

CITY OF ATLANTIC CITY

SPECIAL EVENT APPLICATION



Mayor Don Guardian
City of Atlantic City
New Jersey
Incorporated 1854

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Guidelines

Special Event Application

Please be sure to complete all sections of this application. Incomplete applications will result in delays in the review process and could result in a denied Special Event Application.

All proposed activities and events are subject to the approval of the City of Atlantic City. The city and applicable reviewing offices will not consider your event for approval if the application is incomplete. You will be notified if the application is approved.

Prior to the issuance of an approved Special Event Application, costs incurred are the sole expense and risk of the event organizer/promoter.

Do not assume that all aspects of the event will be approved. You may be asked to amend your plan(s) or event(s) based on, but not limited to; the availability of services, scheduling of other events and/ or the need to maintain order and safety in and around the event.

Therefore, you are encouraged not to make any arrangements for your event until approval from the city has been received.

This application should be typed/printed, signed and returned to:

Mayors Office of Special Events
1301 Bacharach Boulevard, Room 701
Atlantic City, NJ 08401
(609)347-5755

Please ensure you complete any necessary secondary permit requirements needed at this time. The completed Special Event Application and fees should be returned no less than 45 days prior to the event. Please refer to the "Special Event Breakdown" on page (4) for larger events.

Once your application is received, it will be reviewed by the Mayors Office of Special Events. If there are any questions or there is a need for more information, you will be contacted with further instructions. Once the Mayors Office of Special Events reviews the application and it appears the application is complete, it will be sent to representatives of the Special Events Citywide Team.

This Citywide Team is comprised of Police, Fire, Office of Emergency Management (OEM), Mercantile, Engineers Office, Construction, Public Works, Alcohol Beverage Control (ABC), Health Department, Beach Patrol, Risk Management, Solicitor's Office and the Mayors Office of Special Events.

If the Mayors Office of Special Events or representatives of the Special Events Citywide Team believe a meeting is required, you will be notified for the date and time to meet. You may be required to present a summary of the event at the meeting and also have professional service providers (i.e.. Security Company, Medical Provider, Producers) present at the meeting as well, if applicable to your event.

Additional permits may be required depending on the details of your event. These secondary permits will require additional fees. **Completion of this application does not guarantee the approval of this event.**

SPECIAL EVENT BREAKDOWN

| EVENT TYPE | DESCRIPTION | SPECIAL EVENT APPLICATION FEE | | APPLICATION DUE: |
|------------|-------------------------|-------------------------------|--------------|---|
| | | RESIDENT | NON RESIDENT | |
| TYPE (A) | 200 attendees or less | \$25.00 | \$50.00 | 45 days Prior to the Event |
| TYPE (B) | 201 to 1000 attendees | \$50.00 | \$75.00 | 60 days Prior to the Event |
| TYPE (C) | 1001 to 5000 attendees | \$75.00 | \$100.00 | (3) Months or 90 days Prior to the Event |
| TYPE (D) | 5001 to 7,500 attendees | \$100.00 | \$125.00 | (4) Months or 120 days Prior to the Event |
| TYPE (E) | 7,501 or more attendees | \$125.00 | \$150.00 | (6) Months or 180 days Prior to the Event |

NOTE: Application Fees Are Non-Refundable

Special Event Citywide Team

CONTACT LIST

| | |
|--|---------------|
| Atlantic City Health Department | (609)347-5671 |
| Beach Patrol-Chiefs Office | (609)347-5312 |
| Fire Department-Fire Administration | (609)347-5590 |
| Fire Department-Fire Prevention | (609)347-5595 |
| Department of Licensing & Inspections-Mercantile | (609)347-5315 |
| Department of Licensing & Inspections-Construction | (609)347-5660 |
| Mayors Office | (609)347-5400 |
| Mayors Office of Special Events | (609)347-5755 |
| Office of Engineer | (609)347-5360 |
| Office of Emergency Management | (609)347-5466 |
| Police Department-Communications | (609)347-5780 |
| Police Department-Office of the Chief of Police | (609)347-5709 |
| Police Department-Special Employment Section | (609)347-5474 |
| Police Department-Traffic Division | (609)347-5744 |
| Police Department-ABC (Alcoholic Beverage Control) | (609)347-5432 |
| Public Works | (609)347-5700 |
| Revenue and Finance | (609)347-5800 |
| Risk Management | (609)347-5531 |
| Solicitor's Office | (609)347-5540 |

| |
|----------------------|
| For Office Use Only |
| Date Received: _____ |
| Received by: _____ |
| Application #: _____ |

City of Atlantic City Special Event Application



I. EVENT DESCRIPTION

| | | |
|----|---|--------------------------|
| 1. | Name of Event: _____ | EVENT DESCRIPTION |
| 2. | Please provide a detailed description of the event to help us understand the theme(s) and activities of this event. Please describe this event's community and/or cultural benefit. If extra space is needed, please use page 25. | |
| | | |
| | | |
| | | |

II. EVENT DATE(S), TIME(S) AND ANTICIPATED ATTENDANCE

| 1. | Please provide the dates/times the event will start and end each day. If not applicable, enter "NA." | Anticipated Attendance | DATE/TIME ATTENDANCE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|------------------------|-----------------------------|------------|-------------|------------|-------|--------------|------------|--------------|------------|---------|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|--|--|
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Day</th> <th style="width: 15%;">Date</th> <th style="width: 15%;">Day of Week</th> <th style="width: 10%;">Start Time</th> <th style="width: 10%;">AM/PM</th> <th style="width: 10%;">End Time</th> <th style="width: 10%;">AM/PM</th> <th style="width: 10%;">Participants</th> <th style="width: 10%;">Spectators</th> </tr> </thead> <tbody> <tr><td>Day (1)</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Day (2)</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Day (3)</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Day (4)</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | Day | | Date | Day of Week | Start Time | AM/PM | End Time | AM/PM | Participants | Spectators | Day (1) | | | | | | | | | Day (2) | | | | | | | | | Day (3) | | | | | | | | | Day (4) | | | | | | | | | |
| Day | Date | Day of Week | | Start Time | AM/PM | End Time | AM/PM | Participants | Spectators | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Day (1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Day (2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Day (3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Day (4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| If your event takes place over multiple sequential calendar days and the event plans are similar in nature from day-to-day, one application may be submitted. If extra space is needed to list multiple sequential calendar dates, please use page 25. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 2. | Event Setup/Breakdown: Please indicate if "Not Applicable" to this event: <input type="checkbox"/> Not Applicable | SETUP BREAKDOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------|---|------------------------|------------|------------|------|-------------|------------|-------|--|--|------|-------------|------------|-------|------|-------------|------------|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center;">SETUP:</th> <th colspan="4" style="text-align: center;">BREAKDOWN:</th> </tr> <tr> <th style="width: 15%;">Date</th> <th style="width: 15%;">Day of Week</th> <th style="width: 15%;">Start Time</th> <th style="width: 10%;">AM/PM</th> <th style="width: 15%;">Date</th> <th style="width: 15%;">Day of Week</th> <th style="width: 15%;">Start Time</th> <th style="width: 10%;">AM/PM</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | SETUP: | | | | BREAKDOWN: | | | | Date | Day of Week | Start Time | AM/PM | Date | Day of Week | Start Time | AM/PM | | | | | | | | | | | | | | | | |
| SETUP: | | | | BREAKDOWN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | Day of Week | | Start Time | AM/PM | Date | Day of Week | Start Time | AM/PM | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3. | Rain or Shine Event? | RAIN DATE | | | | | | | | | | | | | | | |
|-------------------------|--|--------------------------|-------------------------|--|--------------------------|--|------|-------------|------|-------------|--|--|--|--|--|--|--|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">First Alternate Choice:</th> <th colspan="2" style="text-align: center;">Second Alternate Choice:</th> </tr> <tr> <th style="width: 15%;">Date</th> <th style="width: 15%;">Day of Week</th> <th style="width: 15%;">Date</th> <th style="width: 15%;">Day of Week</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | First Alternate Choice: | | Second Alternate Choice: | | Date | Day of Week | Date | Day of Week | | | | | | | |
| First Alternate Choice: | | Second Alternate Choice: | | | | | | | | | | | | | | | |
| Date | Day of Week | Date | Day of Week | | | | | | | | | | | | | | |
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III. APPLICANT

| | | | | |
|----|--|---------------------------|------------------|--|
| 1. | Name of Applicant: _____ | Title of Applicant: _____ | APPLICANT | |
| | Applicant Address: _____ City, State and Zip Code: _____ | | | |
| | Mobile/Cell Phone Number: _____ | Fax Number: _____ | | Land Line (hard wired) Phone Number: _____ |
| | Applicant e-mail Address(s): _____ | | | |
| | | | | |

IV. LOCATION(S) OF EVENT

1. Please check all that apply.

Indoor Outdoor Both

Private Property Public Property

If "Private Property" applies to this event, written permission from the owner of the property is required with the submission of this application. Written permission should explain the detailed use of the private property.

2. Please check all that apply to best describe the location of the event.

Beach Boardwalk Park Building Sidewalk Street

Please review the Traffic section of this application for any closure of a city street and/or sidewalk, page (16) roman numeral XII.

3. Below is not an inclusive list. If the location is not listed, please write it in "other."

All Wars Memorial Browns Park Gardners Basin O'Donnell Memorial Park

Kennedy Plaza Surf Stadium Baderfield Brighton Park Brighton Park Amphitheater

Garden Pier Other: _____

4. Please identify the proposed location(s). Beaches, boardwalk, parks and city streets must be identified by name. Beach and boardwalk locations are identified by the closest city street. If extra space is needed, please use page 25.

LOCATION

V. EVENT AND ACTIVITIES

1. Please check all that apply. If the activity or event is not listed, please write it in "other."

Athletic/Recreation* Church/Religious Dance/Musical Pyrotechnics/Fireworks*

Exhibit/Miscellaneous Community/Cultural Circus* Bonfire

Farmer/Outdoor Market Concert/Performance Petting Zoo* Inflatable Ride/Amusement*

Parade/Procession/March Carnival* Water Activity* Mechanical Ride/Amusement*

Festival/Celebration Wedding Music/Disc Jockey Inflatable Pool*

Block Party Film/TV Production Other: _____

* indicates may require specific/additional insurance

Pyrotechnics/Fireworks will require further review with the Atlantic City Police Department and a permit from the Fire Department. Please call the Atlantic City Police Department-Special Employment Section (609)347-5474 and Atlantic City Fire Department-Fire Prevention Bureau (609)347-5595 for further information. City Council approval is required for fireworks.

Bonfires will require further review with the Atlantic City Fire Department-Fire Prevention Bureau, please call (609)347-5595 for further information.

Petting Zoo or other use of animals in Special events will require "**Business Use of Animals**" form to be completed. Please contact Risk Management for more information at (609)347-5531. There are no animals allowed on the boardwalk.

Inflatable Rides/Amusements and Mechanical Rides must conform to the code as cited in NJAC 5:14A. Any questions regarding NJSAC 5:14A should be directed to the New Jersey Division of Community Affairs at (609)292-2097 or visit: <http://www.state.nj.us/dca/divisions/codes/offices/rides.html> and Risk Management-City of Atlantic City for more information at (609)347-5531.

Film/TV Production will require the "**Atlantic City Film/TV Production Permit Application**" to be completed and submitted with this application. Please call the Mayors Office of Special Events for assistance at (609)347-5755.

EVENT & ACTIVITIES

2. Is this an athletic event? Yes No

a. If "Yes," please read and complete below:

| Step-off | Type of Athletic Event (Swim, Run, Bike, Walk) | Date | Start Time | AM/PM | Cut-Off | AM/PM | Distance |
|--------------|---|------|------------|-------|---------|-------|----------|
| Step-off (1) | | | | | | | |
| Step-off (2) | | | | | | | |
| Step-off (3) | | | | | | | |
| Step-off (4) | | | | | | | |
| Step-off (5) | | | | | | | |

"Step-Off" time is when the participants will leave or take-off from the start line. "Cut-Off" time is a predetermined time(s) or pace(s) which participants must satisfy to remain active in the event.

VI. ADMISSION

1. Please check all that apply. Be sure to indicate the "Fee" or "Donation" where applicable by including the dollar amount.

Open to Public Free Private Event Participation Fee\$ _____

Admission Fee\$ _____ Parking Fee\$ _____

Suggested Donation\$ _____

2. Is this event ticketed? Yes No

a. If "Yes," please answer the following questions:

- Has this event pre-sold any registrations or tickets? Yes No
- How many registrations or tickets do you anticipate to be sold or dispersed for this event? _____
- What is the maximum number of registrations or tickets that will be sold for this event? _____
- Will there be on-site ticket sales? Yes No
- If this is a reoccurring event that was held in the City of Atlantic City on a prior date, please provide the date of the last event and the final number of registrations and/or tickets sold at this event: Not Applicable _____
- Please describe how registrations or tickets will be sold or dispersed for this event in the below allotted space. The description should include any websites this event plans to utilize. If extra space is needed, please use page 25.

Prior to issuance of an approved special event application, costs incurred are the sole expense and risk of the event applicant/organization. Therefore, you are encouraged not to make any arrangements for the event until receiving approval from the city.

VII. CONTACT INFORMATION

| | | | |
|---------------------|---|-------------|--------------------------------------|
| ORGANIZATION | 1. Name of Organization: | | Website: |
| | Organization Address: City, State and Zip Code: | | |
| | Mobile/Cell Phone Number: | Fax Number: | Land Line (hard wired) Phone Number: |

| | | | |
|--------------------------|---------------------------|------------------------------|--------------------------------------|
| ALTERNATE CONTACT | 2. Name of Alternate: | | |
| | Mobile/Cell Phone Number: | Alternate e-mail Address(s): | Land Line (hard wired) Phone Number: |

| | | | |
|------------------------|----------------------------------|--|---------------------------|
| ON-SITE CONTACT | 3. Day of Event On-Site Contact: | | Title: |
| | e-mail Address(s): | | Mobile/Cell Phone Number: |

| | | | |
|----------------------|------------------------------------|-------------|--------------------------------------|
| OTHER CONTACT | 4. Name of Other Contact: | | Title: |
| | Address: City, State and Zip Code: | | |
| | Mobile/Cell Phone Number: | Fax Number: | Land Line (hard wired) Phone Number: |
| | e-mail Address(s): | | |

VIII. EVENT BACKGROUND

| | | |
|--|---|--|
| EVENT HISTORY | 1. Has this event been held in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. If "Yes," please answer the following questions: | |
| | 1. Date of last event? _____ | |
| | 2. How many times has this event occurred? _____ | |
| 3. Where was this event last held? _____ | | |

| | | |
|------------------|---|--|
| MARKETING | 2. Will this event be advertised or broadcasted? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. If "Yes" to either question 1 or 2, please describe below: If extra space is needed, please use page 25. | |
| | b. Do you grant permission to the City of Atlantic City to take photographs at your event for promotional purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | <p>Film/TV Production will require the "Atlantic City Film/TV Production Permit Application" to be completed and submitted with this application. Please call the Mayors Office of Special Events for assistance at (609)347-5755.</p> | |

| | | |
|----|---|-------------------------|
| 3. | Does this event have any sponsors? <input type="checkbox"/> Yes <input type="checkbox"/> No | SPONSORS FUNDRAISERS |
| | a. If "Yes," please provide the name(s) of the contributing sponsors. | |

| | | |
|----|---|-------------------------|
| 4. | Is this event a fundraiser? <input type="checkbox"/> Yes <input type="checkbox"/> No | SPONSORS FUNDRAISERS |
| | a. If "Yes," please name the cause and provide the percentage of proceeds to be distributed to the charitable organization: | |

| | | |
|----|--|------------|
| 5. | Has there ever been: | ASSESSMENT |
| | a. Any threats to this event? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable | |
| | b. Any medical treatment of attendees associated with this event? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable | |
| | c. Any criminal activity associated with this event? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable | |
| | d. Law Enforcement involved with this event in any capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable | |

| | | |
|----|---|------------|
| 6. | Do you anticipate: | ASSESSMENT |
| | a. Any threats to this event? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b. Any medical treatment associated with this event? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | c. Any criminal activity associated with this event? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | d. A need for Law Enforcement involvement with this event? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|----|--|------------|
| 7. | Does any information exist that a person(s) may wish to disrupt this event? <input type="checkbox"/> Yes <input type="checkbox"/> No | ASSESSMENT |
|----|--|------------|

| | | |
|----|---|------------|
| 8. | If "Yes" to any portion of questions 5, 6 or 7, please provide a brief description: If extra space is needed, please use page 25. | ASSESSMENT |
| | | |
| | | |
| | | |
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| | | |
|----|---|-----|
| 9. | Will there be any prominent individuals (community leaders, political officials or dignitaries) associated with or attending this event? <input type="checkbox"/> Yes <input type="checkbox"/> No | VIP |
| | a. If "Yes," please provide name(s) and/or brief description: If extra space is needed, please use page 25. | |
| | | |
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| | | |
|-----|---|-----|
| 10. | Is this a political event? <input type="checkbox"/> Yes <input type="checkbox"/> No | VIP |
| | a. If "Yes," please describe affiliation: If extra space is needed, please use page 25. | |
| | | |
| | | |
| | | |

| | | |
|-----------------|--|---|
| 11. | Have you (applicant) organized similar events in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No | EXPERIENCE ROLE/RESPONSIBILITY |
| a. | If "Yes," please provide name(s), date(s) and location(s) of event(s): If extra space is needed, please use page 25. | |
| 12. | Please describe the applicants role and responsibility for this event: If extra space is needed, please use page 25. | |
| 13. | Please select the age group(s) which best represents the majority of spectators/participants of this event: | |
| | <input type="checkbox"/> 1 through 17 years of age <input type="checkbox"/> 18 through 21 years of age <input type="checkbox"/> 22 through 34 years of age | |
| | <input type="checkbox"/> 35 through 60 years of age <input type="checkbox"/> All ages/Family <input type="checkbox"/> Over 60 years of age | |
| AUDIENCE | | |

IX. ORGANIZATION/BUSINESS TYPE

| | | |
|-----------|--|---------------------------------------|
| 1. | Please check one: <input type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit | ORGANIZATION BUSINESS TYPE |
| 2. | New Jersey Business Registration Number: _____ | |
| 3. | Federal Employee Identification Number: _____ | |
| 4. | Will you be collecting sales tax, remitting use tax, or using New Jersey Exception Certificates? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," you will need a New Jersey Certificate of Authority for sales tax. This is your permit to collect sales tax and to issue and receive Exception Certificates. Please contact the Department of Licensing & Inspections (609)347-5315 for further assistance. | |

X. CONCESSIONS

| | | |
|--|---|----------------|
| 1. | Will alcoholic beverages be sold, served, distributed or consumed at this event? <input type="checkbox"/> Yes <input type="checkbox"/> No | ALCOHOL |
| a. | If "Yes," please proceed to answer each question below and contact the Atlantic City Police Department-Special Investigations Section-ABC Division (609)347-5432. Having alcohol at this event may require an additional application, review and approval with the New Jersey Division of Alcoholic Beverage Control. | |
| 1. | Will alcohol be sold at this event? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. | Will alcohol be given away? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. | Will attendees be allowed to bring alcohol to this event? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If "Yes," to numbers (2) or (3), you will be advised of liabilities (Dram Shop Act). Please contact the Atlantic City Police Department-Special Investigations Section-ABC Division (609)347-5432 for further information. | | |
| 4. | Will alcohol be included in the ticket or admission price for this event? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5. | Will more than 50% of sales be derived from alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6. | Will persons under the legal age to consume alcohol be in attendance at this event? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7. | Will alcohol consumption be held in a controlled area separated from the entire event? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If "Yes," please submit a detailed site plan of the controlled separate area in the "Site Plan" portion of the application. | | |
| 8. | Please provide the name of the provider/seller of alcohol if different from the applicant: <input type="checkbox"/> Not Applicable | |

1. 9. Will alcohol be dispensed by professional bartenders or servers who have taken a formal Yes No alcohol awareness training course?

10. What type of alcoholic beverages will be served at this event? Please check all that apply to this event:

Beer Wine Beer and Wine

Beer, Wine and Distilled Spirits (Hard Liquor) Bottle Service

11. Please provide the Dates/Times the event will start and end the sale, disbursement and/or service of alcohol. If not applicable, select "NA." Your event may be required to end the sale, disbursement and/or service of alcohol (1) hour before the event is scheduled to conclude.

| | Date | Day of Week | Start Time | AM/PM | End Time | AM/PM | Not Applicable |
|---------|------|-------------|------------|-------|----------|-------|---|
| Day (1) | | | | | | | <input type="checkbox"/> Not Applicable |
| Day (2) | | | | | | | <input type="checkbox"/> Not Applicable |
| Day (3) | | | | | | | <input type="checkbox"/> Not Applicable |

12. Please describe this events plan to ensure the safe sale and/or distribution of alcoholic beverages in the allotted space below. The plan should include how this event will 1) handle/prevent overconsumption 2) carding/identification procedures of patrons who intend on consuming alcohol at this event, and 3) how to prevent "pass-offs" of alcoholic beverages to underage patrons. If extra space is needed, please use page 25.

ALCOHOL

2. Will food and/or beverages be sold, served or distributed at this event? Yes No

A "**Temporary Event Vendor Application**" will be required to be completed and brought to the Atlantic City Health Department (609)347-5671. Additionally, if you **plan to SELL** food or beverage, an "**Application for Mercantile License**" will need to be completed and brought to the Department of Licensing & Inspections (609)347-5315.

FOOD & BEVERAGE

3. Will outside/private vendors distribute or sell food and/or beverages at this event? Yes No

If "Yes," a "**Temporary Event Vendor Application**" will be required to be completed by each vendor and brought to the Atlantic City Health Department (609-)347-5671. In order to sell food or beverage at this event, an "**Application for Mercantile License**" will need to be completed. If there will be multiple vendors selling food or beverage at this event, the promoter or organization will be required to complete the "**Multiple Vendor License Application.**" Please contact the Department of Licensing & Inspections (609)347-5315.

| | | | |
|--|--|---|-------------|
| 4. | Please describe how food will be served or prepared for this event. Please check all that apply: | <input type="checkbox"/> Not Applicable | PREPARATION |
| <input type="checkbox"/> Open Flame <input type="checkbox"/> Cooking <input type="checkbox"/> Continually Heated Food <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Charcoal <input type="checkbox"/> Grease <input type="checkbox"/> Propane Other: _____ | | | |
| If any one of the above applies to this event, you must consult with the Atlantic City Fire Department-Fire Prevention Bureau (609)347-5595 and the Atlantic City Health Department (609)347-5671. | | | |

| | | | |
|--|--|--|------------|
| 5. | Will merchandise be sold and/or given away at this event? | <input type="checkbox"/> Yes <input type="checkbox"/> No | MERCANTILE |
| a. | If "Yes," please provide a brief explanation and description of merchandise: | | |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| In order to sell merchandise at this event, an " Application for Mercantile License " will need to be completed. If there will be multiple vendors selling merchandise at this event, the promoter or organization will be required to complete the " Multiple Vendor License Application ." Please contact the Department of Licensing & Inspections (609)347-5315. | | | |

| | | |
|-----|-----------|--|
| XI. | EQUIPMENT | |
|-----|-----------|--|

| | | | |
|----|---|--|-----------------|
| 1. | Will this event have table or chairs? | <input type="checkbox"/> Yes <input type="checkbox"/> No | TABLES & CHAIRS |
| a. | If "Yes," please provide the quantity of the following: | | |
| 1. | Tables: _____ | | |
| 2. | Chairs: _____ | | |
| | 3. Name of Provider (If Applicable): _____ | | |

| | | | |
|----|--|--|-----------|
| 2. | Will this event have a generator? | <input type="checkbox"/> Yes <input type="checkbox"/> No | GENERATOR |
| a. | If "Yes," please provide the following: | | |
| 1. | Size of Generator(s): _____ | | |
| 2. | Number of Generators: _____ | | |
| | 3. Name of Provider (If Applicable): _____ | | |

| | | | | |
|----|--|---|--|-----------|
| 3. | Will fuel be kept on-site at this event? | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Yes <input type="checkbox"/> No | GENERATOR |
| a. | If "Yes," please provide the following: | | | |
| 1. | Type of fuel: _____ | | | |
| | 2. Amount of fuel: _____ | | | |

| | | | | |
|---|--|---|--|-----------|
| 4. | Will the generator need to be refueled during the event? | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Yes <input type="checkbox"/> No | GENERATOR |
| a. | Name of Provider (If Applicable): _____ | | | |
| If "Yes" to questions 2, 3 or 4, please contact the Atlantic City Fire Department-Fire Prevention Bureau (609)347-5595 and Department of Licensing & Inspections-Construction (609)347-5660 to review the use of generators and fuel at this event. | | | | |

| | | |
|--|--|------------------------------|
| 5. | Will this event have staging or platforms? <input type="checkbox"/> Yes <input type="checkbox"/> No | STAGING PLATFORMS |
| a. | If "Yes," please provide the following: | |
| 1. | Size of stage(s) or platform(s) (include height): _____ | |
| 2. | Name of Provider (If Applicable): _____ | |
| Please contact the Engineers Office (609)347-5360 and Department of Licensing & Inspections-Construction (609)347-5660 to review the use of staging and platforms at this event. | | |

| | | |
|--|---|------------------|
| 6. | Will this event have bleachers? <input type="checkbox"/> Yes <input type="checkbox"/> No | BLEACHERS |
| a. | If "Yes," please provide the following: | |
| 1. | The number of bleachers: _____ | |
| 2. | The approximate number of rows for each bleacher: _____ | |
| 3. | The seating capacity of each bleacher: _____ | |
| 4. | Name of Provider (If Applicable): _____ | |
| Please contact the Engineers Office (609)347-5360 and the Department of Licensing & Inspections-Construction (609)347-5660 to review the use of bleachers at this event. | | |

| | | |
|---|--|------------------------------|
| 7. | Will this event have tents or canopies? <input type="checkbox"/> Yes <input type="checkbox"/> No | TENTS or CANOPIES |
| a. | If "Yes," please provide the following: | |
| 1. | The number of tents or canopies: _____ | |
| 2. | What is the size of each tent and/or canopy: Feet (Width) X Feet (Length)=Square Feet | |
| A. | Tent/Canopy (1): _____ | |
| B. | Tent/Canopy (2): _____ | |
| 3. | Name of Provider (If Applicable): _____ | |
| 4. | If applicable, please describe the use and the items and/or structures that will be placed in the tent/canopy in the allotted space below: If extra space is needed, please use page 25. | |
| | | |
| | | |
| | | |
| Please contact the Department of Licensing & Inspections-Construction (609)347-5660 and the Atlantic City Fire Department-Fire Prevention Bureau (609)347-5595 to review the use of tents and canopies at this event. | | |

| | | |
|-----------|---|--------------------------------|
| 8. | Will this event have signs, sign boards or banners? <input type="checkbox"/> Yes <input type="checkbox"/> No | SIGNS & BANNERS |
| a. | If "Yes," please provide the following: | |
| 1. | The number of signs, sign boards or banners: _____ | |
| 2. | Message or advertisement: _____ | |
| 3. | Method of support or installation: _____ | |
| 4. | Location of signs, sign boards or banners: _____ | |
| 5. | Name of Provider (If Applicable): _____ | |

| | | |
|-----------|--|---------------|
| 9. | Will this event have booths? <input type="checkbox"/> Yes <input type="checkbox"/> No | BOOTHS |
| a. | If "Yes," please provide the following: | |
| 1. | The number of booths: _____ | |
| 2. | Name of Provider (If Applicable): _____ | |

7. Will this event involve use of parking? Yes No

a. If "Yes," please check all that apply to this event: Identify where applicable.

| | |
|--|--|
| <input type="checkbox"/> On Street Public Parking (please identify location below) | <input type="checkbox"/> Parking Garage (please identify location below) |
| <input type="checkbox"/> Private (please identify location below) | <input type="checkbox"/> Other (please explain below) |

b. How many vehicles do you anticipate at this event? _____

PARKING

8. Will this event charge a fee for parking? Yes No

If "Yes," please complete section titled "Admission" on page 8.

9. Does this event plan on utilizing any of the below for this event? Yes No

| | | | | | |
|-----------------------|------------------------------|-----------------------------|---------------------|------------------------------|-----------------------------|
| a. Flaggers | <input type="checkbox"/> Yes | <input type="checkbox"/> No | c. Parking Cashiers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Parking Attendants | <input type="checkbox"/> Yes | <input type="checkbox"/> No | d. Shuttling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

XIII. PARADE

1. Does this event involve a parade, march or procession? Yes No

a. If "Yes," please answer the below questions.

| | | | | | | |
|----|------------------|------------|-------|---------------------|----------|-------|
| 1. | Starting Point | Start Time | AM/PM | Ending Point | End Time | AM/PM |
| | | | | | | |
| 2. | Staging Location | Start Time | AM/PM | Disbanding Location | End Time | AM/PM |
| | | | | | | |

2. Parade, March or Procession Units: Yes No *Please note: There are no animals allowed on the boardwalk.

a. Please provide the **total number** of units in the event: _____

1. How many floats? _____
2. How many vehicles? _____
3. How many marching bands? _____
4. How many walking units? _____
5. Other: _____

Any floats or parade units utilizing generators or fuel will need to contact the Atlantic City Fire Department-Fire Prevention Bureau (609)347-5595 for further information.

PARADE

3. Please provide the interval of space (feet) to be maintained between parade units: _____

Any event involving a parade, march or procession must contact the Atlantic City Police Department-Traffic Division (609)347-5744 and the Engineers Office (609)347-5360 to review gross vehicle weight and requested route. The requested route should be detailed on the "Site" portion of the application, roman numeral XVIII, page 23.

An **"Application for Street and/or Sidewalk Closing Permit"** may be required. Please contact the Engineers Office. All vehicles participating in the parade will be required to fill out an **"Application for Boardwalk Vehicle"** permit. Please contact the Engineers Office (609)347-5360 for further assistance.

Participants involved in a parade, march, or procession are not permitted to throw, toss or drop objects from any float or vehicle.

The applicant, organization and participants are required to provide at least one crew member who is responsible for cleaning up any waste produced by any animals or livestock that are part of the parade, march or procession.

XIV. RESTROOM/WASTE DISPOSAL

1. You are required to provide portable restrooms at this event unless you can identify a suitable facility in the immediate area of the event site which will be available and open to the attendees of the proposed event.

a. Does this event plan to provide portable restrooms? Yes No

1. If "Yes," please complete (A-E) below:

A. The number of portable toilets: _____

B. The number of ADA portable toilets: _____

C. Name of Provider (If Applicable) _____

| | Date | Day of Week |
|-------------------------------------|------|-------------|
| D. Date of delivery (if applicable) | | |
| E. Date of pickup (if applicable) | | |

b. If "No," please identify the suitable facility location or provide explanation: If extra space is needed, please use page 25.

RESTROOMS

2. The applicant and/or organization will be responsible for removing event waste from the area immediately following the conclusion of the event. Please describe how your event intends to clean and remove waste during and after the event below: If extra space is needed, please use page 25.

All persons who are granted a special event permit must provide their own supervision and cleanup. Failure to do so will result in denial of future permits. Applicants must leave their permit area clean, otherwise, the applicant/organization will be billed for any/all cleanup fees and personnel hours incurred by the City of Atlantic City as deemed by the Department of Public Works Director.

WASTE

| 3. | Will this event require: | YES/NO | If "Yes," how many? | Name of Provider (if applicable) |
|----|--------------------------|--|---------------------|----------------------------------|
| a. | Trash cans? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| b. | Recycling cans? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| c. | Dumpsters? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

XV. STAFFING

1. Do you intend on hiring security for this event? Yes No

If answered "Yes" to question 1, please answer question 2.

Security Officers and/or the employing security company are required to be compliant with the State of New Jersey's **Security Officer Registration Act**. For questions regarding the **SORA** act, please contact the New Jersey State Police at (609)341-3426 or (609)633-9352.

Security Companies will be required to supply proof of license, bond and insurance.

Please note, **NO private security can be armed with firearms.** Please contact the Atlantic City Police Department-Special Employment Office at (609)347-5474 with any questions or concerns.

SECURITY

| | | | |
|----|---|---------------------------|--------------------------------------|
| 2. | Name of Security Company: | Name of Point of Contact: | |
| | Business Address of Security Company: City, State and Zip Code: | | |
| | Mobile/Cell Phone Number: | Fax Number: | Land Line (hard wired) Phone Number: |

SECURITY

| | | | | | | | | | |
|----|---|---------|--|----|---------|--|----|------------|--|
| 3. | If applicable, please provide the total number of Security Officers this event will have per day: | | | | | | | | |
| | a. | Set-Up | | c. | Day (2) | | e. | Day (4) | |
| | b. | Day (1) | | d. | Day (3) | | f. | Break Down | |

4. If applicable, please describe the responsibility and role of security at this event. If extra space is needed, please use page 25.

5. Do you intend on hiring Atlantic City Police Officers for this event? Yes No

a. If applicable, please describe the role of the Police Officer's at this event: If extra space is needed, please use page 25.

Atlantic City Police Officers/Police vehicles may be contracted for an added fee for this event. Please contact the Atlantic City Police Department-Special Employment Office (609)347-5474. A **"Police Detail Request Form"** will be required.

POLICE

6. Do you plan on utilizing volunteers for this event? Yes No

a. If "Yes," please describe how volunteers will be utilized at this event: If extra space is needed, please use page 25.

Please provide the total number of volunteers for this event: _____

VOLUNTEERS

7. In the event of an emergency, what do you plan to do? Please check all that apply:

Provide a first aid kit Medical staff on-site(name of provider) _____

Call 911 Other: _____

MEDICAL

XVII. INSURANCE

All applicants will be required to submit insurance in an amount commensurate with the size of the event and risks specific to the event activities and the completed application. The minimum requirement for insurance is operations liability and completed operations coverage in a minimum amount of one (1) million dollars per occurrence and two (2) million dollars in the aggregate.

The city reserves the right to increase the amount of coverage and expand coverage requirements based on the specific events planned. Risk Management will advise the applicant of final insurance requirements upon a review of a completed Special Event Application.

If you are purchasing insurance specific to this event, the city recommends you consult with the city Risk Management office prior to purchasing insurance. The City of Atlantic City is not responsible for purchasing your insurance and reserves the right to cancel this event should proof of insurance not be submitted.

- All subcontractor and vendors participating in your event will be required to submit evidence of their insurance.
- All certificates of insurance will name the City of Atlantic City, its elected or appointed officials, officers and agents.
- Certificate holder will be listed as the City of Atlantic City, 1301 Bacharach Boulevard, Room 503.
- All certificates of insurance will include a waiver of subrogation.
- All applicant, subcontractors and vendors will provide evidence of workers compensation coverage for all employees, including proprietors, partners and executive officers, etc.
- Applicants agree to provide workers compensation coverage to any employee of subcontractors or vendor in the event said contractor or vendor coverage is found to be void during the event.
- Signature of the applicant in the Special Event Application constitutes a legally binding contract between the applicant and such contractual obligations which also extends to all sub contractors/vendors brought into the event, whether hired or volunteered by the applicant.
- Security companies are required to submit evidence of insurance separate from the applicants insurance. Insurance submitted by security companies must include evidence of coverage for assault and battery.
- All medical providers must submit evidence of insurance separate from the applicants insurance. Insurance submitted by medical providers must include evidence of coverage for malpractice and/or professional liability coverage.
- The City of Atlantic City assumes no responsibility for property left overnight at any city location (private or public). The owner(s) of any property left overnight assume all liability and risk.
- Providers/assemblers are required to submit separate insurance apart from the applicants insurance specific to collapses of stages, bleachers and tents .
- If this event requires a waiver for participants, a sample copy of the waiver must be submitted with this application. Evidence of participant legal liability coverage may be required.
- Alcoholic beverages being sold, distributed, consumed at this event will require proof of liquor liability insurance.

XVIII. SITE PLAN

1. Please submit a site plan/route map for this event. The plan should be in blueprint form or professional drawing format, CAD (Computer Aided Drafting). If blueprint or CAD plans are not submitted, your site plan should be produced in a clear and legible manner (letters and symbols should be legible) . The site plan should include names of all streets or areas that are part of the venue of this event. If the event involves a moving route (parade, run, swim, walk, bike, march, procession) of any kind, indicate the direction of travel and all street or lane closures needed/requested.

It is a requirement there be provided a minimum of twenty (20) feet for emergency lanes throughout the event venue.

The below items must be labeled on the site plan. If any of the items are not applicable to this event, please check off "NA." (Not Applicable)

| | NA | | NA |
|---|--------------------------|--|--------------------------|
| 1. Food Vendors (FV) | <input type="checkbox"/> | 32. Barricades (III) | <input type="checkbox"/> |
| 2. NON-Alcoholic Beverages (NAB) | <input type="checkbox"/> | 33. Fence (X) | <input type="checkbox"/> |
| 3. Alcoholic Beverages (AB) | <input type="checkbox"/> | 34. Firework Launch Location(s) (FW-L) | <input type="checkbox"/> |
| 4. Hand Washing Sinks (HWS) | <input type="checkbox"/> | 35. Firework Restricted Areas(FW-A) | <input type="checkbox"/> |
| 5. Trash Cans (T) | <input type="checkbox"/> | 36. General Admission Entrance (GAE) | <input type="checkbox"/> |
| 6. Recycling Cans (R) | <input type="checkbox"/> | 37. VIP Entrance (VIP) | <input type="checkbox"/> |
| 7. Dumpsters (D) | <input type="checkbox"/> | 38. Will Call (WC) | <input type="checkbox"/> |
| 8. Waste Grease Containers (WG) | <input type="checkbox"/> | 39. Metal Detector Station (MDS) | <input type="checkbox"/> |
| 9. Portable Toilets (PT) | <input type="checkbox"/> | 40. Pat-down Area (PAT) | <input type="checkbox"/> |
| 10. Fire Lanes (>) | <input type="checkbox"/> | 41. Bag Search Area (BAG) | <input type="checkbox"/> |
| 11. Fire Extinguishers (FE) | <input type="checkbox"/> | 42. Private Security Command Post (P-COMM) | <input type="checkbox"/> |
| 12. Emergency Vehicle Access (EMG ACCESS) | <input type="checkbox"/> | 43. Security Posts *Must be numbered (S-POST) | <input type="checkbox"/> |
| 13. Pedestrian Entrances (PED. ENTRANCE) | <input type="checkbox"/> | 44. Security Roving Patrol *Must be numbered (S-ROV) | <input type="checkbox"/> |
| 14. Pedestrian Exits (PED. EXITS) | <input type="checkbox"/> | 45. Generator(GEN-P) | <input type="checkbox"/> |
| 15. Vehicle Entrance (VEH. ENTRANCE) | <input type="checkbox"/> | 46. Fuel (FUEL) | <input type="checkbox"/> |
| 16. Vehicle Exit (VEH. EXIT) | <input type="checkbox"/> | 47. Lights (LIGHTS) | <input type="checkbox"/> |
| 17. Parking (PARKING) | <input type="checkbox"/> | 48. Information Area/Booth (INFO) | <input type="checkbox"/> |
| 18. STAGE (STAGE) | <input type="checkbox"/> | 49. Child Reunification Site (21-LOST) | <input type="checkbox"/> |
| 19. Tents/Canopies (TENT) | <input type="checkbox"/> | 50. Water Cooling Stations (COOL) | <input type="checkbox"/> |
| 20. Tables (TA) | <input type="checkbox"/> | 51. Alternate Traffic Routes (ATR) | <input type="checkbox"/> |
| 21. Chairs (CH) | <input type="checkbox"/> | 52. Temporary Traffic Control (TTC) | <input type="checkbox"/> |
| 22. Booths (BOO) | <input type="checkbox"/> | 53. Prohibited Parking Area (NO-PARK) | <input type="checkbox"/> |
| 23. Bleachers (BLE) | <input type="checkbox"/> | 54. Staging/Preparation Area (PREP-AREA) | <input type="checkbox"/> |
| 24. Platform (PLA) | <input type="checkbox"/> | 55. News Media (NEWS) | <input type="checkbox"/> |
| 25. Beer Garden(BG) | <input type="checkbox"/> | 56. Vehicle/Trailer Placement (VTP) | <input type="checkbox"/> |
| 26. Beer Garden Entrance/Exit (BG-E) | <input type="checkbox"/> | 57. Sign Boards (SB) | <input type="checkbox"/> |
| 27. Beer Garden Re-entry Line (BG-RE) | <input type="checkbox"/> | 58. Other: _____ | <input type="checkbox"/> |
| 28. Merchandise Vendor (MV) | <input type="checkbox"/> | | |
| 29. First Aid/Medical Station (+) | <input type="checkbox"/> | | |
| 30. Sound Equipment (SOUND) | <input type="checkbox"/> | | |
| 31. Public Transportation (PT) | <input type="checkbox"/> | | |

***Additional drawings (close-up) of certain locations within the site plan may be required.

SITE PLAN

Click in the space above to upload a site plan or attach separate sheet(s).

XIX. CONTINUATION PAGE

1. Please utilize continuation page for any segment of the application that needed additional space. Please label entries on the continuation page(s) with the section and question number/letter where applicable.

CONTINUATION PAGES

XX. TERMS & CONDITIONS

1. All pre-event determined fees and costs shall be paid at least ten (10) business days (2 weeks) prior to the event. Any costs determined after the event need to be settled immediately upon receipt of the invoice.
2. Proof of insurance shall be provided 30 calendar days prior to the event. Applicants shall at their own cost and expense furnish a policy or policies for property damage and bodily injury in the amount specified by the City's Risk Manager. Also, the City must be named as an additional insured. It is the applicant's responsibility to provide the required certificate of insurance when it is required from a third party vendor.
3. At the request of the City, applicant shall have developed a comprehensive security plan and emergency medical services plan and shall submit said plans to the City for review and approval.
4. Premises shall be left in as good a condition as received with reasonable wear and tear expected. All trash shall be disposed of properly. Applicant accepts responsibility for any damages which might occur during the period of use. City property shall not be removed from the premises. The City reserves the right to invoice the applicant post-event for return of Premises to as good a condition as received with reasonable wear and tear expected.
5. Applicant must promptly reimburse the City for any damages of any kind to City property, outside of reasonable wear and tear, which may result from the use by the applicant of the City's premises under the permission granted herein.
6. The City reserves the right to invoice the Applicant post event for City services, materials, and equipment or any other costs incurred by the City.
7. Applicant shall comply with all laws, rules and regulations of the federal, state and local governments governing operations and conduct on City property. Applicant will also comply with all requirements of this application and any issued permits.
8. The noise level shall not exceed the maximum applicable permitted levels or time restrictions as permitted by Local and State law. For reference, see Atlantic City Code Section 186-6 (Maximum permissible sound levels.)
9. The Permittee, its agents, employees, officers and assignees assume all liability for any injury to persons or damage to public or private property caused, directly or indirectly, by the permitted event. Furthermore, the Permittee, its agents, employees, officers and assignees agree to defend, indemnify, and hold harmless the City of Atlantic City, its agents, representatives, employees and officers against any and all claims, damages, losses, and expenses (including but not limited to attorney fees, court costs, and cost of appellate proceedings), related to, arising out of, or alleged to have resulted from the acts, errors, mistakes, or omissions of the Permittee, its agents, employees, contractors, subcontractors, customers, invitees, guests or other persons doing business with the applicant, in connection with the Special Event described in the application and or permit.
10. Applicant agrees that the information in this application is true and correct to the best of their knowledge. Applicant certifies that they have read, understand and agree to abide by the rules and regulations governing the proposed Special Event. Any misrepresentation or deviation from the final permit conditions may result in immediate revocation of the permit, halting of the event, and probationary use of City property in the future.
11. Cancellation of a permit or permit application must be submitted in writing. Permit fees and application fees are non-refundable if the event is cancelled due to any circumstance. Applicant is liable for City incurred expenses for events which are cancelled. Failure to use the dates approved on the permit shall be considered grounds for cancellation of your Event. Please contact the Mayors Office of Special Events to reschedule your Event.
12. Applicant agrees to inform the Mayors Office of Special Events of any changes to this application at least ten (10) business days prior to the date of the Special Event.

By signing below, you certify you have read, reviewed, understand and agree to comply with all of the information provided in the Special Event Application.

| |
|---------------------------|
| Printed Name of Applicant |
|---------------------------|

| |
|------------------------|
| Signature of Applicant |
|------------------------|

| |
|------|
| Date |
|------|