

APPLICATION FOR USE OF PUBLIC BUILDINGS AND GROUNDS

SPECIAL EVENTS

(APPLICATIONS SHOULD BE MADE AT LEAST 30 DAYS PRIOR TO THE DATE REQUESTED)

Name of Applicant/Responsible Person: _____
Address: _____
Phone: _____ Email: _____
Name of Organization: _____
Address: _____
Date(s) & Time(s) Requested: _____
Detailed Description of Activity**: _____

** A COPY OF THE EVENT FLYER MUST BE ATTACHED

BUILDING PREFERENCE: CHECK ONE

() STAR BUILDING, 100 ERIAL ROAD, SICKLERVILLE

(Posted Occupancy 49 persons) (main floor 38 chairs & 5 tables 5) (basement 14 chairs & 3 tables)

() SENIOR CITIZENS CENTER, 33 COOPERS FOLLY ROAD, ATCO

SIDE A (Kitchen) () SIDE B (Bingo) () BOTH SIDES () (Posted Occupancy 497 persons)

() MUNICIPAL BUILDING COURT ROOM, 125 SOUTH ROUTE 73, BRADDOCK

(Posted Occupancy 270 persons) (150 chairs)

"NO SMOKING" REGULATIONS APPLY TO PUBLIC PREMISES (P.L. 1985 CHAPTER 381)

"NO UNLICENSED GAMES OF CHANCE" (P.L. 1954 C.5)

"NO ALCOHOLIC BEVERAGE CONSUMPTION IS PERMITTED ON PREMISES" (W.T.C. 77-13A)

ANY DAMAGES OR FAILURE TO CLEAN THE BUILDING MAY RESULT IN NO FUTURE USE,
TERMINATION OF EXISTING USE, OR RESTITUTION TO THE TOWNSHIP OF WINSLOW,
INCLUDING BUT NOT LIMITED TO REPLACEMENT COST, REPAIRS AND/OR HOULY LABOR
CHARGES

Will there be vendors present: ☐ Yes ☐ No If yes, how many (limit of 10): _____

Applicant and all Vendors must provide a Certificate of Liability Insurance naming the "Township of Winslow" as an additional insured and a Hold Harmless Agreement. Please see attached instructions for more information.

The undersigned AGREES:

- To inspect the area(s) requested for use and list any damage or signs of vandalism.
- To see that all rules and regulations regarding the use of any Township facilities are strictly followed.
- Failure to adhere to Chapter 6 entitled "Public Buildings and Grounds Usage" may result in the loss of future use of the facility and/or loss of deposit and possible issuance of a fine.
- Falsifying information on application is automatic revocation of application and/or permit.

Print Name: _____ Date: _____

Signature: _____

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Official Use Only

Date Application Received: _____ Reviewed by: _____

Application Fee \$ _____ Received by _____ Method of Payment: _____

Risk Toolbox Form Received: ☐ Yes ☐ No / Certificate of Insurance Received: ☐ Yes ☐ No

Hold Harmless Received: ☐ Yes ☐ No / Board of Health Certificate, if applicable _____

Approved: Yes _____ No _____

Comments: _____

Public Building Use Policy

1. Use schedules are maintained by the office of the Municipal Clerk. Unless otherwise prioritized by the Governing Body, any application for use of a building, wherein an event is already approved and scheduled, the application will be administratively denied

BLACK OUT DATES: THERE WILL BE NO BUILDING USAGE GRANTED DURING EARLY VOTING.

2. Requests for building usage must be submitted to the Clerk's Office at least thirty (30) days in advance of the desired dates(s).
3. Building usage is limited to non-profit, charitable, community service organization, religious and/or civic organizations. Private use is not permitted.
4. Municipal government activities and programs shall have the highest priority for building usage
5. Users are required to provide proof of liability insurance coverage naming Winslow Township as additional insured and sign a Hold Harmless Agreement.
6. The Township has the right to relocate an Organization to an alternate site if their membership has either exceeded or does not warrant the current size of the building.
7. The building should be left, immediately after the day and hours assigned for use, clean and with all furniture and/or appliances returned to their proper location. **ALL TRASH** shall be placed in the outside trash containers provided.
8. Certain authorized organizations store items in the building. Such items are not to be used by unauthorized persons.
9. It is the responsibility of the Applicant upon approval, to pick up, sign for, and return the building key fob during regular business hours (8:30 am – 4:30 pm) to the Office of the Municipal Clerk.
10. At **NO TIME** shall the building be occupied by more persons than allowed under the N.J. Fire Codes, which is posted in the building.
11. Damage to property or injury to any person while on the premises shall be reported as soon as possible to the Office of the Municipal Clerk at 609-567-0700.
12. It is the responsibility of all organizations to keep the **facility neat and clean at all times.**
Bathroom facilities must be inspected prior to leaving the building.
13. It is the responsibility of the applicant to make sure **CHILDREN** are supervised at all times, and not allowed to roam through the building.
14. All applicants will be required to turn in a signed check-off list of housekeeping items at the conclusion of their use.
15. Failure to pick up the key, that results in an employee being called in to open the building during off hours, will result in the Organization being charged in accordance with that employee's union contract, or at the appropriate hourly rate. In addition, any damages resulting from any person(s) or participant(s) will be your organizations responsibility, and the Township will seek full restitution. Failure to make any payments billed by the Township will automatically revoke any future use.

16. Non-refundable fees:

- (1) Meeting fees per year.
 - (a) Resident and non-profit organizations: \$100.00
 - (b) Non-resident and non-profit organizations: \$150
- (2) Event fees for each occurrence.
 - (a) Resident and non-profit organizations: \$200.00
 - (b) Non-resident and non-profit organizations: \$300.00

17. Cancellation requests should be made as early as possible to allow for alternate scheduling.

18. Refunds will be determined based on the time of cancellation and any costs already incurred by the Township.

19. **The Township has the discretion to cancel, suspend, or revoke use by any organization due to an emergency, or misuse of the building by any member(s) or participant(s) of that organization.**

RETURN COMPLETED APPLICATION TO:

OFFICE OF THE MUNICIPAL CLERK
WINSLOW TOWNSHIP MUNICIPAL BUILDING
125 SOUTH ROUTE 73
BRADDOCK, NEW JERSEY 08037-9422

CHECK LIST

- ☐ Drawing of event layout and event flyer/advertisement
- ☐ Applicant's completed Vendor/Facilities Risk Toolbox Form attached.
- ☐ Indemnity and Hold Harmless Agreement *(to be filed online see attached instructions)*
- ☐ Certificate of insurance coverage with limits in the amount of \$1,000,000.00/\$3,000,000.00, as well as naming the Township of Winslow as an additional insured thereunder. *(to be filed online see attached instructions)*
- ☐ ***If applicable:*** List of Vendors along with the following for each vendor:
 - ☐ Hold Harmless Agreement *(all vendors)*
 - ☐ Certificate of Insurance *(food and activity vendors only)*
 - Food Vendors Only:**
 - ☐ Temporary Mobile Vendor Application *(form submitted to the County)*

Any other information which the Winslow Township Committee shall find necessary to make a fair determination as to whether a permit should be issued hereunder.

**PLEASE RETURN THE COMPLETED APPLICATION AND ABOVE
"CHECK LIST" ITEMS TO:**

Winslow Township Municipal Building
Attn: Municipal Clerk's Office
125 South Route 73
Braddock, NJ 08037-9422

**REQUIRED INFORMATION NEEDED TO ENTER VENDOR/FACILITIES USER
INTO RISK TOOLBOX**

NAME OF INSURED USING OR ENTERING TOWNSHIP PRORPERTY					
ADDRESS OF INSURED					
CITY		STATE		ZIP CODE	
PHONE NUMBER					
CONTACT PERSON				TITLE	
EMAIL ADDRESS					
BUSINESS NAME, IF DIFFERENT THAN NAME OF INSURED					
<i>TO BE FILLED OUT BY WINSLOW TOWNSHIP EMPLOYEE ADDING VENDOR</i>					
VENDOR ID NO.					

COI RISK PROFILE (must choose one):

X	TYPE OF SERVICE	X	TYPE OF SERVICE
	#1 Repair/Minor Contractor: Contracts up to \$50,000		#7 Consultants/Professionals: Attorney, Auditor, Engineer
	#2 Building Contractor up to 1M		#8 Supplier/Vendors
	#3 Building Contractors/ Construction (1M-5M)		#9 Use of Facility: Private Citizen, Org or non-Business Group,
	#4 Building Contractor/Construction (5M+)		#10 Towing Contractors
	#5 Trade Contractors: Painters, Landscapers, Plumbers		#11 Event Vendors
	#6 Environmental Contractors or Consultants		#12 Gun Ranges

HOLD HARMLESS (must choose one)

	Hold Harmless Required		Hold Harmless not Required
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Winslow Employee is to email this to Crystal at CFiorito@docutrax.com

HOLD HARMLESS AGREEMENT
BETWEEN THE TOWNSHIP OF WINSLOW
AND

ORGANIZATION NAME

ADDRESS (NOT POST OFFICE BOX)

TELEPHONE NUMBER

**ORGANIZATION TYPE (INDIVIDUAL, PARTNERSHIP,
CORPORATION OR COMMUNITY SERVICE)**

IN CONSIDERATION OF THE USE OF _____, ON THE
FOLLOWING DATES: _____ FOR THE PURPOSE OF
_____, THE UNDERSIGNED AGREES TO DEFEND,
INDEMNIFY AND HOLD THE TOWNSHIP OF WINSLOW AND ITS OFFICERS,
AGENTS AND EMPLOYEES HARMLESS FROM ANY AND ALL LOSSES,
ACTIONS, SUITS, CAUSES OF ACTION, DEMANDS, DAMAGES, LIABILITY,
CLAIMS, COSTS, SETTLEMENTS, JUDGMENTS, AND OTHER EXPENSES
(INCLUDING, BUT NOT LIMITED TO, COST OF DEFENSE, SETTLEMENT
AND ATTORNEY'S FEES) OF WHATEVER TYPE OR NATURE WHICH ARE
ASSERTED AGAINST THE TOWNSHIP OF WINSLOW ARISING OUT OF THE
USE AND/OR MISUSE OF THE PROPERTY, EQUIPMENT OR SERVICES
REFERRED TO ABOVE.

I UNDERSTAND THAT THIS HOLD HARMLESS AGREEMENT ALSO
REQUIRES THAT THE TOWNSHIP OF WINSLOW BE INDEMNIFIED FROM
ANY LOSSES OR DAMAGES RESULTING FROM THE ACTS OR OMISSIONS
OF ANY PERSON OR PARTICIPANT IN OR RELATED TO THIS SERVICE
AND/OR USE OF THE PROPERTY. I AGREE TO FURNISH A CERTIFICATE
OF INSURANCE SPECIFICALLY NAMING THE TOWNSHIP OF WINSLOW AS
AN ADDITIONAL INSURED, PROVIDING GENERAL LIABILITY, BODILY
INJURY AND PROPERTY DAMAGE COVERAGE WITH MINIMUM LIMITS OF
LIABILITY NOT LESS THAN \$1,000,000.00.

I FURTHER UNDERSTAND, THAT ANY DAMAGES RESULTING FROM ANY PERSON OR PARTICIPANT WILL BE THE RESPONSIBILITY OF _____ ORGANIZATION, AND SAID ORGANIZATION AGREES TO MAKE FULL RESTITUTION TO THE TOWNSHIP OF WINSLOW FOR ANY AND ALL EXPENSES, INCLUDING BUT NOT LIMITED TO REPLACEMENT COST, REPAIRS AND HOURLY LABOR CHARGES.

IN ORDER TO INDUCE THE TOWNSHIP OF WINSLOW TO ACCEPT THIS HOLD HARMLESS AGREEMENT, THE FOLLOWING INFORMATION CONCERNING THE INTENDED USE OF THE PREMISES IS FURNISHED:

- A. ALCOHOLIC BEVERAGES WILL NOT BE SERVED.
- B. ANY COSTS RESULTING FROM DAMAGES WILL BE BORNE BY APPLICANT/ORGANIZATION
- C. TOTAL NUMBER OF PERSONS ANTICIPATED IS _____
- D. LIVE ENTERTAINMENT (WILL NOT) BE PROVIDED.
- E. OTHER _____

SIGNED THIS _____ DAY OF _____, 20____ AS THE BINDING ACT IN DEED OF _____
(NAME OF ORGANIZATION)

AUTHORIZED SIGNATURE

WITNESS

SUBMIT TO: OFFICE OF THE MUNICIPAL CLERK
TOWNSHIP OF WINSLOW
125 SOUTH ROUTE 73
BRADDOCK, NJ 08037-9422

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