Block Party Application
COMPLETE FORM AND RETURN TO THE CLERK'S OFFICE

A minimum of 45 days notice and Application fee of $50.00 is required prior to the block party.

Date of block party & rain date if applicable: _____

Estimated attendance: _____ Time of block party - From: _____ To: _____

Street:_____ Between:_____&_____

Block Party Coordinator's Contact name: _____
(please print)

Coordinator's address: _____

Coordinator's phone number: _____Coordinator's email: _____

Available cell phone contact number during the block party:_____

Will there be amplified music or sound associated with the event? Yes_____ No ____

- **Important:** In the event of a fire/medical/ police emergency, any barricades must be removed.
- Fire hydrants must be accessible at all times.
- A 20' wide fire lane shall be maintained through the closed part of the roadway for the duration of the event to allow fire apparatus and other emergency vehicle access into the closed part of the roadway
- No food or beverages may be sold.

Your signature indicates you have read and understand the Block Party Policy. You agree to abide by, and adhere to this policy.

Block Party Coordinator's Signature: _____ Date: _____

If the barricades have not been delivered by noon on the Friday prior to the event, contact the Borough at 201-460-3000 x4007 prior to 2:00 PM.

For Internal Use Only:

Borough Action: Mtg Date Approval: _____ Denied: _____ Permit Issued: _____

Routing: Fire _____ DPW _____ PD _____ Health _____

Fee Received _____ Petition Received _____ Hold Harmless Received _____

Coordinator notified: Initials: _____ Date: _____

Block Party Application

Block Party Petition

All residents on the block must be contacted before a block party application is submitted. For multi-unit dwellings/apartments, each unit must be contacted. At least 51% of the residents on the block must be in favor of the party and must complete and sign the "Block Party Petition" form.

Requested block party date: _____   Block party coordinator: _____

1.   Name _____   Address _____ Signature _____

2.   Name _____   Address _____ Signature _____

3.   Name _____   Address _____ Signature _____

4.   Name _____   Address _____ Signature _____

5.   Name _____   Address _____ Signature _____

6.   Name _____   Address _____ Signature _____

7.   Name _____   Address _____ Signature _____

8.   Name _____   Address _____ Signature _____

9.   Name _____   Address _____ Signature _____

10.   Name _____   Address _____ Signature _____

11.   Name _____   Address _____ Signature _____

12.   Name _____   Address _____ Signature _____

13.   Name _____   Address _____ Signature _____

14.   Name _____   Address _____ Signature _____

15.   Name _____   Address _____ Signature _____

16.   Name _____   Address _____ Signature _____

17.   Name _____   Address _____ Signature _____

18.   Name _____   Address _____ Signature _____

19.   Name _____   Address _____ Signature _____

20.   Name _____   Address _____ Signature _____

USE OF FACILITIES
HOLD HARMLESS AGREEMENT

Between the

BOROUGH OF RUTHERFORD

176 Park Avenue, Rutherford, NJ 07070

And

_____
Name/Organization

_____
Street Address (No Post Office Box)

_____
Contact Person   *Telephone Number*   *e-mail address*

_____
Alternate Contact   *Telephone Number*

Organization Type: *(Please Check One)*

_____   Individual
_____   Government / Non-Profit Organization
_____   For-Profit Organization (Certificate of Insurance is required)

In consideration for use of facilities at _____

on the following date(s): _____

for the purpose of _____

the Undersigned agrees to Indemnify, Defend and Hold the **BOROUGH OF RUTHERFORD** (hereinafter referred to as the "Borough") its Officers, Agents, Employees and Assigns, Harmless from any and all liability, demands, claims, suits, losses, injuries, damages, judgements, expenses, costs and attorneys' fees arising out of the use of the above stated municipal property for the purposed use stated above.

I (we) understand this Hold Harmless Agreement also provides the Borough be indemnified from any and all liability, claims, demands, damages, judgements, expenses and costs of any kind, resulting from the Acts or Omissions from any Guest, Participant, Visitor or other person attending the event herein referred to, unless waived in writing by the Borough.

WHEN APPLICABLE:
I (we) agree to furnish a Certificate of Insurance evidencing General Liability coverage with **minimum** limits of liability not less than:

COMMERCIAL GENERAL LIABILITY
Minimum Policy Limits of: $1,000,000. Per Occurrence / $2,000,000. Aggregate.

Policy must be endorsed to include the BOROUGH OF RUTHERFORD as Additional Named Insured.

It is further understood and agreed, the Borough is not responsible for Personal Property of the Undersigned, their Guests or Participants.

_____

Signed this _____ day of _____, 20 _____, as the binding act in deed of

_____.
Name, Agency or Organization

_____   _____
Authorized Signatory *(signature)*   Witness *(signature)*

_____   _____
Print Name   Print Name