



The Borough of
RUTHERFORD
New Jersey



Event Information Packet

Rules, regulations, permits
and applications required
for hosting events in the
Borough of Rutherford.

rutherfordboronj.com

201-460-3000 • 176 Park Ave Rutherford, NJ 07070



On Twitter:
@Rutherford07070



On Facebook:
Borough of Rutherford NJ

Rutherford Event Coordination Overview

The responsibilities of coordinating a successful event are extensive. Issues which must be addressed prior to the event may include municipal permits (business, fire, zoning, health), vendor recruitment, physical layout, physical services (such as Portable toilet, water, sewer and solid waste removal), site security, advertising, parking and a host of other potential items. As the Event Coordinator, it is your responsibility to ensure that the event is both successful and conducted safely.

Permits for organized events using Borough facilities may require the deployment of municipal services: Police, DPW Fire Safety, and Health. The scope and duration of the planned event along with the number of participants will determine whether or not municipal intervention is required

During the permit review process, the need for Borough services if any, will be determined. If services are required, each requisite department will provide a budget number for proposed services provided.

Your event may not require all the forms and applications contained in this packet, but please review all the information to ensure a successful event.

Some questions to ask before you host your event:

Does my event require a field permit?

Does my event require a road closure?

Will there be alcohol at my event?

Who will be handling or preparing food?

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Frequently Asked Questions From the Bureau of Fire Safety:

- 1. *Is a permit or prior approval required to use propane fire cooking appliances at a public event?***
Yes, a Fire Safety Permit is required from the Bureau of Fire Safety (see pages 5 & 6).
- 2. *Is a permit required to erect a tent?***
Yes, any tent or canopy which is 30' or greater in any dimension or greater than 900 square feet requires a Fire Safety Permit (see page 5).
- 3. *Is a permit required to utilize a tent as a place of assembly?***
Yes, a floor plan is required to be submitted to the Bureau of Fire Safety for review to determine the occupant load. Exit and emergency lighting may be required. If the tent is being provided with propane gas fire heaters a separate Fire Safety permit is required.
- 4. *Is a Fire Safety Permit required for each mobile food vendor at an event?***
Yes, each mobile food vendor is responsible to secure a Fire Safety Permit for each event. Each mobile food vendor is also responsible to complete and return the Fire Safety Mobile Cookline Inspection Checklist (see pages 5 & 6).
- 5. *Is the use of a free-standing deep fryer (cooking oil, not in a vehicle or trailer) permitted at a public event?***
No, Borough policy prohibits the use of deep fryers in any Borough park or public roadway.
- 6. *Can an entire roadway be blocked for an event in a public roadway?***
Typically, this is not permitted. A 20' wide fire lane is required to be maintained in the center of or on one side of the roadway. There are limited exceptions based on the location of the event and the street conditions.
- 7. *Is a fire watch required for an event?***
This will be determined on the nature and scope of the event.
- 8. *Am I required to provide a fire extinguisher for any type of cooking operation?***
Yes, all cooking operations are required to have a fire extinguisher at the site of the cooking operation. The fire extinguisher shall have a minimum rating of 2A20BC and shall display a current inspection tag. A five gallon pail of water is acceptable if cooking with a solid fuel (briquettes or wood).

FIRE SAFETY PERMIT APPLICATION

NJAC 5:70-2.7(a)3.

Type I Permit Requested For:

Activity/Use	Yes/No	Permit Fee
Erection of a Tent or Canopy		\$54.00
Propane Fire Cooking Appliance(s)		\$54.00
Use of a Tent as a Place of Assembly		\$54.00
Use of Propane Fired Heating Appliances(s)		\$54.00

Total Permit Fee: _____

**Each use/activity is a separate \$54.00 fee. Please make checks payable to the Borough of Rutherford.
Non-profit and civic organizations are fee exempt.**

Applicant Information:

Business/Organization Requesting Permit: _____

Agent or Applicant Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Address Where Activity/Use Will Take Place (address, street intersection, park name):

Activity Date(s): _____

I hereby acknowledge that I have read this application, that the information given is correct, and that I am the owner, or duly authorized agent to act in the owner's behalf and as such hereby agree to comply with the applicable requirements of the NJ Uniform Fire Code as well as any specific conditions imposed by the Bureau of Fire Safety, Borough of Rutherford.

Signature _____ **Date**

Office Use Only:

Permit # _____ Date: _____ Initial: _____

Check # _____ Cash 5/2022

Mobile Cookline Inspection Checklist

The Fire Safety Permit applicant shall complete the following mobile cookline inspection checklist as part of the Fire Safety Permit Application. This checklist is required to be submitted 5 days prior to the event.

Business Name:
Owner/Agent Name:
Owner/Agent Phone #:
Owner/Agent Email Address:
Owner/Agent Address
Event Date(s):
Event Location:
Owner/Agent Signature:

#	Item	YES / NO	Comments
1.	Fire protection system inspection, test and maintenance performed within the past six months of the date of the event?		
2.	Provide a copy of the latest inspection, test and maintenance report from your fire protection contractor to the Bureau of Fire Safety, Borough of Rutherford?		
3.	Is a Class "K" Fire Extinguisher provided? The fire extinguisher shall display a current inspection tag, within 12 months of the date of the event.		
4.	The fire suppression system control head is in the set or ready position? Provide a photo of the control head?		
5.	Provide photos of the cookline detailing the position of the suppression system nozzles?		
6.	Name of Fire Protection System Contractor:		
7.	Date of last inspection, testing and maintenance on fire suppression system:		

Attached the photos above to your email when you return this checklist to: firesafety@rutherfordboronj.com.

You may contact the Bureau of Fire Safety at 201-460-3011 if you have any questions.

Bureau of Fire Safety Use Only	
Date Inspected:	Inspected By:
Approved Y / N?	If No Why:
Comments:	

22.05.12

Temporary Event Coordinator Health Procedures

The Event Coordinator is responsible for:

1. Completing the Temporary Event/Farmers Market Coordinator Application (see page 8);
2. Completing, updating, and finalizing the Temporary Event/Farmers Market Food Vendor List (see page 9);
3. Ensuring copies of the Temporary Retail Food Establishment application (see page 10) and Temporary Event Guidelines (pages 11-13) is given to each food vendor (including non-profits).

The collaboration between the Event Coordinator's and the Rutherford Health Department is vital to ensure food vendors are selling foods safely. On the day of the event, the Event Coordinator must ensure that food vendors are not giving samples or selling foods at the event, until they have passed their health inspection and have been issued their temporary license by the health inspector.

Any vendors not ready for an inspection during the scheduled time period will not be licensed and must be excluded from the event – any exceptions will be at the discretion of the Health Inspector. If a vendor is found to be out-of-compliance, the vendor will have a reasonable amount of time to make corrections for licensure.

It is important for Event Coordinators to become familiar with the Temporary Event Guidelines and other health codes, since food safety knowledge will help facilitate a successful event.

If the vendor is not capable of making the required corrections, the vendor will not be licensed and will not be allowed to participate in the event.

Rutherford Department of Health

Located in Municipal Annex • 184 Park Avenue
201-460-3020 • healthdept@rutherfordboronj.com

Department
of Health



Rutherford Health Department
184 Park Ave
Rutherford NJ, 07070
Phone: 201-460-3020
Fax: 201-460-3021

FOR OFFICE USE ONLY

Application Sent date: _____

Application Rec'd Date: _____

Fax Mail Email In-Person

TEMPORARY EVENT/FARMERS MARKET COORDINATOR

Instructions:

- Complete all of the information on the application form.
- The Event Coordinator is responsible for ensuring that all **paperwork and applications** have been submitted to the Department of Health **at least ten (7) days** prior to event date.
- Mobile Food Vendors with a **current license** in Rutherford do not need to complete an application if vending the menu currently approved for them.
- Food Vendors must submit payment with the application in order to be issued a temporary event license.
- You will be notified via fax or email of all **APPROVED** or **DISAPPROVED applications** prior to the event.

The day of the event:

- Food Vendors must be set up to vend at least **1 hour** before the event start time.
- Vendors without a **temporary event License** will be required to leave. Inspectors will not accept applications on the day of the event.
- Food vendors who lack required equipment, who attempt to vend unsafe foods, who vend a menu not pre-approved, or vend foods from an unapproved source, may be required to leave.

EVENT INFORMATION

Event Name:		Municipality:	<input type="checkbox"/> Annual Event	
		RUTHERFORD	<input type="checkbox"/> Seasonal Event	
Event Start Date:	Event End Date:	Rain Date:	Event Start Time:	Event End Time:

EVENT LOCATION

Street Address:	City:
	Rutherford, New Jersey

EVENT COORDINATOR

Name of Coordinator(s)/Contact Person and Title:	Telephone Numbers: (check best contact methods)		
	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Fax
Coordinator's Mailing Address: (Street, City, Zip)	<input type="checkbox"/> Email Address:		
Organization or Entity Sponsoring the Event: (i.e Municipality, County, etc.)	Mailing Address and Phone #: (if different from above)		
Print Name of Person Completing this Form:	Signature of Applicant:	Date:	

Rutherford Health Department
184 Park Ave
Rutherford NJ, 07070
Phone: 201-460-3020
Fax: 201-460-3021



Date Received:

- Partial Vendor List (20 days prior to event)
- Updated Vendor List (15 days prior to event)
- Final Vendor List (10 days prior to event)

TEMPORARY EVENT/FARMERS MARKET FOOD VENDOR LIST

Event Name	Event Location	Event Date/s & Rain Date	Event Start/End Time
Coordinator Name	Phone number	Fax Number	Email Address
Vendor Trade Name	Address	Phone#	Email
			Application Status <small>(Health Dept. Only)</small>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

TEMPORARY RETAIL FOOD ESTABLISHMENT APPLICATION

LICENSE FEES ARE NON-REFUNDABLE or NON-TRANSFERABLE

<input type="checkbox"/> Temporary Retail Food License	\$41.00
<input type="checkbox"/> Not for Profit Organization	No Fee

EVENT INFO

Event Name:		Date of Event:
Event Time:	Time Vendor will be set up for inspection:	Rain Date:
Event Address:		
City: RUTHERFORD	State: NEW JERSEY	ZIP: 07070
Event Coordinator Name/Organization:		
Event Coordinator Email:		Event Coordinator Phone:

VENDOR INFORMATION

Business Owner/Entity Name:		
Mailing Address:		
City:	State:	ZIP:
Phone:	Email:	
Onsite Operator:	Phone:	
Site set up: <input type="checkbox"/> Food Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Table <input type="checkbox"/> Tent <input type="checkbox"/> Other: _____		

IN CONSIDERATION OF THE ISSUANCE OF THIS LICENSE, THE APPLICANT AGREES TO COMPLY AT ALL TIMES WITH THE CHAPTER 24 SANITATION IN RETAIL FOOD ESTABLISHMENTS AND FOOD AND BEVERAGE VENDING MACHINES AND/OR THE RUTHERFORD HEALTH DEPARTMENT CODE AND ANY OR ALL OTHER CODES PROMULGATED.

Legal Signature _____ Date _____

----- For Health Department Use Only -----

Pre-Screening Date: _____
License Application: <input type="checkbox"/> Approved <input type="checkbox"/> Denied

Application Date: _____
Amount: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check _____

FOOD PREPARATION

PLEASE NOTE: ANY FOOD PREPPED BEFORE THE EVENT MUST BE PREPARED IN A LICENSED INSPECTED KITCHEN.

Where is food purchased? (maintain receipts for inspection):

Where will the food be prepared?

If food is prepared at a commissary please fill out the following information:

Commissary Name:

Commissary Address:

City:

State:

ZIP:

Phone:

**** Please Note:** Deep-frying of food items (i.e. zeppoles, french fries) are prohibited. This does not apply to mobile food trucks.

MENU INFORMATION

List food items sold/served below

PRE-SCREENING DOCUMENTATION REQUIRED

Copies of the following items must be submitted with your application prior to the event:

1. Business License and Certificate of Insurance
2. Food Safety Program Certification
3. Last Inspection report
4. Commissary License – if applicable
5. Commissary Inspection report – if applicable
6. Photos of truck equipment and sinks – if applicable for truck or trailer

All stages of food activities require Health Department oversight. Commissary kitchen paperwork in another business name will not be accepted.

I certify to the best of my knowledge that all information supplied is true and correct. I have received, read and understand “Requirements for Temporary Food Events.” I understand that event participation approval is based on the Health Department application review and vendor pre-screening.

Signature: _____

Date: _____

Temporary Event Guidelines

A temporary retail food establishment means a retail food establishment that operates for a period of no more than 14 consecutive days in conjunction with a single event or celebration.

Fairs, festivals, cookouts or similar celebrations, as well other events sponsored by organizations, serving food and open to the public, are all examples of temporary events.

The Rutherford Department of Health requires food service vendors to apply for a food license 7 days prior to the event start date in order to schedule an inspection.

Food service operators should have a basic understanding of food safety to prevent foodborne illness. By following these guidelines, temporary food service operators can minimize the possibility of a foodborne illness occurrence.

The following actions and equipment are required for all temporary food operations.

FOOD

- All foods must come from an approved source.
- All foods and beverages are to be prepared on-site or at a licensed commercial kitchen.
- **Home prepared foods can not be sold at a temporary food establishment. Unless, you are a cottage food vendor licensed by the State of New Jersey.**
- Prepared foods being transported from a commercial kitchen must arrive at the event hot at 135°F or above or Cold 41°F or below. Foods brought to the event at an improper temperature will not be allowed to be sold. Using a refrigerated truck or insulated containers to keep foods hot and/or cold is required.
- Deep-frying of food items (i.e. zeppoles, french fries) are prohibited because of the nature the operation is messy and proper cleaning facilities are not readily available. The presence of grease and oil causes an unsafe condition and the safe disposal and changing of oil is not conducive to a sanitary operation. This prohibition shall not apply to any mobile retail food establishment used at a temporary event that is specifically designed for cooking deep fried food items, as determined by the Health Authority and are conducted in compliance with the fire suppression requirements of the New Jersey Uniform Fire Code.

BARE HAND CONTACT

A food employee's bare hands may not touch ready-to-eat-foods. Tongs, spatulas, deli tissues, or gloves must be used.

HAND SINK

A hand wash sink is **REQUIRED** if you are serving open foods.

Adequate hand washing facilities consist of

- Hot and cold running water
- Soap
- Paper towels.

A temporary sink set-up consists of

- A vessel full of warm water with a spigot type dispenser
- Soap
- Paper towels
- A wastebasket
- A bucket to collect wastewater

Remember to wash hands: before starting or returning to work, after eating, smoking, or using the restroom, when changing duties, before putting on gloves and whenever hands become soiled. The use of gloves or hand sanitizers is not a substitute for hand washing.



REMEMBER TO WASH YOUR HANDS PROPERLY.

- Use soap and water.
- Rub your hands vigorously as you wash them.
- Wash:
 - backs of hands
 - wrists
 - between fingers
 - around and under fingernails
- Rinse your hands well
- Dry hands with a paper towel

Turn off the water using paper towel instead of your bare hands.



FOODS STORED IN ICE

- Packaged and unpackaged foods and bottled or canned beverages may not be stored in direct contact with undrained ice or water.
- Ice used for food must be stored in a separate clean cooler. An ice scoop with a handle should be used to scoop ice to prevent bare hand contact with the ice. Ice shall be from a commercial source.
- Raw foods stored in ice must be in a tight sealed container and/or bags.
- Raw foods and ready to eat foods must be stored in different coolers to prevent cross contamination.

HOT AND COLD HOLDING

Sufficient equipment that is capable of keeping foods hot and/or cold must be provided. Mechanical refrigeration or ice is needed for cold foods. Refrigerators and freezers should be clean and contain thermometers. Coolers must be cleanable and have a drain. Hot holding units must be clean and contain a thermometer. **Hot foods are kept at 135 °F or hotter and cold foods are kept at 41 °F or colder.**



THERMOMETERS

A Digital metal-stemmed thin probe thermometer is **REQUIRED** to check the temperatures of the foods.



COOKING

An essential part of food safety is assuring that proper final cooking temperatures are met. Proper cooking temperatures for some common foods are:

- Chicken: 165° degrees
- Hamburgers: 155° degrees
- Pork: 145° degrees
- Fish/seafood: 145° degrees

The carry over or reuse of foods from one day to the next is strongly discouraged.

CONDIMENTS

It is best to have condiments or other consumer food toppings in individual packets, squeeze bottles or bulk dispensers with plungers.

Food items taken out of their original container and placed in another one must be properly labeled.

HAIR RESTRAINT

Food vendors should wear hats, scarves, visors or hairnets that are designed and worn to effectively keep hair from contacting exposed food.

TRASH

Trash must be handled in a manner so that it does not create a nuisance or act as an attractant to pests. The container should be covered when full or not in constant use. Solid waste is to be disposed of properly.

TOXICS

Cleaning solutions, sanitizers or other toxic items must be stored separately from foods, single-use and service items, and food contact surfaces. These same items need to be properly labeled. Over-the-counter insecticides not rated for use in or around a food establishment should not be used.

FOOD AND NON-FOOD CONTACT SURFACES

Food preparation and equipment surfaces should be smooth, easily cleanable and durable.

AUTHORIZED PERSONNEL

Only those individuals working as booth vendors, food handlers, or those who have duties directly related to the operation are allowed in the food booth.

EATING, DRINKING AND SMOKING

Eating and tobacco use are not allowed in food stands. A closed drink cup with a lid and a straw is allowed.

ILLNESS RESTRICTIONS

An individual who has any type of wound infection, or who has a communicable illness that could be transmitted through food shall not be allowed to work in the food stand.

SANITIZER AND WIPING CLOTHS

An approved sanitizer should be provided (chlorine or quaternary ammonium compounds, or iodine). Wiping cloths should be stored in the sanitizer bucket when not in use. **When using bleach to sanitize, mix one teaspoon of unscented bleach to each gallon of water.**

WAREWASHING

Warewashing may be done in a three-bin sink or temporary set-up using bus tubs. First, items should be washed in hot, soapy water. Second, they should be rinsed in clean, warm water. Third, they should be chemically sanitized in warm water with an approved sanitizer. Finally, the items should be air-dried.

Reminders:

- Test Strips are required to measure the concentration of the sanitizer.
- Water must be changed when dirty and/or every four hours.

STORAGE

All foods and single-use or service articles, paper plates, cups and lids, should be stored at least six (6) inches above the floor or ground and protected from contamination.



ALCOHOLIC BEVERAGES

For those organizations which intend to sell, dispense and serve alcoholic beverages, a **Social Affairs Permit** must be obtained from the State's Division of Alcoholic Beverage Control (ABC). These permits are only issued to **non-profit organizations**.

If applying at least 21 days prior to the event, applications may be applied for through the State's website,:

<https://www.njoag.gov/about/divisions-and-offices/division-of-alcoholic-beverage-control-home/>

This on-line application will be sent from ABC to the Borough Clerk and Chief of Police for endorsement.

If you are applying for this permit less than 21 days prior to the event date, you must submit a paper application to the State at least 14 days in advance. This application can be downloaded from the above referenced website. The paper application will need the signatures of the Borough Clerk and Chief of Police before being sent to the State with the correct fees.

Fee of \$100 for Civic, Religious or Educational Organizations; \$150 for all other Non-Profit organizations, payable to "Division of Alcoholic Beverage Control".

Organizations making applications for the first time, must submit proof of non-profit status in New Jersey. Combinations of certificate of incorporation, charge or by-laws, federal tax-exempt certificate, financial records and membership list (names and addresses) are acceptable forms of proof.

Request to serve beer/wine in a recreation area

The Borough of Rutherford directs and articulates that all alcoholic beverages shall be prohibited at all times in any open space or recreation area. The Borough may suspend this prohibition for alcoholic beverages only under the following circumstances: upon application for an event sponsored by the Rutherford Volunteer Fire Department, the Rutherford Volunteer Ambulance Corps and any other Borough civic or Borough service organization. The service of alcohol shall be limited to a specified geographical location, and no service of minors shall be allowed.

Such approved permit shall only allow service of beer and wine.

Application to serve beer/wine in a recreation area:

<https://www.rutherfordboronj.com/departments/borough-clerk/permits-licenses/>

This type of application must be submitted to the Recreation Department and then referred for approval or denial to the Mayor and Council.

RAFFLES

In order to host a raffle, the group must hold a non-profit identification number from:

Legalized Games of Chance Control Commission

PO Box 46000

Newark, NJ 07101 973-273-8000

973-273-8000

Website: <https://www.njconsumeraffairs.gov/lgccc>

The State issued ID Certificate must be on file in the Clerk's Office.

Three (3) copies of the application are to be completed (along with a sample ticket if the raffle is off-premise) and submitted with original signatures to the Clerk's Office.

After endorsement from Chief of Police, the application is placed on the Mayor/Council agenda for approval. Thereafter, it is submitted to the State which has 14 days to review and authorize.

Once the LGCCC approves the application, a raffle packet is sent from the Clerk's Office to the applicant. The packet contains the raffle number, the license, findings & determination, a copy of the application and the report of operations form.

Raffle Fees: The following are due upon filing application with Borough:

Raffle: \$20.00 payable to Legalized Games of Chance Control Commission
\$ 10.00 payable to Borough of Rutherford

****Any 50/50 On-Premise Raffle that has a prize award under \$400 per event, there is NO FEE charged by either Borough or LGCCC.***

Carnival Wheels and Games: for each wheel or game conducted on any day or series of six (6) consecutive days in one week:

\$ 20.00 payable to Legalized Games of Chance Control Commission

\$ 10.00 payable to Borough of Rutherford

Casino Night: Use same application as other raffles plus "**Form 13**" from the provider of the gaming equipment.

\$100.00 payable to Legalized Games of Chance Control Commission

\$ 10.00 payable to Borough of Rutherford

If cash or merchandise is over **\$1,000** in total awarded, an additional fee of **\$20 per \$1,000** or part thereof awarded as a prize is **due upon the filing of the Report of Operations to LGCCC.**



APPLICATION FOR PERMIT
To Serve Beer & Wine in Playground & Recreation Areas
In Accordance with Chapter 73-6

DATE: _____

NAME OF ORGANIZATION: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____

CONTACT PHONE: _____ Email: _____

EVENT LOCATION: _____

EVENT DATE: _____ TIME: _____

RAIN DATE: _____ TIME: _____

PURPOSE OF EVENT: _____

SIGNATURE OF PERSON IN CHARGE: _____

DATE APPROVED BY MAYOR & COUNCIL: _____

Borough Clerk's Office
176 Park Avenue - Rutherford, New Jersey 07070
Telephone: (201) 460-3001 - Fax: (201) 460-3003 www.rutherfordboronj.com



STATE OF NEW JERSEY
 DEPARTMENT OF LAW AND PUBLIC SAFETY
 DIVISION OF ALCOHOLIC BEVERAGE CONTROL
 P.O. BOX 087, 140 EAST FRONT STREET
 TRENTON, NJ 08625-0087

**APPLICATION FOR
SOCIAL AFFAIR PERMIT [SA]**

APPLICATION MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO THE EVENT

Applications must be accompanied by a fee of **\$100.00 PER DAY** for Civic, Religious, or Educational Organizations; **\$150.00 PER DAY** for all other NON-PROFIT organizations, in the form of a check or money order payable to the DIVISION OF ALCOHOLIC BEVERAGE CONTROL.

NOTICE: ORGANIZATIONS MAKING APPLICATION FOR THE FIRST TIME, MUST SUBMIT PROOF OF NON-PROFIT STATUS IN NEW JERSEY. COMBINATIONS OF CERTIFICATE OF INCORPORATION, CHARTER OR BY-LAWS, FEDERAL TAX EXEMPT CERTIFICATE, FINANCIAL RECORDS AND MEMBERSHIP LIST (NAMES AND ADDRESSES INCLUDED) ARE ACCEPTABLE FORMS OF PROOF. THE DIVISION OF ALCOHOLIC BEVERAGE CONTROL RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION IF DOCUMENTATION SUBMITTED IS NOT SUFFICIENT.

Pursuant to **N.J.S.A. 33: 1-74** and **N.J.A.C. 13:2-5.1**, the undersigned makes application for a Special Permit to sell, dispense and serve alcoholic beverages for consumption at an affair as stated herein:

Organization Information

1. Name of Organization: _____
 Address: _____
2. Does organization hold a liquor license? Yes No If yes, _____ - _____ - _____
(CLUB LICENSE'S ONLY)
3. Has organization held a special permit for Social Affair during the past 3 years? Yes No If no, supply proof of non-profit status from **NOTICE** paragraph above. Previous Permit No: _____
4. Contact _____ Phone Number: _____
5. E-mail address _____
6. Mailing address _____

Premises Information

7. Location of premises where affair will be held: **(Describe Specifically)**
 Name of premises _____
 Address of premises _____
8. Is the above named premises licensed? Yes No If yes, _____ - _____ - _____
9. Are the premises where the affair is to be held owned by a municipality, county or state? Yes No
 If yes, state the name of owner _____
 For what purposes are premises used? _____
 Does the premise conduct mercantile business? Yes No If yes, what is sold? _____

Event Information

10. What date(s) will affair be held and between what hours alcoholic beverages will be dispensed (Dates **must be consecutive** to be on one application):

MM/DD/YY	START	END
/ /	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>
/ /	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>
/ /	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>

Rain Date (only **one** rain date): _____

11. What is the specific fundraising event being held? _____
12. How is a charge assessed? Ticket Contribution Other : _____
(SPECIFY OTHER)
13. Who is the recipient of the proceeds? _____

14. Check the types of alcoholic beverages to be dispensed if permit is granted:
Wine Distilled Spirits Malt Alcoholic Beverages
15. What are cup sizes for alcoholic beverages? Wine _____ Beer _____ Spirits _____
16. How many people are expected to attend your event on a daily basis? _____
17. What is the approximate age group of the attendees? _____
18. Will persons under the legal age to consume alcohol be in attendance? Yes No
19. Explain in detail the security plans for the event. The plan should include the number of people checking for ID's, plans to prevent pass-offs to minors, the type of security at the event, the limit of alcoholic beverages per transaction, and any other relevant information pertaining to the event. *Please attach another sheet if necessary.*
- _____
- _____
- _____
- _____
- _____
- _____
20. Please use the space below or attach a **detailed** sketch of the area to be licensed. The sketch should include entrances and exits, ID checking area(s), location of where alcoholic beverages will be dispensed and any other relevant information pertaining to the event. **No permit will be issued if a sketch is not attached.**

Event Organizer Information

- Is the event being handled by a promoter, Production Company, or other entities? Yes No If yes, attach contract.

Company Name _____

Company Contact _____

Phone Number _____ - _____ - _____ x _____ Title _____

NO PERMIT WILL BE GRANTED UNLESS WRITTEN APPROVALS FOR BELOW ARE OBTAINED
ORIGINAL SIGNATURES ONLY

If a Special Permit is granted, applicant agrees that alcoholic beverages will not be sold or served to anyone under the legal age, nor will such persons be permitted to consume alcoholic beverages at aforesaid affair and certifies that all conditions set forth in said Permit, all rules and regulations pertaining thereto and all ordinances and/or resolutions of the municipality where aforesaid affair is to be held will be complied with; and that permission is hereby given the Director of the Division of Alcoholic Beverage Control, Division of Taxation, and their duly authorized investigators and agents, and to any local peace officer to investigate the sale of alcoholic beverages at the social affair for which this application is made.

Gambling, mock gambling and gambling paraphernalia are not permitted on the premises licensed by the Special Permit unless otherwise approved by the Legalized Games of Chance Commission (973) 273-8000. **I HEREBY CERTIFY THAT THIS ORGANIZATION HAS NOT EXCEEDED ITS LIMIT OF 12 SPECIAL PERMITS DURING THIS CALENDAR YEAR.**

(Signature of Authorized Officer and Title)

(Name of Organization)

Date of Signature

.....
I hereby certify that there is no objection to the granting of a Special Permit to above applicant to sell alcoholic beverages at the affair to be held on aforesaid date and premises, subject to, however, the following Special Conditions (if any):

(Signature of Chief of Police)

(Municipality where affair is to be held)

Date of Signature

.....
I hereby certify that the License Issuing Authority of this municipality has no objection to the granting of a Special Permit herein applied for and consents thereto. I further certify that the issuance of said Permit is not contrary to any local ordinance, resolution, regulation or policy which would prohibit same.

(Signature of Clerk)

(Municipality where affair is to be held)

Date of Signature: _____

.....
The following consent is to be signed by the person so authorized of the premises where the affair is to be held.

I hereby certify that I am the person in charge of the premises upon which the herein affair will be held, that I am fully authorized to and do hereby certify that there are no objections to the sale and service of alcoholic beverages upon such premises at such affair. **I HEREBY CERTIFY THAT THIS PREMISE HAS NOT EXCEEDED ITS LIMIT OF 25 SPECIAL PERMITS DURING THIS CALENDAR YEAR.**

(Signature and Title)

Date of Signature _____

NOTE: THE DIVISION MUST BE NOTIFIED FOR CANCELLATION OR RESCHEDULING PRIOR TO THE DATE OF THE EVENT.

Issuance of the Special Permit will allow the organization to purchase alcoholic beverages for resale at the affair specified in the application from any licensed wholesaler or retailer. All advertising, tickets, etc., for the affair which contain reference to alcoholic beverages must include this Permit Number.

Rev. 01/13



New Jersey Office of the Attorney General
 Division of Consumer Affairs
 Legalized Games of Chance Control Commission
 124 Halsey Street, 6th Floor, P.O. Box 46000
 Newark, New Jersey 07101
 (973) 273-8000

Application for a Raffle License

Application No. *RA* _____

Identification No. _____

Submit four (4) copies of this application to the Municipal Clerk's office in the municipality where the games will be conducted.

Please print clearly.

Name of municipality: _____

Part A - General

1. Name of applying organization: _____
- 2a. Street address of headquarters: _____
- b. Mailing address (if different): _____

3. A license is requested to conduct raffles of the kind stated on the date, or on each of the dates, and during the hours listed (use a separate application for each type of raffle).

Date	Hours	Date	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 4a. Address of place where raffles will be played: _____
- b. Does the applicant own the premises or regularly occupy them for its general purposes? Yes No
5. If raffles equipment is to be rented, attach a statement by the raffles equipment lessor to this application on Form 13.

Part B - Schedule of Expenses

The items of expense intended to be incurred or paid in connection with the games listed in this application, the names and addresses of the persons to whom each item is to be paid, and the purpose for which each item is to be paid, are:

Item of Expense	Name and address of supplier	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Rev. 4/16

Part C - Schedule of Purposes

1. The specific purpose(s) to which the entire net proceeds of the games listed in this application are to be devoted, and the manner in which they are to be so devoted, are:

2. If any part of the net proceeds are to be devoted to a purpose allowed by the Raffles Licensing Law by turning the same over to another organization which is exclusively devoted to such purposes, secure the signature of its president or other executive officer to the following certificate:

“It is hereby certified that _____
Name of organization
 will accept from the licensee any part of the net proceeds of the games listed in this application to be turned over to it.”

Date: _____ Signature: _____

Part D - Schedule of Prizes

A description of all prizes to be offered and given in all of the games listed in this application is as follows. For merchandise, describe the article and state the retail value; if prizes are to be donated, indicate that fact and estimate as accurately as possible the information requested below.

Description of Prize	Donated (Yes or No)	Retail value
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____



Part E - Officers of Applicant

(1) Office	Name of officer	Age
_____	_____	_____
Residence address	Telephone No. (include area code)	
_____	Day _____ Evening _____	
(2) Office	Name of officer	Age
_____	_____	_____
Residence address	Telephone No. (include area code)	
_____	Day _____ Evening _____	
(3) Office	Name of officer	Age
_____	_____	_____
Residence address	Telephone No. (include area code)	
_____	Day _____ Evening _____	
(4) Office	Name of officer	Age
_____	_____	_____
Residence address	Telephone No. (include area code)	
_____	Day _____ Evening _____	

Part F - Members of Applicant who will be in charge of the games

Name of member in charge	Residence address	Telephone No. (include area code) Day / Evening	Age
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____

Part G - Members of Applicant who will assist in conducting the games

Name of member	Residence address	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part H - Names of other organizations whose members will assist in conducting the games

Name and address of organization	How related	Identification No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more space is needed in any section of this application, insert extra sheets of paper.

Part I - Statement of Applicant and member(s) in charge

State of New Jersey } ss.
County of _____

We do hereby each make the following statement, under oath, with respect to the foregoing application:

1. The applicant (is) (is not) limited in its activities to the furtherance of one or more authorized purposes as defined in the Raffles Licensing Law.
2. Prior to the issuance of any license to it to conduct games of chance, the applicant was actively engaged in serving one or more "authorized purposes."
3. The applicant has received and used, and in good faith expects to continue to receive and use, to further one or more authorized purposes, funds from sources other than games of chance.
4. The conduct of the games on the occasion or occasions for which this application is made will be to raise and devote the entire net proceeds to the authorized purpose described in the application.
5. For each occasion for which a license is sought, one or more of the members listed who are familiar with the Raffles Licensing Law and the Rules and Regulations, will be in full charge of, and primarily responsible for, the conduct of the games.
6. No commission, salary, compensation, reward or recompense will be paid to any person for holding, operating or conducting or assisting in the holding, operation or conducting, of the games, except to bookkeepers or accountants for professional services not exceeding the amounts fixed by the Schedule of Fees, as well as the compensation for the Licensed Compensated Workers pursuant to N.J.A.C. 13:47-6A. No prize may be offered and given in cash, except as otherwise provided by the Raffles Licensing Law (N.J.S.A. 5:8-50 et seq.). If a cash prize under certain circumstances is permitted by the law, the amount of the cash prize may not exceed the limits prescribed by the Raffles Licensing Law.
7. All statements in the foregoing application are true.

Sworn and subscribed to before me this
_____ day of _____, 20 ____.

Notary Public (Print name)

Signature of Notary Public

Signature of Officer and Title

Signature of Member-in-Charge

Signature of Member-in-Charge

Signature of Member-in-Charge

Signature of Member-in-Charge



If more space is needed in any section of this application, insert extra sheets of paper.

Applicant's registration slip from the *Legalized Games of Chance Control Commission* must be presented to the Municipal Clerk with this application.

INSURANCE REQUIREMENTS FORMS

Users must sign a waiver agreeing to waive and relinquish all claims and causes of action of every kind which they have or may have against the Borough of Rutherford arising out of the use of a Borough facility that may result in personal injury and/or property damage.

Users must recognize and acknowledge that they assume all risks in connection with the use of the facility or property.

Organizations wishing to use Borough facilities must maintain adequate insurance coverage and provide proof of coverage with their application.

Each applicant, prior to receipt of a permit, shall provide the Borough with a certificate or certificates of insurance indicating to the satisfaction of the Borough that policies of the general liability insurance and excess umbrella liability insurance have been issued and are in force at the time of the street closing.

I. Complete "Use of Municipal Facilities Hold Harmless Agreement" if:

Requesting use of any Borough property, including but not limited to: buildings, parks, public-right-of-way, etc for street fairs, sidewalk sales, block party or other similar activities.

II. Complete "Vendor Insurance Requirements" form if:

Sponsoring a public event; sale of food; use of amusement rides or other related activities

III. Complete "Vendor Insurance Requirements Including Alcohol" form for:

Any event that includes the sale of alcohol for a designated time period.

Client#: 3935

WOODBOR

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 9/16/2021
PRODUCER Professional Insurance Assoc. 429 Hackensack St. P.O. Box 818 Carlstadt, NJ 07072	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED SAMPLE 123 Main Avenue Anywhere, NJ 00000	INSURERS AFFORDING COVERAGE INSURER A: A Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	000000	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP ASG \$2,000,000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	000000	MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	000000	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	000000	MM/DD/YY	MM/DD/YY	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS Certificate holder is included as additional insured.						

CERTIFICATE HOLDER Borough of Rutherford 176 Park Avenue Rutherford, NJ 07070	CANCELLATION 10 Days for Non-Payment SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
---	--



IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

SAMPLE

**Use of Municipal Facilities
Hold Harmless Agreement (page 1 of 2)**

***B**etween 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.

**Use of Municipal Facilities
Hold Harmless Agreement (page 2 of 2)**

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 _____, 2023, as the binding act in deed of

Name, Agency or Organization

Authorized Signatory *(signature)*

Witness *(signature)*

Print Name

Print Name

Vendor Insurance Requirements (page 1 of 2)

EVENT	PARTICIPANT NAME
STREET ADDRESS	CITY, STATE, ZIP CODE
VEHICLE (Year, Make, Model, Color)	VEHICLE IDENTIFICATION (VIN)

The VENDOR acknowledges, attests and certifies the following:

WORKERS COMPENSATION

Coverage is to comply with NJ Statutes and include coverage for Proprietors, Partners and/or Executive Officers. EMPLOYERS LIABILITY limits of \$1,000,000 for each accident/disease each employee required.

If the VENDOR is a Sole Proprietor or otherwise exempt from carrying this NJ statutory coverage, VENDOR HEREBY CERTIFIES AND ATTESTS THEY ARE EXEMPT FROM PROVIDING THIS COVERAGE:

Authorized Representative's Signature: _____

COMMERCIAL GENERAL LIABILITY

Minimum Policy Limits of: \$1,000,000. Per Occurrence / \$2,000,000. Aggregate and must include Completed Operations Liability. Policy must be endorsed to show BOROUGH OF RUTHERFORD as Additional Named Insured.

Vendor Insurance Requirements (page 2 of 2)

AUTOMOBILE LIABILITY

Policy limit of: \$1,000,000. Combined Single Limit (CSL) covering all Owned, Non-Owned and Hired vehicles.

Alternatively, VENDOR will provide evidence of Automobile Insurance with limits consistent with NJ State Statute which is Current and in force for the vehicle(s) that will be utilized for this Event.

Authorized Representative's Signature: _____

UMBRELLA LIABILITY _____ **(Required if checked)**

Minimum Policy Limit of: \$1,000,000. / Per Occurrence
 \$1,000,000. / Annual Aggregate

PROPERTY INSURANCE

The VENDOR is required to insure his/her own Property. The BOROUGH OF RUTHERFORD will not provide any insurance on the VENDOR's property.

DESCRIPTION OF OPERATIONS

The BOROUGH OF RUTHERFORD is to be named as an additional insured as it relates to said services and the Certificate of Insurance shall reflect this.

INDEMNIFICATION AGREEMENT

The VENDOR agrees to defend, indemnify and save harmless the BOROUGH OF RUTHERFORD, its officers, agents and employees from any and all liability suits, actions and demands and all damages, costs or fees resulting from injuries to persons or property, including accidental death, arising out of or in connection with said work, or any reason of the operations under agreement. Before the VENDOR shall be permitted to commence work, he/she shall furnish the BOROUGH OF RUTHERFORD with the Certificate of Insurance from the VENDOR's Insurance Carrier certifying the coverages specified above are in force. The Certificate(s) of Insurance shall contain the clause, "BOROUGH OF RUTHERFORD is to be notified at least thirty (30) days prior to cancellation of any material change in this policy."

BOROUGH OF RUTHERFORD		_____
		(Name of VENDOR)
By: _____	By: _____	
PLEASE PRINT - Name & Title	PLEASE PRINT: - Name & Title	
By: _____	By: _____	
SIGNATURE & DATE -	SIGNATURE & DATE	

Vendor Insurance Requirements *Including Alcohol* (page 1 of 2)

EVENT	PARTICIPANT NAME
STREET ADDRESS	CITY, STATE, ZIP CODE
VEHICLE (Year, Make, Model, Color)	VEHICLE IDENTIFICATION (VIN)

The VENDOR acknowledges, attests and certifies the following:

WORKERS COMPENSATION

Coverage is to comply with NJ Statutes and include coverage for Proprietors, Partners and/or Executive Officers. EMPLOYERS LIABILITY limits of \$1,000,000 for each accident/disease each employee required.

If the VENDOR is a Sole Proprietor or otherwise exempt from carrying this NJ statutory coverage, VENDOR HEREBY CERTIFIES AND ATTESTS THEY ARE EXEMPT FROM PROVIDING THIS COVERAGE:

Authorized Representative's Signature: _____

COMMERCIAL GENERAL LIABILITY

Minimum Policy Limits of: \$1,000,000. Per Occurrence / \$2,000,000. Aggregate and must include Completed Operations Liability. Policy must be endorsed to evidence the BOROUGH OF RUTHERFORD as an Additional Named Insured.

LIQUOR LIABILITY – Minimum Limit of \$1 million (Endorsed to the GL OR by separate policy)

Minimum Policy Limits of: \$1,000,000. Per Occurrence / \$2,000,000. Aggregate and must include Completed Operations Liability

Revised April 2022

Vendor Insurance Requirements *Including Alcohol* (page 2 of 2)

Alternatively, VENDOR will provide evidence of Automobile Insurance with limits consistent with NJ State Statute which is Current and in force for the vehicle(s) that will be utilized for this Event.

Authorized Representative's Signature: _____

UMBRELLA LIABILITY

Minimum Policy Limit of: \$1,000,000. / Per Occurrence
 \$1,000,000. / Annual Aggregate

PROPERTY INSURANCE

The VENDOR is required to insure his/her own Property. The BOROUGH OF RUTHERFORD will not provide any insurance on the VENDOR's property.

DESCRIPTION OF OPERATIONS

The BOROUGH OF RUTHERFORD is to be named as an additional insured as it relates to said services and the Certificate of Insurance shall reflect this.

INDEMNIFICATION AGREEMENT

The VENDOR agrees to defend, indemnify and save harmless the BOROUGH OF RUTHERFORD, its officers, agents and employees from any and all liability suits, actions and demands and all damages, costs or fees resulting from injuries to persons or property, including accidental death, arising out of or in connection with said work, or any reason of the operations under agreement. Before the VENDOR shall be permitted to commence work, he/she shall furnish the BOROUGH OF RUTHERFORD with the Certificate of Insurance from the VENDOR's Insurance Carrier certifying the coverages specified above are in force. The Certificate(s) of Insurance shall contain the clause, "BOROUGH OF RUTHERFORD is to be notified at least thirty (30) days prior to cancellation of any material change in this policy."

<p>BOROUGH OF RUTHERFORD</p> <p>By: _____ PLEASE PRINT – Name & Title</p> <p>By: _____ SIGNATURE & DATE -</p>	<p>_____</p> <p style="text-align: center;">(Name of VENDOR)</p> <p>By: _____ PLEASE PRINT: - Name & Title</p> <p>By: _____ SIGNATURE & DATE</p>
--	--

Revised April 2022

Athletic Field and Recreation Facility Permit Requests

The Borough of Rutherford's parks host hundreds of social and sporting events every year. If you want to have any activity in a Borough facility with more than 10 people, or host an event where you would like to reserve a specific area within a park, you need to apply for a permit. As such, use of the Borough parks is governed by rules and regulations contained in the Borough Code, Chapter 73, found here:

<https://ecode360.com/11345459>

Rutherford parks contain a variety of fields and other venues available for use. You can find a map and other information about what's available here:

<https://www.rutherfordboronj.com/departments/recreation/parks-facilities/>

In order to reserve an athletic field or park facility, organized leagues or individuals must request a permit. All applications for a permit must be processed online using the Borough's permit request system RecDesk which can be found here:

<https://rutherfordnj.recdesk.com/Community/Home>

If you have not already, please first proceed to create your household account including all parents and children. Information will only be shared with members on family account, we will not provide information to anyone who is not on the account.

Fields and courts that have not been permitted are available for informal use on a first come, first served basis. Using the map above may help guide you to fields or courts that may be available, but we cannot ensure that you will be able to use the field. It is also important to re-emphasize, however, that any group of ten persons or larger seeking to use a field must apply for a permit to do so. Additionally, if you would like to guarantee that you have access to a particular field at a specific time and date, you will need to request a permit for that field.

Although there is no charge for non-profit resident organizations, most other permits include a fee, the schedule of which can be found here:

<https://www.rutherfordboronj.com/departments/recreation/badges-and-field-permits/>

Lincoln Park

Park Ave & Highland Cross



Walls Field

Eastern Way & Highland Cross



Tamblyn Field

30 Woodland Ave



Memorial Park

30 Woodland Ave

