

# Application for Event License – Check List

(FORMERLY CIRCUS, CARNIVAL, FAIR, RODEO, PUBLIC EXHIBITIONS)

**Completed applications for any event need to be submitted to the Clerk's Office a minimum of 5 weeks prior to event.** Once the application is approved by the Township Committee. The application will be returned with comments from Washington Township Officials. **Approval of the application is conditional upon applicant adhering to all comments and requirements made by Washington Township Officials.**

## Checklist for Event License Submission:

- Application for Event License
- \$25 Fee for each day the event is to be conducted (No fee for religious, charitable, fraternal, and 501c3 organizations.)
- Event site plan (see page one of the application for more details)
- Event sanitary and solid waste control and removal plans for events on Township property
- Proof of insurance for events on Township property listing the Township of Washington as additional insured.
- Fire Prevention Application for Permit. Required for all events.

## Food Vendors

If you have **Food Vendors**:

- They MUST be permitted/licensed to do business in town by:
  - Obtaining an annual Vendor Permit or Temporary Vendor Permit from the Health Department.
  - **AND**, if they are a food truck or cooking at the event, they must be registered with Fire Prevention Department by submitting a Fire Prevention Application for Permit.

## Food/Merchandise Vendors

If your vendors are **selling food or merchandise**, they must file a **Temporary Mobile Merchant Application**.

- Mobile Merchant Applications need to be **submitted to the Township Clerk's Office at least 5 weeks prior to the event.**

## Games of Chance

If your event will include Games of Chance (raffle, 50/50, tricky tray, bingo, or other similar game) you will be asked to fill out an **Application for a Raffle License** with the Municipal Clerk. **The Township Clerk's Office requires 5 weeks' notice prior to the event as the process takes 4 weeks from the state.**

## Alcoholic Beverages

If your event will be selling alcoholic beverages for profit (even if the cost of the beverages is included in the ticket price) you must apply for a Social Affairs Permit online at <https://abc.lps.nj.gov/ABCPublic/Login.aspx>. Please note, ABC requires online submission at least 21 days prior to the event.



**Washington Township, Morris County**  
 43 Schooley's Mountain Road, Long Valley, NJ 07853  
 (908) 876-3315 (908) 876-5138 FAX  
[clerk@wtmorris.net](mailto:clerk@wtmorris.net)  
[www.wtmorris.org](http://www.wtmorris.org)

Municipal Use Only	
License #	_____
Application Fee	_____
Date Fee Received	_____
Date Application Received	_____
Date Approved	_____

## APPLICATION FOR AN EVENT LICENSE

(FORMERLY CIRCUS, CARNIVAL, FAIR, RODEO, PUBLIC EXHIBITIONS)

\$25 Fee for each day the event is to be conducted (No fee for religious, charitable, fraternal, and 501c3 organizations.)

**A detailed event site plan showing the following **MUST BE ATTACHED** to this application.**

- The area, public and/or private to be licensed.
- Layout of concessions: fixed and movable facilities including, but not limited to the nature, size, extent, and construction thereof, signs, displays, pennants, banners, balloons, and similar advertising or attraction devices.
- Sanitary and solid waste control and removal plans.
- Circulation (on and off site), loading and unloading, crowd and traffic control, fire prevention, lighting and emergency access plan.

Name of Event \_\_\_\_\_

Description of Event \_\_\_\_\_

Location(s) of Event \_\_\_\_\_

**If your event requested the use of Township Fields from the Recreation Department, date approval received from Recreation Dept.:** \_\_\_\_\_

Date(s) of Event \_\_\_\_\_ Time(s) of Event \_\_\_\_\_

If multiple dates please attach list if necessary

Estimated Attendance \_\_\_\_\_

**Who should the town contact with questions about this application?**

Name of Applicant \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Organization Hosting the Event \_\_\_\_\_

Organization Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

List Games, Attractions, Contests, Performances that will be part of event. Include names of Vendors that will be providing services (attach a list if necessary)

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Will there be food at this event? Yes  No

Please list or attach your menu and who will be providing the food

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Will there be any of the following activities during the event:

- a. Cooking with or use of open flame by applicant or vendor? Yes  No
- b. Cooking with use of propane by applicant or vendor? Yes  No
- c. Use of tents with sides? Yes  No

Who will be handling food?      Volunteers  Vendors  Both  N/A

**Volunteers:** Provide all names & indicate if they have WT Board of Health Food Handlers License.

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**Vendors:** Provide complete company name & address, contact person name and phone number and WT Board of Health Food permit number.

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Will there be promotional signs posted anywhere? Yes  No

If yes, where? \_\_\_\_\_

Will any Raffles or Games of Chance take place during this event? Yes  No

If yes, an application for the appropriate [raffle license](#) will need to be applied for in the Clerk's Office.

Will any alcohol be served during this event? Yes  No

If yes, you must apply for a Social Affairs Permit online through the [Alcohol Beverage Control](#).

# TRAFFIC CONTROL PLAN

- The existing, available parking spaces in the Township or at our Event Location should be sufficient to accommodate the scope of the proposed activity.
- Traffic congestion may be expected. Police assistance is requested via this application.
- Traffic congestion may be expected within the scope of this event, and therefore the applicant has made arrangements for remote area parking with a shuttle service to and from the event.

Location(s) of remote parking areas: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Routes of travel for the shuttle(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any other factors regarding traffic control, which are relevant for this event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person Responsible for Implementation of Traffic Control Plan (Name & Phone)

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_