

# TOWNSHIP OF MOORESTOWN

## COMMUNITY EVENT PERMIT APPLICATION/PERMIT FOR COMMUNITY EVENT PURSUANT TO CHAPTER 55 OF THE CODE OF THE TOWNSHIP OF MOORESTOWN

The Director of Police, or the Director's designee, shall review the application to determine whether the proposed Community Event can take place in a manner that will ensure the safety and wellbeing of the attendees as well as members of the general public. The Director shall have the discretion to recommend public safety measures be required as a condition of approval of a Community Event, which may include the cost of mobile barricades and/or requiring that police officers be assigned to the event, at a cost to be borne by the organizer.

If a road closure is requested, the application shall be submitted at least ninety (90) calendar days prior to the Community Event; otherwise, the application shall be submitted at least forty-five (45) calendar days prior.

When submitting the application, the applicant shall pay an application fee in the amount of \$100.00 for events which involve a road closure, otherwise the application fee will be \$75.00.

Upon the recommendation of the Director of Police, the Township Council shall adopt a Resolution to memorialize the approval of the Community Event.

### APPLICANT INFORMATION (Please Write Clearly)

ORGANIZATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
RESPONSIBLE INDIVIDUAL: \_\_\_\_\_  
CELL PHONE NUMBER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

### EVENT INFORMATION

DATE OF EVENT: \_\_\_\_\_  
(List Rain Date, if applicable): \_\_\_\_\_  
START AND END TIME: \_\_\_\_\_  
(include setup and cleanup)  
LOCATION OF EVENT: \_\_\_\_\_  
(Be Specific/Attach a Layout)  
NATURE/TYPE OF EVENT: \_\_\_\_\_  
ACTIVITIES TO BE HELD: \_\_\_\_\_  
\_\_\_\_\_

APPROXIMATE NO. OF VENDORS: \_\_\_\_\_ APPROXIMATE NO. OF ATTENDEES: \_\_\_\_\_

IS ROAD CLOSURE REQUESTED: \_\_\_\_\_ Yes \_\_\_\_\_ No

WILL ALCOHOL BE SERVED: \_\_\_\_\_ Yes \_\_\_\_\_ No

IF YES, DID YOU (OR WILL YOU) APPLY FOR A SOCIAL AFFAIRS PERMIT (NJABC):

\_\_\_\_\_ Yes \_\_\_\_\_ No

(Attach Copy)

IF NOT, EXPLAIN: \_\_\_\_\_

IF YES, DID YOU APPLY FOR A SPECIAL ALCOHOL PERMIT (MOORESTOWN TWP): \_ Yes \_ No

(Attach Copy)

IF NOT, EXPLAIN: \_\_\_\_\_

\*\*\*\*\* **CHECKLIST - DID YOU?** \*\*\*\*\*

Submit your application 45 calendar days prior to event (if no road closure requested): \_\_\_\_\_ Yes \_\_\_\_\_ No

Submit your application 90 calendar days prior to event (if road closure requested): \_\_\_\_\_ Yes \_\_\_\_\_ No

Submit required fee with your application: \_\_\_\_\_ \$75 (no road closure) \_\_\_\_\_ \$100 (request road closure)

Submit a Certificate of Insurance specifically naming the Township of Moorestown as an add'l insured: \_\_ Yes \_\_ No

A Certificate of Insurance, covering the date(s) of the event, specially naming the Township of Moorestown as an Additional Insured in the amounts specified with a company that is licensed to do business in NJ.

The following minimum coverages are required:

General Liability	\$1,000,000
Workers' Compensation	Statutory
Liquor Liability (if alcohol being served/sold)	\$1,000,000

No deductible will be permitted on the liability insurance. No event may commence unless the Certificate of Insurance has been submitted to the Township Clerk.

Submit an executed Indemnification and Hold Harmless Agreement: \_\_\_\_\_ Yes \_\_\_\_\_ No

Advise the Fire Department and Receive Approvals, if necessary: \_\_\_\_\_ N/A \_\_\_\_\_ Yes \_\_\_\_\_ No

Advise Food Vendors – Must display Satisfactory Placard from the Burlington County Health Department: \_\_ Yes \_\_ No

Arrangement with Public Works the placement/removal of trash/recycle receptacles: \_\_\_\_\_ Yes \_\_\_\_\_ No

If the event is in a public park or on the Town Green, please attach a written confirmation from the Parks and Recreation Director that use of the park or Town Green on the date requested has been approved.

Did you attach written confirmation? \_\_\_\_\_ N/A \_\_\_\_\_ Yes \_\_\_\_\_ No

Smoking at Community Events is prohibited. While it is not required, you may wish to consider including "Smoke-Free Event" on your advertising and promotional materials.

**CERTIFICATION**

I, \_\_\_\_\_, hereby certify that the answers contained in this application are true and correct  
(print name)

to the best of my knowledge. I am aware that if any statements made by me are willfully false, the application may be denied or permit revoked.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

(For Official Use Only)

**Director of Police**

Special Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details of Assignment of Police Officers, if necessary: \_\_\_\_\_ N/A or  
\_\_\_\_\_  
\_\_\_\_\_

Received Approval to Close Road (Council Resolution):  
\_\_\_\_\_ N/A \_\_\_\_\_ Yes \_\_\_\_\_ No Explanation: \_\_\_\_\_  
\_\_\_\_\_

Application Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**Township Clerk**

Received Township Council Approval as Community Event: \_\_\_\_\_  
Received Township Council Approval for Alcohol Consumption: \_\_\_\_\_  
Received Certificate of Insurance: \_\_\_\_\_  
Received Executed Indemnification and Hold Harmless Agreement: \_\_\_\_\_

**PERMIT**

Permit Issue Date: \_\_\_\_\_ Resolution No. \_\_\_\_\_-20\_\_\_\_, dated \_\_\_\_\_, 20\_\_

- This permit is valid only for the event listed above (including rain date, if any).
- This permit is conditioned upon the Applicant and the vendors receiving all required State and local permits and approval by the Director of Police concerning the layout, circulation and safety plan.

\_\_\_\_\_  
Patricia L. Hunt, Municipal Clerk

\_\_\_\_\_  
Date

Revised Form Date: 1/7/2026