

# TOWNSHIP OF READINGTON

WHITEHOUSE STATION, NEW JERSEY 08889



## APPLICATION FOR SPECIAL EVENTS PERMIT

NAME OF ORGANIZER/REQUESTER:	ADDRESS:
	CONTACT NUMBER
NAME OF SPONSOR:	ADDRESS:
	CONTACT NUMBER:
NAME OF CHAIR OR INDIVIDUAL RESPONSIBLE FOR CONDUCT:	ADDRESS:
	CONTACT NUMBER:
DATE(S) OF EVENT	HOURS OF EVENT
ANTICIPATED NUMBER OF ATTENDEES/PARTICIPANTS:	WILL FOOD AND/OR BEVERAGES BE SERVED? _____ _yes _____no Alcoholic Beverages ? ___yes _____no Will cooking be done on premise? _____ How Heated? _____ _____

<p>WILL THERE BE MUSIC/ENTERTAINMENT?</p> <p>Live or recorded? _____</p> <p>Indoors or Outdoors? _____</p> <p>Hours of Entertainment? _____</p>	<p>WILL POLICE OR EMERGENCY SERVICES BE REQUIRED FOR THE EVENT? _____yes _____no</p> <p><i>Complete details for traffic control and security must be provided subject to review/recommendation by Readington Township Police Department</i></p>
<p>Tents? _____ Tent Sizes _____ <i>(separate permit may be required)</i></p> <p>Generators? _____ <i>(separate permit may be required)</i></p> <p>Banners ? _____</p> <p>Other Displays? _____ List: _____</p> <p>_____</p> <p><b><i>ATTACH DETAILED DESCRIPTION OF PROPOSED EVENT WITH SKETCH SHOWING AREA OR ROUTE TO BE USED ALONG WITH PROPOSED STRUCTURES, TENTS, FENCES, BARRICADES, SIGNS, BANNERS AND IF APPLICABLE, RESTROOM FACILITIES</i></b></p>	

~ \$100 Permit Application Fee is Required upon Submission ~

If permit is approved, applicant is bound by (1) all applicable Township ordinances, rules and regulations and (2) liable for all loss, damage or injury sustained by any person, for whatever reason, which might occur during the special event due to negligence of those organizers, persons, corporations or associations.

\_\_\_\_\_

*(Applicant's Signature)*

\_\_\_\_\_

*Date*

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**~ FOR TOWNSHIP USE ONLY ~**

Date Received:	
\$100 Application Fee Upon Submission of Application	Check #
Date Permit Approved/or Denied by Township Committee:	

**CC: Chief of Police**

**Zoning Officer**

**Fire Official**

**Construction Code Official**