



SPECIAL EVENTS PERMIT APPLICATION

Date Received: _____ APP. # _____

*Please complete the following information as required by city Ordinance No 2016-55 "General Licensing: 4-10.4." All applications are to be received by the Asbury Park Office of Special Events (1 Municipal Plaza Asbury Park, NJ 07712) no less than 45 Days prior to the event for which permit is being requested. **All application fees are non refundable and must be submitted with this application.** Contact Leesha Floyd at 732.502.5759 or Leesha.floyd@cityofasburypark.com for additional information. Fax number is 732.775.1483*

NAME OF EVENT: Baseball Registration

DATE(S): 1/5/19, 1/12/19, 1/19/19 & 1/26/19

Rain Date: _____

HOURS OF EVENT: From 12noon To: 2:00pm

EXACT LOCATION YOU ARE REQUESTING TO STAGE YOUR EVENT:

Municipal Building Lobby

Name of Applicant/Organization: Asbury Park Little League

Address: PO Box 702, Asbury Park, NJ 07712

Contact: Danny McKee

Phone: 732 768 6860

Fax: 732 502 0455

Email: APLittleLeague03@aol.com

Non-Profit? Yes No Tax Exempt ID Number: 22-3353056

If yes, please provide non-profit certificate

DESCRIBE IN DETAIL TYPE OF EVENT YOU WILL BE STAGING: Baseball registration for A.P. children ages 5 – 15. Adults will be at the event to supervise at all times. If you have a table and a few chairs that we can use, we would greatly appreciate it. Thank you.

*On a separate sheet of paper, please provide a detailed description (footprint) of the proposed event and a sketch that shows the area or route to be used along with any proposed structures, tents, fences, barricades, signs, banners restroom facilities and electrical equipment. **NOTE: sketch should identify the dimensions of exhibit booths, structures, etc.***

OVER

WILL APPLICANT REQUIRE A LIQUOR SOCIAL EVENT OR CATERING PERMIT
Yes _____ No X If yes, please explain _____

NUMBER OF PEOPLE ANTICIPATED TO ATTEND: 10 - 15 over the two hour period.

ADMISSION CHARGE? YES _____ NO X IF YES, HOW MUCH _____

VENDOR CHARGE? YES _____ NO X IF YES, HOW MUCH _____

WILL YOU REQUIRE A STREET CLOSING? YES _____ NO X Please Give Details:

PROVIDE COMPLETE DETAILS AS TO HOW THE APPLICANT INTENDS TO PROVIDE FOR SECURITY, TRAFFIC CONTROL, CLEAN UP, SEPARATION OF RECYCLABLE MATERIAL AND DISPOAL OF TRASH AND DEBRIS: N/A

DESCRIBE ALL CITY RESOURCES AND/OR SERVICES THAT WILL BE REQUIRED TO BE PROVIDED IN CONNECTION WITH THE EVENT: None

NOTE: There will be charges for all city services provided. Refer to the attached fee schedule.

*All vendors using tents and/or various cooking devices are required to obtain a vendor's permit from the Asbury Park Bureau of Fire Prevention.

*Asbury Park requires liability insurance. The amount of liability coverage depends upon the size and nature of the event planned. The minimum liability coverage is one million dollars. The City of Asbury Park must be named on the insurance policy as an "additional insured." All insurance policies are to be provided to the Special Events Office not less than 10 days prior to the date of the event.

*All estimated fees and/or costs the City of Asbury Park may incur as a result of the City issuing a special event's permit to stage this event must be paid in advance by certified or cashier's check, not less than 10 business days in advance of the event date.

*If the event insurance policy and all fees are not submitted to the City 10 days prior to the event, the City reserves the right to cancel the event.

Daniel R. McKee

Signature of Applicant

1/3/19

Date

DANIEL R. MCKEE FOR A.P. LITTLE LEAGUE

Print Name of Applicant

For Special Events Office Use only:

Total Fees Calculated to be paid by Applicant \$ _____ Total Fees Collected \$ _____