

**DENVILLE TOWNSHIP FACILITY REQUEST**

1 St. Mary's Place, Denville, NJ 07834

Telephone: 973-625-8300

**FACILITY REQUEST FORM –**  
**USE THIS FORM FOR EVENTS EXPECTING GREATER THAN 50 PEOPLE.**

**SECTION A: APPLICANT INFORMATION**

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell: \_\_\_\_\_

**SECTION B: FACILITY REQUESTED**

(Please check facility requested and areas to be used & return to proper department)

**RECREATION:**

a) Facilities/Sites: \_\_\_\_\_  
Veterans' Park: \_\_\_\_\_  
Gardner Field: \_\_\_\_\_  
Other: \_\_\_\_\_

b) Non-field areas to be used: \_\_\_\_\_  
Picnic pavilion: \_\_\_\_\_  
Refreshment stand: \_\_\_\_\_  
Pavilion lawn area: \_\_\_\_\_  
Meeting Room: \_\_\_\_\_  
Bandstand: \_\_\_\_\_  
Other: \_\_\_\_\_

c) Athletic sites/fields to be used: \_\_\_\_\_  
Softball: \_\_\_\_\_  
Soccer: \_\_\_\_\_  
Baseball: \_\_\_\_\_  
Lacrosse: \_\_\_\_\_  
Tennis courts: \_\_\_\_\_  
Other: \_\_\_\_\_

**ADMINISTRATION:**

a) Facilities/Sites: \_\_\_\_\_  
Municipal Building: \_\_\_\_\_  
Union Hill School House: \_\_\_\_\_  
Other: \_\_\_\_\_

b) Area to be used: \_\_\_\_\_  
Community Room: \_\_\_\_\_  
Conference Room: \_\_\_\_\_  
Other: \_\_\_\_\_

**SECTION C: DESCRIPTION OF EVENT / SIGNATURE**

Date requested: \_\_\_\_\_ Rain Date (if necessary) \_\_\_\_\_

Start time: \_\_\_\_\_ End Time: \_\_\_\_\_

a) Description of attendees:

Group size: minimum \_\_\_\_\_ maximum \_\_\_\_\_

b) Description of activity to be conducted: (Please be specific and list the nature of the event (e.g. fundraiser, special event, family or annual picnic) and all events planned (e.g. list all games, music, entertainment and activities).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) Number of Staff / Volunteers: \_\_\_\_\_

d) Outside Vendors: Yes No

Please obtain permission from each of the listed departments, verifying compliance with permits, regulations, etc. When this form is complete, please return it to the appropriate department for final approval. You will be contacted concerning final approval.

Initial

_____	Mayor: Alcohol permit	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A
_____	Department of Public Works: Requests for dumpsters, barricades, field prep, etc.	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A
_____	Police Department: Traffic, parking, safety concerns.	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A
_____	Health Department: Food Handling, sanitation	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A
_____	Building Department: Inspections, fireworks requirements, etc.	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A
_____	Zoning Department: Sign Permits, etc.	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A
_____	Clerk's Office: Solicitor Permit, raffle permits, etc.	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A

**SECTION D: BEVERAGES TO BE SERVED**

Alcoholic beverages to be served (check one): yes \_\_\_\_\_ no \_\_\_\_\_

**NOTE: Township Ordinance 133-14.1.b prohibits the consumption of alcoholic beverages in all Township Recreation Facilities without permission. In addition, alcohol consumption is strictly prohibited at Cook's Pond. If you intend to serve alcohol in any other park/facility described above at a fund-raising event, you must apply to the Municipal Clerk for a Special Affairs Permit. In addition, the mayor of the Township of Denville must grant permission to any person or group intending to consume alcohol on any property of the Township of Denville. A copy of this Facility Request Form will be sent to the office of the mayor upon application. If permission is granted by the mayor, you will receive the completed application indicating in section E, b) below that permission to consume alcohol (beer and wine only) is granted and specifying any additional requirements such as insurance requirements or necessary ABC permit requirements. Additional insurance information is also specified in section F below. Please read sections E and F of the Request Form carefully. Recycling is MANDATORY and GLASS IS PROHIBITED.**

If alcoholic beverages are to be served, please complete the following information:

Type of alcoholic beverages to be served: \_\_\_\_\_  
Type of container (e.g. cans, kegs, other): \_\_\_\_\_  
There will be a charge to this event assessed  
by ticket or otherwise (check one):           yes \_\_\_\_\_           no \_\_\_\_\_

**SECTION E: PERMIT – Events where NO alcohol will be served**

Once permission is granted as indicated in Section E, subsection (a) above, the accompanying Hold Harmless Agreement is properly executed, the fee is paid, and all necessary insurance information is received, the appropriate municipal officer shall issue an *Events Permit*.

**SECTION F: PERMIT – Events where alcohol will be served**

Once permission is granted as indicated in Section E, subsection (b) above, the accompanying Hold Harmless Agreement is properly executed, the fee is paid and copies of all necessary State of New Jersey Division of Alcoholic Beverage Control Special Affairs Permits and insurance information are received by this office, the appropriate municipal officer shall issue an *Events Permit*.

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**FOR OFFICE USE ONLY**

**SECTION G: GRANT/DENIAL**

**a) GRANT/DENIAL OF PERMISSION TO HOLD EVENT AS DESCRIBED (Non-alcohol related events):**

**PERMISSION TO HOLD NON-ALCOHOL RELATED EVENT (check one):**

Granted: \_\_\_\_\_ Certificate of Insurance   Yes   No   Expires: \_\_\_\_\_

Denied: \_\_\_\_\_

**b) GRANT/DENIAL OF PERMISSION TO HOLD EVENT AS DESCRIBED AND SERVE ALCOHOL:**

**PERMISSION TO SERVE ALCOHOL (check one):**

Granted: \_\_\_\_\_

                  Certificate of Insurance   Yes   No                   Expires: \_\_\_\_\_

                  Special Affairs Permit   Yes   No

Denied: \_\_\_\_\_

**SECTION H: FEES/INSURANCE INFORMATION REQUIRED**

TOTAL FEE: \$ \_\_\_\_\_

Payment due by: \_\_\_\_\_  
(Reservation will not be held after this date)

**CERTIFICATE OF INSURANCE RECEIVED:**      yes \_\_\_\_\_      no \_\_\_\_\_  
*(NOTE: the Township of Denville must receive a **Certificate of Insurance** at least fifteen (15) business days prior to the date of the activit(ies)/event(s) described above **evidencing a \$1,000,000 Liability Insurance Policy covering all participants and activities described above.** A copy of the Declarations page of the polic(ies) naming the Township of Denville and NJ Green Acres for Recreation Facilities as an insured or additional insured must be provided with the Certificate of Insurance and completed Facility Request Form. Upon request, applicant must provide the appropriate Township official with a full copy of the insurance polic(ies).*

**VENDOR'S CERTIFICATE OF INSURANCE RECEIVED:** yes \_\_\_\_\_      no \_\_\_\_\_

**ESCROW:**

**FEE RECEIVED:**                      yes \_\_\_\_\_      no \_\_\_\_\_

**AMOUNT:**                              \$250                      \$500

**CHECK NUMBER:** \_\_\_\_\_

**DATE RECEIVED:** \_\_\_\_\_

**DATE RETURNED:** \_\_\_\_\_

**USED TO CLEAN AND / OR MAINTAIN AREAS USED:** yes \_\_\_\_\_      no \_\_\_\_\_