

**Borough of River Edge
Application For Parade or Special Event**

A CERTIFICATE OF INSURANCE, PER CHAPTER 305 SECTION 5 (ATTACHED) OF THE CODE OF THE BOROUGH OF RIVER EDGE, MUST BE ENCLOSED WITH APPLICATION AND FILED WITH BOROUGH CLERK 30 DAYS PRIOR TO THE EVENT

FEE ENCLOSED \$ 15.00 DATE OF APPLICATION _____

ORGANIZATION OR GROUP NAME: _____

ORGANIZATION OR GROUP ADDRESS: _____

ORGANIZATION TELEPHONE #: _____ (FAX) _____

CONTACT PERSON / EVENT COORDINATOR: _____

ADDRESS OF CONTACT PERSON: _____

CONTACT PERSON'S TELEPHONE #: (HOME) _____ (FAX) _____

(WORK) _____ (CELL) _____ (PAGER) _____

DATE(S) REQUESTED _____

TIME OF THE EVENT: FROM: _____ (AM) (PM) TO: _____ (AM) (PM)

LOCATION REQUESTED (FIELD, PARK, ETC.): _____

MAXIMUM NUMBER OF PEOPLE ESTIMATED TO ATTEND: _____

WILL ADMISSION FEE BE CHARGED?: YES _____ NO _____

PURPOSE OF EVENT: _____

DESCRIBE PROPOSED PROGRAM OF EVENTS: _____

WILL ALCOHOL BE SERVED OR PERMITTED?: YES _____ NO _____

WILL YOU PROVIDE PRIVATE SECURITY?: YES _____ NO _____

NAME OF PERSON SUPERVISING SECURITY: _____

ADDRESS OF SECURITY SUPERVISOR _____

TELEPHONE: (HOME) _____ (WORK) _____

(CELL PHONE) _____ (PAGER) _____

ARE ANY STREETS REQUESTED TO BE CLOSED ? : YES _____ NO _____

WHAT STREETS ? : _____

WHAT IS THE REASON FOR CLOSURE REQUEST ? : _____

WILL THERE BE A NEED FOR PARKING RESTRICTIONS ? : YES _____ NO _____

LOCATION OF REQUESTED RESTRICTIONS : _____

WHAT IS THE REASON FOR RESTRICTIONS ? : _____

PRINT NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____

STREET ADDRESS: _____

ADDRESS (CITY, STATE, ZIP CODE) : _____

APPLICANT'S TELEPHONE #: (HOME) _____ (WORK) _____

THIS SECTION FOR POLICE USE ONLY

APPROVAL OF POLICE CHIEF: YES _____ NO _____

SIGNATURE OF POLICE CHIEF : _____

DATE OF APPROVAL : _____

THIS APPROVAL IS CONTINGENT UPON THE AGREEMENT THAT THE FOLLOWING SPECIAL CONDITIONS BE MET :

