

BOROUGH OF SEA BRIGHT

SPECIAL EVENT PERMIT APPLICATION - \$25 FEE

1099 Ocean Avenue, Sea Bright, NJ 07760 TEL: 732-842-0099 FAX: 732-963-8998 QUESTIONS: CONTACT BOROUGH CLERK



Important - Application must be filed not less than 60 days prior to Event

MUST BE PRESENT AT SPECIAL EVENT COMMITTEE MEETING ON DATE YOUR REQUEST IS BEING CONSIDERED

BALLOONS ARE NOT PERMITTED AT OUTDOOR EVENTS (as per ORD. 23-2019: 150-6, Adopted 12/3/19)

APPLICANT NAME:	
ADDRESS:	
TELEPHONE:	EMAIL:
SPONSOR NAME (IF APPLICABLE):	
ADDRESS:	
TELEPHONE:	EMAIL:
PARTICIPATING SPONSOR (IF APPLICABLE)	i
NAME/TYPE OF EVENT:	
DATE: TIME:	DURATION:
LOCATION OF EVENT:	
ANTICIPATED NUMBER OF PARTICIPANTS/A	TTENDEES:
WILL A FEE BE CHARGED FOR ADMITTANCE?	AMOUNT \$
PROCEEDS: PRIVATE CHA	RITABLE
DETAILS OF EVENT:	
Will food be served at event? Yes	No
Cooked on-premise: Catered:	
FOR OFFICE USE ONLY	APPROVALS:
APPLICATION FEE:	DATE OF SPECIAL EVENTS APPROVAL:
SECURITY DEPOSIT (IF REQUIRED) \$ C	ONDITIONSNOYES (IF YES, SEE ATTACHED)
CERTIFICATE OF INSURANCE:	
HOLD HARMLESS AGREEMENT A	PPROVED/DENIED: PERMIT NO

Copies to: Police Dept., Fire Dept., Fire Marshal, Board of Health, DPW, Recreation Dept., Borough Clerk