



FOOTBRIDGE PARK
BLAIRSTOWN, NJ

TOWNSHIP OF BLAIRSTOWN

Incorporated 1845

106 Route 94
Blairstown, New Jersey 07825
www.blairstown-nj.org

Herman P. Shoemaker, Mayor
Linda Leidner, Clerk

Telephone (908) 362-6663
Fax (908) 362-9635

APPLICATION FOR FACILITY USE

Date of Function: _____ Time: _____

Rain date of Function _____

Name of Organization or Group: _____

Name of Representative of Organization or Group: _____

Postal Address _____

Telephone No.: _____

Email _____

Non-Profit Status, are you a 501c3 Yes _____ No _____

Purpose of Function: _____

Estimated Number of Participants: _____ Residents _____ Non-Residents _____

Applicant is seeking to use what area/facility: _____

Please give a brief summary of event:

Will you be using the Concession Stand? Yes _____ No _____

Will you be charging a fee/admission for event? Yes _____ No _____

Are any items going to be sold at event by group or vendors? Yes _____ No _____

Will there be a raffle at this event? Yes _____ No _____

Will there be any bounce houses/amusements at event? Yes _____ No _____

Will there be any farm animal at event? Yes _____ No _____

Will there be any use of generators Yes _____ No _____
 Will there be any type of demonstrations at event Yes _____ No _____
 Alcohol is not permitted unless proper authorization and social affairs permits from ABC are obtained. Will you be requesting authorization from ABC ? Yes _____ No _____

If you answered yes to any of the above please give specific details

Are you requesting assistance from Police, First Aid Squad, Fire Department or any other outside agency?

FEE SCHEDULE

Out of Township Organization	\$ 350.00
Out of Township Non-Profit (School, Church, etc.)	\$ 200.00
Township Non-Profit (School, Church, Scouts, etc)	\$ 100.00
Township Fire Co., EMS, Public School, Historic or Senior Citizens	Free
Non Excluded Sporting Groups	\$ 400.00 per season
Concession Stand Use	\$ 100.00

Exempt Sporting Groups are as follows:
 North Warren Little League
 North Warren Little League - All Stars
 Blairstown Youth Soccer
 Blairstown Softball
 Blairstown Softball - All Stars
 North Warren Patriots (Football)
 North Warren Patriots Cheerleaders

Seasons are defined as follows:
 Winter - January -February-March
 Spring -April-May-June
 Summer - July-August-September
 Fall - October-November-December

As a condition of the Township of Blairstown granting the use of the park or facility, the applicant shall assume all risk and responsibility for, and agrees to indemnify, defend and save harmless the Township, its officials, agents and servants from and against, any and all claims, demands, suits, actions, recoveries, judgments and costs or expense in connection therewith on account of loss of life, property, injury or damage to the person, body or property of any person, or person, which shall arise from or result directly or indirectly from the use of the park or facility by applicant, the applicant's guest, friends, associates, contractors, subcontractors or any other person or entity associated with applicant.

I have read the forgoing application and agree to the terms and conditions on behalf of the applicant.

Applications will only be approved at monthly Township Committee meetings. Please note, it will take approximately two weeks to for Township to respond to initial application request.

Applicants' Signature _____
 Title: _____
 Date: _____

Date Received : _____

Signature: _____
 Title: _____

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For Internal Use Only

Municipal Clerk

Licenses and Permits required for this event

Costs

_____	_____
_____	_____
_____	_____

Comments or concerns with event

Signed off by Municipal Clerk:

Date:

DPW

Description and Time Estimate for DPW workers before and after event

Are additional trash containers needed for this event?

Yes

No

If yes, Number and Size

Is there a need for any DPW worker to be present on day of event?

Yes

No

If yes, how many and estimated number of hours

Comments or concerns with event

Signed off by DPW Foreman:

Date:

POLICE

Are police requested OR are police required at this event?

Yes

No

If yes, number of officers and estimated time

Will there be a need for traffic control?

Yes

No

If yes, number of officers and estimated time

Need for special parking permits?

Yes

No

Comments or concerns with event

Signed off by OIC:

Date:

RECREATION DEPARTMENT

Facility requested is available	Yes	<input type="text"/>	No	<input type="text"/>
Certificate of Insurance Provided	Yes	<input type="text"/>	No	<input type="text"/>
Will there be any bounce houses/amusements at event?	Yes	<input type="text"/>	No	<input type="text"/>
If yes, has Township insurance agent verified proper coverage	Yes	<input type="text"/>	No	<input type="text"/>
If Nonprofit 501 c(3) organization supplied proof of non-profit status	Yes	<input type="text"/>	No	<input type="text"/>
		<input type="text"/>		<input type="text"/>
Are extra Port-A-John's need for event?	Yes	<input type="text"/>	No	<input type="text"/>
Comments or concerns with event	 <hr/> <hr/>			

Date Application Submitted:
Estimated Fees

Clerk	\$	<input type="text"/>
DPW	\$	<input type="text"/>
Police	\$	<input type="text"/>
Recreation	\$	<input type="text"/>
Total	\$	<input type="text"/>

Security Deposit Required
(50% of Total Usage Fee)

CFO Signature

Date

Committee Action

Approved:_____ Denied:_____ Dated:_____