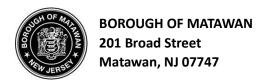
BOROUGH OF MATAWAN



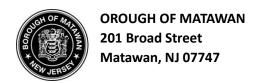
Municipal and Field/Park Application for Use Request Forms



APPLICATION FOR USE OF MUNICIPAL COMMUNITY COMPLEX

Date application sabilit	tted:				
Name of Organization:					
Name of Person comple	ting application:				
Position held in Organiza	ation:				
Date(s) Requested:		_ Time(s) Requested:e e (3) months. An additional application			
Please NOTE: Maximum tir	me request cannot exceed three	e (3) months. An additional application	n will need to	be submitted after initial thre	e (3) months.
Room Requested: (Pleas	se circle) Cafeteria Gyn	m Classroom #3 Clinton S	Street Youth	n Center	
	•	of each month except for Thanks			e 3 rd <mark>Friday</mark>
of that month.					
Type of Activity:					
If multiple day use is rec	quested, is there equipment o	or supplies that will require storag	e? Yes/N	No	
		uested, please provide rendering			 2S)
ii tabies, chans and ad	artional garbage cans are req				•
Will refreshments be se	rved and/or sold?	_ Alcoholic Beverages? ase attach a copy of the Alcohol Be		mit on separate sheet	
Will refreshments be se *If alcoholic beverages a	rved and/or sold?			mit on separate sheet	
Will refreshments be sent alcoholic beverages and Approx. Number of Pers	rved and/or sold? are going to be available, plea ons attending:			mit on separate sheet	
Will refreshments be set *If alcoholic beverages a Approx. Number of Pers Persons responsible and	rved and/or sold? are going to be available, plea ons attending: l assisting in event:	ase attach a copy of the Alcohol Be	everage Per	·	
Will refreshments be sent of the sent of t	rved and/or sold? are going to be available, plea ons attending:		everage Per	mit on separate sheet Email Address	
Will refreshments be set *If alcoholic beverages a Approx. Number of Pers Persons responsible and	rved and/or sold? are going to be available, plea ons attending: l assisting in event:	ase attach a copy of the Alcohol Be	everage Per	·	
Will refreshments be set *If alcoholic beverages a Approx. Number of Pers Persons responsible and	rved and/or sold? are going to be available, plea ons attending: l assisting in event:	ase attach a copy of the Alcohol Be	everage Per	·	
Will refreshments be set *If alcoholic beverages a Approx. Number of Pers Persons responsible and Name Affirmation: The organiz the Matawan Municipal	rved and/or sold? are going to be available, plea ons attending: I assisting in event: Address action agrees to comply with Complex and to be responsi	Home/Cell N the policies and regulations of the ble for any damage thereto:	everage Per Jumber e Borough o	Email Address f Matawan for the use of the	
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*If refund recommended & approved: DPW Supervisor_____ Date Voucher Sent: _____



APPLICATION FOR USE OF FIELD/PARKS

Date application submitted:	·	_					
Name of Organization:							
Name of Person completing	gapplication:						
Position held in Organizatio	n:						
Date(s) Requested:	Tequest cannot exceed three (3	ime(s) Requested	:			l after the later and	(2)
Please NOTE: Maximum time r	equest cannot exceed three (3	s) months. An additi	onal application v	viii need to be	e submitted	after initial three	(3) mon
Park/Field Requested: (Plea	se circle) Hourihan Field	d Freneau Ba	seball Field	Toomer Ba	seball Fiel	d	
Gravelly Brook Park Jos	seph Penniplede Park L	.ake Lefferts	Memorial Park	Pocket I	Park 1	Terhune Park	
Гуре of Activity:							
f multiple day use is reques	sted, is there equipment or	supplies that will	require storage?	? Yes / No			
Setup Requested (See Set u	p charges):						
	onal garbage cans are reque						
			2				
A/:II wafua ah wa awta ha a aw wa	d = 1, = 1, = 1, = 1, = 1, = 1, = 1, = 1						
				erage Dermi	t on conar	ate sheet	
				erage Permi	t on separ	ate sheet	
*If alcoholic beverages are g	going to be available, please			erage Permi	t on separ	ate sheet	
*If alcoholic beverages are a	going to be available, please attending:			erage Permi	t on separ	ate sheet	
*If alcoholic beverages are a	going to be available, please attending:				t on separ		
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*If alcoholic beverages are and Approx. Number of Persons Persons responsible for and	going to be available, please attending:		the Alcohol Bev				
*If alcoholic beverages are and Approx. Number of Persons Persons responsible for and	going to be available, please attending:		the Alcohol Bev				
Will refreshments be served *If alcoholic beverages are g Approx. Number of Persons Persons responsible for and Name	going to be available, please attending:		the Alcohol Bev				
*If alcoholic beverages are and Approx. Number of Persons Persons responsible for and Name Affirmation: The organization	going to be available, please attending: assisting in event: Address	e attach a copy of	Home/Cell Nu	mber	Email Ac	ldress	buildir
*If alcoholic beverages are and Approx. Number of Persons Persons responsible for and Name Affirmation: The organization	going to be available, please s attending: I assisting in event: Address	e attach a copy of	Home/Cell Nu	mber	Email Ac	ldress	buildir
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*If alcoholic beverages are and Approx. Number of Persons Persons responsible for and Name Affirmation: The organization the Matawan Municipal Control Print Name: Signature:	going to be available, please attending: assisting in event: Address	e attach a copy of e policies and reg e for any damage	Home/Cell Nu	mber Borough of N Title: Date:	Email Ac	or the use of the	buildir
*If alcoholic beverages are and Approx. Number of Persons Persons responsible for and Name Affirmation: The organization the Matawan Municipal Couprint Name: Signature:	going to be available, please attending: assisting in event: Address	e attach a copy of e policies and reg e for any damage	Home/Cell Nu Home/Cell Nu ulations of the E	mber Borough of N Title: Date:	Email Ac	or the use of the	buildir



BOROUGH OF MATAWAN MONMOUTH COUNTY, NEW JERSEY

HOLD HARMLESS AGREEMENT

This agreement is between the Borough of Matawan ${f AND}$

(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:
Sigr	ned this day of 20
as t	he binding act in deed of
(na	me 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(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the

PRO	DUCER		NTACT			
· NO			ME:		I FAX	
		i i	ONE C. No. Exti:		FAX (A/C, No):	
			DRESS:			
			INS	SURER(S) AFFOR	DING COVERAGE	NAIC #
_		INS	URER A :			
INSU	RED	INS	URER B :			- 0
		INS	URER C :			
		INS	URER D :			
		INS	URER E :			
		INS	URER F :			
CO	VERAGES CERTIFICATE N	IMBER:		G.	REVISION NUMBER:	1000
IN	HIS IS TO CERTIFY THAT THE POLICIES OF INSURAL IDICATED. NOTWITHSTANDING ANY REQUIREMENT ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE VICLUSIONS AND CONDITIONS OF SUCH POLICIES. IN ARCHITECTURE OF SUCH POLICIES.	TERM OR CONDITION OF INSURANCE AFFORDED	ANY CONTRACT BY THE POLICIE EN REDUCED BY	T OR OTHER ES DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO	T TO WHICH THIS
LTR	TYPE OF INSURANCE INSR WYD	POLICY NUMBER	(MMCDDYYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY				EACH OCCURRENCE S	
	COMMERCIAL GENERAL LIABILITY				PREMISES (Ea occurrence)	
	CLAIMS-MADE OCCUR				MED EXP (Any one person)	
					PERSONAL & ADV INJURY \$	
				1	GENERAL AGGREGATE S	
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$	
_	POLICY PRO- LOC				\$	
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO				BODILY INJURY (Per person) \$	
	ALL OWNED SCHEDULED AUTOS		7 2		BODILY INJURY (Per accident) \$	
	HIRED AUTOS NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	
					S	
$\overline{}$	UMBRELLA LIAB OCCUR				EACH OCCURRENCE \$	
	EXCESS LIAB CLAMS-MADE				AGGREGATE S	
	DED RETENTIONS				s	
	WORKERS COMPENSATION				OTH-	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT S	
	OFFICE:MEMBER EXCLUDED? (Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE S	
	If yes, describe under DESCRIPTION OF OPERATIONS below				EL DISEASE - POLICY LIMIT S	
	C.S.A.F.ION.G. GFEW.ISS.SEC.					
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACC	RD 101. Additional Remarks Sche	dule, if more space is	s required)		
	The state of the s		, more spece i			
CE	RTIFICATE HOLDER	, CA	ANCELLATION			
	Borough of Matawan			N DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.	
		-	THANKER OFFI	NYATAIF		
		AU	THORIZED REPRESE	NTATIVE		