24 N. Black Horse Pike
Runnemede, NJ 08078
Phone: (856) 939-5161
www.runnemedenj.org

Special Event/Activity Request Form and Checklist

MUST BE SUBMITTED TO THE BOROUGH CLERK'S OFFICE NO LESS THAN 30 DAYS PRIOR TO EVENT

Type of Event/Activity:_____

Host Organization's Name and Address: _____

Host Organization Contact: Name_____ (H) _____ (C) _____

Location of Event/Activity: _____

Date of Event/Activity: Start _____ End: _____ Time of Event/Activity: Start _____ End: _____

Parade/Outside Activity: Start Location: _____ Finish Location: _____

Estimated Number of Participants: _____

Copy of Sate License, Certificate of Insurance, and/or Safety Inspection Certificate: (Y) _____ (N) _____ (N/A) _____
Certificate of Insurance naming Runnemede as additional insured is REQUIRED

ACTION PLAN/ DESCRIPTION OF EVENT REQUIRED (Plan May Be Attached Separately)

ADDITIONAL REQUIREMENTS: Some activities/ requests will require special approval (specify type and attach a copy)

Fire Safety Permit _____

Food Handling Approval: _____

Vendor Contract/ Licensing: _____

State/ County Approvals: _____

ADDITIONAL INFORMATION (please provide any other pertinent information): _____

_____

_____

_____

REQUESTED SUPPLIES TO BE PROVIDED BY THE BOROUGH (Fees May Apply):

Check Supplies Needed:

Cones _____ Flares _____ Barricades _____ No Parking Signs _____ Detour Signs _____ Traffic Vests _____ Tables _____ Chairs _____

Lights _____ Electrical Cords _____ Audio Equipment _____ Stage _____ Coolers _____ Charcoal BBQ _____ Gas BBQ _____ Fuel _____

Fire Extinguishers _____ Cleaning Supplies _____ Trash Cans _____ Trash Bags _____ Mops/Brooms _____ Transport Bus _____

Trash Truck _____ Street Sweeper _____

APPLICANT SIGNATURE: _____ **DATE: _____**

OFFICE USE ONLY

Notification and Authorizations:

Police Chief: _____ Approval: _____ Disapproval: _____

Fire Chief: _____ Approval: _____ Disapproval: _____

Fire Official/ Safety Coordinator: _____ Approval: _____ Disapproval: _____

EMS Chief: _____ Approval: _____ Disapproval: _____

DPW Superintendent: _____ Approval: _____ Disapproval: _____

OEM Coordinator: _____ Approval: _____ Disapproval: _____

Public Events Director: _____ Approval: _____ Disapproval: _____

MUNICIPAL CLERK SIGNATURE: _____ **DATE RECEIVED: _____**