

BOROUGH OF ALLENTOWN
MONMOUTH COUNTY
NEW JERSEY

APPLICATION FOR PERMIT FOR RECREATION FACILITIES

1. Name, Address, Phone Number, & Email Address of Applicant:

2. Name and Address of Group:

3. Date _____

Time _____

Location _____

4. Persons in charge _____

5. Activities/Event to Take Place (attach additional sheets if needed):

The standards for the issuance of a use permit shall be that:

1. The proposed activity or use of the park will not unreasonably interfere with or detract from the general public's enjoyment of the park.
2. The proposed activity or use will not unreasonably interfere with or detract from the promotion of public health, welfare, safety and recreation.
3. The proposed activity or use will not entail extraordinary or burdensome expense or police operation by the Borough.

4. The facilities desired have not been reserved for other use at the date and hour requested in the application.

Date Filed

Applicant or Agent

Date Reviewed

Recreation Com Representative

Approved or Denied: _____

If denied, reason(s) why: _____

Date Issued

Municipal Clerk

HOLD HARMLESS AGREEMENT

Between the Borough of Allentown, Monmouth County, State of New Jersey, and the Contractor

WITNESSETH:

I hereby agree to indemnify, hold harmless and defend the Borough of Allentown and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by anyone, whether foreseeable or unforeseeable, arising out of, connected with, or in any way associated with the special event authorized by this permit.

Signed (Contractor): _____

Date: _____

The applicant has furnished the certificate of Insurance with limits of liability described below:

Workers Compensation/ Employers Liability: _____

General Liability: _____

Automobile Liability: _____

Umbrella Liability: _____

A true copy of the Certificate of Insurance is attached indicating the member entity and applicable associations, recreations, or committees formed by the member entity to organize the "event" must be named as additional insured on all liability policies.

The facilities will be used for the following purpose and no other:

Event : _____ Date: _____ Rain Date: _____

Dated: _____ Signed by Contractor: _____

Witness: _____ Date: _____