

TOWNSHIP OF MONTGOMERY
APPLICATION TO CONDUCT AN OUTDOOR ASSEMBLY OF 200 OR MORE PEOPLE
Please submit no later than 30 days prior to event

NAME OF APPLICANT _____

_____ Address Telephone Number

NAME OF OWNER OF PREMISES TO BE LICENSED _____

ADDRESS OF PREMISES TO BE LICENSED _____

NAMES AND ADDRESSES OF PERSONS RESPONSIBLE FOR CONDUCTING THE EVENT:

_____ Name Address

_____ Name Address

NAME OR TYPE OF EVENT _____

DATE OF EVENT _____ DURATION OF EVENT _____
(Hours, Days, Weeks)

IS IT A PRIVATE EVENT? _____ WILL ADMISSION BE CHARGED? _____

IS IT A FUNDRAISER? _____ WILL THE EVENT BE ADVERTISED? _____

NUMBER OF PERSONS ANTICIPATED TO BE IN ATTENDANCE _____

WILL THERE BE ON-SITE PORTABLE BATHROOMS? _____ (If yes, please contact the Health Department)

WILL ALCOHOL BE SERVED? _____ (If yes, a Special ABC permit may be required)

WILL FOOD BE SERVED? _____ (If yes, a food handling permit may be required)

- USE OF OPEN FLAME? _____ (If yes, contact Fire Marshal)

WILL THERE BE A TENT? _____ (If yes, contact Fire Marshal)

WILL THERE BE A NEED FOR SPECIAL DUTY POLICE OFFICERS? _____
(If yes, a fee will be required before the event can be approved.)

Please submit a parking and traffic control plan for the entire event.

APPLICANT must fully comply with the requirements of Montgomery Township Ordinance #251. In addition to the above information, items required in Section Two, a, b and c of the attached Ordinance #251 must also be submitted to complete the application.

Date _____

Signature of Owner of Property

Signature of Applicant

**TOWNSHIP OF MONTGOMERY
APPLICATION TO CONDUCT AN OUTDOOR ASSEMBLY OF PERSONS**

FOR TOWNSHIP USE ONLY

DISTRIBUTION OF APPLICATION

Date application is received _____

Date Referred to:

Board of Health _____

Superintendent of Public Works _____

Police Department _____

Construction Official (if required) _____

Fire Marshal (if required) _____

Receipt of Reports:

Board of Health _____

Superintendent of Public Works _____

Police Department _____

Construction Official (if required) _____

Fire Marshal (if required) _____

TOWNSHIP COMMITTEE ACTION:

Approved _____
Date

Disapproved _____
Date

Applicant Informed of Township Committee Action _____
Date

Township Clerk