selling food?  | <b>Yes</b> | <b>No</b> |
| C. | Are you requesting electricity?  | <b>Yes</b> | <b>No</b> |
| D. | Are you requesting easy access to water?   | <b>Yes</b> | <b>No</b> |
| E. | Will there be music at your event?   | <b>Yes</b> | <b>No</b> |
| F. | Have you or has your organization ever applied for or been issued a permit for a special event at any Somerset County Park Commission facility?<br>If so, please give the date of your last permit:_____ | <b>Yes</b> | <b>No</b> |

The applicant by his or her signature certifies that: **1.** All the information given is complete and correct, and that no false or misleading information, or false statements have been given. Giving false information or making false statements, in connection with this permit application may constitute a criminal violation. Violations will be the basis for denial or revocation of a permit and may result in criminal prosecution. **2.** The attached rules and regulations for permit approval and all rules and regulations governing the use of the Somerset County Park Commission have been read, are understood, and will be fully complied with by applicant. **3.** The individual and/or organization requesting a permit, agree that while using the facilities made available by the Somerset County Park Commission that they will not discriminate in any manner against any person by reason of race, color, gender disability, sexual orientation, or religious or political affiliation. **4.** Applicant has been duly authorized by the organization to execute this application on the organization's behalf.

**Signature of Applicant (DO NOT PRINT)** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\*\*  
**OFFICE USE ONLY      PERMIT FOR NATURAL AREA SPECIAL EVENTS CHECKLIST**

Certificate of Insurance \_\_\_\_\_ Fee \_\_\_\_\_ Site Plan \_\_\_\_\_

**COMMENTS:**