

**BOROUGH OF SPRING LAKE HEIGHTS**

555 Brighton Avenue

Spring Lake Heights, NJ 07762

Phone: 732-449-3500 Fax: 732-449-3535

**Special Events
Permit Application****Please complete this form and return to:**

Borough of Spring Lake Heights

Attn: Borough Clerk

555 Brighton Avenue

Spring Lake Heights, NJ 07762

Application Fee: \$50.00

SPECIAL EVENT shall mean any gathering of people which: 1) may generate a parking or traffic situation that could potentially interfere with the ordinary flow of traffic or the use of emergency vehicles, and/or 2) where the attendees have a similar common purpose or goal and congregate in or upon any street, park, or public or quasi-public place, including schools, within the Borough. This definition shall include but not be limited to any parade, march, ceremony, show, exhibition, pageant, procession, marathon, block party, concert, fundraiser, photo shoot, or commercial video production

EVENT INFORMATION

Event Date: _____

Rain Date: _____

Event Time: _____

Event Type: _____

Event Name: _____

Event Location: _____

Estimated event attendance _____

Will music be provided (Live or recorded): Yes _____

No _____

Number of Staff and Support Personnel: _____

Please describe all clothing, badges, signs, and/or symbols to be worn by Staff and Support personnel or displayed otherwise:

Please list any special requests: _____

Describe the location and plans for assembly and dispersal of participants of the event/parade:

*****Please enclose a map of the route with application, indicating starting and stopping points (If applicable).*****

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**Special Events
Permit Application****DESCRIBE THE PURPOSE OF THE EVENT**

PERSON REQUESTING PERMIT

Full Name: _____

Address: _____

Phone #: _____

Email: _____

CHAIRPERSON OF SPECIAL EVENT AND RESPONSIBLE FOR CONDUCT THEREOF

Full Name: _____

Address: _____

Phone #: _____

Email: _____

Please check the below and sign in acknowledgment:☐ Fee \$50.00 - Make check payable to the Borough of Spring Lake Heights and submit with this application.☐ Certificate of Insurance: *Submit with application, Borough of Spring Lake Heights named as additional insured*☐ Person/persons responsible are familiar with **Borough Ordinance #2026-06** regulating Special Events and agree to abide by the provisions therein.

Applicant Signature: _____

Applicant First & Last Name (Print): _____ Date: _____

For Office Use Only

Received By: _____ Payment: Cash _____ Check# _____ Date: _____

Approved By: _____ Date: _____