

ADVANCED PAYMENT REQUIRED.

PLEASE PRINT ALL INFORMATION

FEE: \$10.00/\$50.00 PAID _____
EACH EVENT DATE

CITY OF PLAINFIELD
MUNICIPAL CLERK'S OFFICE
CITY HALL, 515 WATCHUNG AVENUE
PLAINFIELD, NEW JERSEY 07060
(908) 753-3222

**ALL APPLICATIONS ARE DUE IN THE CITY CLERK'S OFFICE AT
LEAST TWO WEEKS BEFORE THE SCHEDULED EVENT**

PUBLIC ENTERTAINMENT/MAYOR'S PERMIT

DATE: _____ PERMIT # ISSUED: _____

APPLICATION FOR: [] SOCIAL AFFAIR/DANCE [] USE OF PUBLIC STREETS [] BLOCK PARTY
[] SIDEWALK/STREET ENCROACHMENT [] PUBLIC (STREET) MEETINGS [] GARAGE/YARD SALES
[] FLEA MARKETS [] OTHER: _____
SPECIFY

APPLICANT'S NAME: _____

ADDRESS: _____

HOME TELEPHONE NO: _____ WORK TELEPHONE NO. _____

PROPERTY OWNER (OMIT IF SAME AS ABOVE): NAME: _____

ADDRESS: _____

TYPE OF ACTIVITY: _____

DATE(S) OF ACTIVITY: _____ HOURS OF OPERATION: _____

LOCATION OF ACTIVITY: NAME: _____

ADDRESS: _____ PHONE #: _____

PURPOSE FOR WHICH THE EVENT IS TO BE HELD: _____

DISPOSITION OF FUNDS: _____

I.E., CIVIL, RELIGIOUS OR EDUCATIONAL ORGANIZATIONS - PLEASE EXPLAIN FULLY

AMOUNT OF ADMISSION? _____

ANY ADDITIONAL LICENSE REQUESTED? YES [] NO []

ONE DAY LIQUOR LICENSE? YES [] NO [] RAFFLE/BINGO/50/50? YES [] NO []

ANY ADDITIONAL ACTIVITY TO BE HELD? YES [] NO []

MECHANICAL AUTOMATIC KIDDIE RIDES? YES [] NO [] MOONWALK? YES [] NO []

OTHER (PLEASE EXPLAIN IN DETAILS? _____

DO YOU PLAN TO SERVE/SELL FOOD? YES [] NO [] IF YES, HEALTH PERMIT IS REQUIRED

DO YOU NEED BARRICADES? YES [] NO [] IF YES, SPECIFIED LOCATION TO BE DELIVERED.

CHECKED OFF BELOW ARE THE REQUIREMENTS TO BE MET FOR USE OF CITY OWNED PROPERTY.

[] LIABILITY INSURANCE IN THE AMOUNT OF \$1,000,000.00 (PURCHASED FROM AN INSURANCE COMPANY OF YOUR CHOICE

[] A CHECK PAYABLE TO THE CITY OF PLAINFIELD IN THE AMOUNT OF \$ _____

In consideration of the sum of Ten dollar (\$10.00) or Fifty (\$50.00), we hereby release the City of Plainfield from any and all claims arising from the utilization of property owned by the City of Plainfield for the above purpose on dates and hours as listed, including but not limited to personal and property damage, as well as cleaning of debris in the area resulting from the activity.

(Please initial)

PRINT NAME

SIGNATURE

PRINT NAME & OFFICIAL CAPACITY IN ORGANIZATION

ADDRESS

APPLICATION REVIEWED BY: NAME _____

DATE FORWARDED TO FIRE DIVISION TO INITIATE PROCESSING _____

*******CITY USE ONLY*******

APPROVED	DENIED		DATE
[]	[]	_____ FIRE CHIEF	_____
[]	[]	_____ POLICE CHIEF	_____
[]	[]	_____ SPECIAL EVENT COORDINATOR (WHEN APPLICABLE)	_____
[]	[]	_____ DIRECTOR, PUBLIC AFFAIRS & SAFETY (WHEN APPLICABLE)	_____
[]	[]	_____ DIRECTOR, INSPECTION (WHEN APPLICABLE)	_____
[]	[]	_____ DIRECTOR, HEALTH DIVISION (WHEN APPLICABLE)	_____
[]	[]	_____ DIRECTOR, RECREATION AND PARK (WHEN APPLICABLE)	_____
[]	[]	_____ MUNICIPAL CLERK	_____

COMMENTS: _____

DIVISION/TITLE

SIGNATURE