

BOROUGH OF MATAWAN



Municipal and Field/Park Application for Use Request Forms



BOROUGH OF MATAWAN
201 Broad Street
Matawan, NJ 07747

APPLICATION FOR USE OF MUNICIPAL COMMUNITY COMPLEX

Date application submitted: _____

Name of Organization: _____

Name of Person completing application: _____

Position held in Organization: _____

Date(s) Requested: _____ Time(s) Requested: _____

Please NOTE: Maximum time request cannot exceed three (3) months. An additional application will need to be submitted after initial three (3) months.

Room Requested: (Please circle) Cafeteria Gym Classroom #3 Clinton Street Youth Center

Please NOTE: Cafeteria is not available the 4th Friday of each month except for Thanksgiving & Christmas which will fall on the 3rd Friday of that month.

Type of Activity: _____

If multiple day use is requested, is there equipment or supplies that will require storage? Yes / No

Setup Requested (See Set up charges): _____

*If tables, chairs and additional garbage cans are requested, please provide rendering on separate sheet. (See: Set Up Charges)

Will refreshments be served and/or sold? _____ Alcoholic Beverages? _____

*If alcoholic beverages are going to be available, please attach a copy of the Alcohol Beverage Permit on separate sheet

Approx. Number of Persons attending: _____

Persons responsible and assisting in event:

Name	Address	Home/Cell Number	Email Address

Affirmation: The organization agrees to comply with the policies and regulations of the Borough of Matawan for the use of the building of the Matawan Municipal Complex and to be responsible for any damage thereto:

Print Name: _____ Title: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY (Initial and Date):

Recreation Director:	DPW (Building & Grounds):
Construction Dept:	Fire Official:
Police Dept:	Borough Clerk:

Fees: \$ _____ Cleaning Deposit (90% Refundable): \$ _____ Date Paid: _____

*If refund recommended & approved: DPW Supervisor _____ Date Voucher Sent: _____



OROUGH OF MATAWAN
201 Broad Street
Matawan, NJ 07747

APPLICATION FOR USE OF FIELD/PARKS

Date application submitted: _____

Name of Organization: _____

Name of Person completing application: _____

Position held in Organization: _____

Date(s) Requested: _____ Time(s) Requested: _____

Please NOTE: Maximum time request cannot exceed three (3) months. An additional application will need to be submitted after initial three (3) months.

Park/Field Requested: (Please circle) Hourihan Field Freneau Baseball Field Toomer Baseball Field
Gravelly Brook Park Joseph Pennipede Park Lake Lefferts Memorial Park Pocket Park Terhune Park

Type of Activity: _____

If multiple day use is requested, is there equipment or supplies that will require storage? Yes / No

Setup Requested (See Set up charges): _____

*If tables, chairs and additional garbage cans are requested, please provide rendering on separate sheet. (See-Set Up Charges)

Will refreshments be served and/or sold? _____ Alcoholic Beverages? _____

*If alcoholic beverages are going to be available, please attach a copy of the Alcohol Beverage Permit on separate sheet

Approx. Number of Persons attending: _____

Persons responsible for and assisting in event:

Name	Address	Home/Cell Number	Email Address

Affirmation: The organization agrees to comply with the policies and regulations of the Borough of Matawan for the use of the building of the Matawan Municipal Complex and to be responsible for any damage thereto:

Print Name: _____ Title: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY (Initial and Date):

Recreation Director:	DPW (Building & Grounds):
Construction Dept:	Fire Official:
Police Dept:	Borough Clerk:

Fees: \$_____ Cleaning Deposit (90% Refundable): \$_____ Date Paid: _____

*If refund recommended & approved DPW Supervisor _____ Date Voucher Sent: _____



BOROUGH OF MATAWAN
MONMOUTH COUNTY, NEW JERSEY

HOLD HARMLESS AGREEMENT

This agreement is between the Borough of Matawan
AND

(organization name)

(name of contact and telephone number)

(organization address)

(organization type – individual, partnership, corporation, non-profit corporation, public entity)

In consideration of the use of:

(name of municipal facility or park)

on the following dates:

(dates of use)

for the purposes of:

(event name / type of function)

On the second page of this document, the undersigned agrees to indemnify and hold the Borough of Matawan and its officers, agents and employees harmless from any and all liability, claims, cost and Attorney's fees arising out of the use of the property referred to above.



**BOROUGH OF MATAWAN
MONMOUTH COUNTY, NEW JERSEY**

Hold Harmless Page 2

I understand that this Hold Harmless also requires that the Borough of Matawan is indemnified from any losses or damages resulting from the acts or omissions from any guest, participant, visitor, or other person attending the event herein referred to. Unless waived in writing by the Governing Body of the Borough of Matawan. I agree to furnish a Certificate of Insurance specially naming the Borough of Matawan as an additional insured, providing general liability, bodily injury and property damage coverage with minimum limits of liability no less than

\$1,000,000.00 (One Million Dollars). In order to induce the Borough of Matawan to accept this Hold Harmless agreement, the following information concerning the intended use of the premises is furnished:

- a. Alcoholic Beverages (will) or (will not) be served *(please circle one to indicate answer)*.
- b. Total number of persons anticipated is: _____
- c. Live entertainment (will) or (will not) be provided *(please circle one to indicate answer)*.
- d. Other: _____

Signed this ____ day of _____ 20__

as the binding act in deed of _____
(name of organization)

(AUTHORIZED SIGNATURE)

(WITNESS)

PLEASE REMEMBER – YOU MUST FILL OUT THE *CERTIFICATE OF LIABILITY INSURANCE and HOLD HARMLESS forms* BEFORE THIS PACKET WILL BE ACCEPTED AND PROCESSED.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C No. Ext):	FAX (A/C No.):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A:	
	INSURER B:	
	INSURER C:	
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COM/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/ MEMBER EXCLUDED? <input type="checkbox"/> Y/N						E.L. EACH ACCIDENT \$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION
Borough of Matawan	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE