



**Township of Old Bridge**  
 Township Clerk's Office  
 1 Old Bridge Plaza  
 Old Bridge, NJ 08857  
 (732)721-5600 ext 2200

**Application For Festivals;  
 Mass Gatherings**  
**Old Bridge Township Code Chapter 169**  
*(Amended by Ordinance 20-18)*

*Fee \$250.00*

*Separate license for each day  
 and each location in which  
 1000 or more people  
 assemble*

\_\_\_\_\_  
 Name of Applicant Business/ Organization Name E-mail

\_\_\_\_\_  
 Phone Number - Day Phone Number - Night Business Phone Number

Address of Business/ Organization \_\_\_\_\_  
 Street Address Town State Zip

**Is this business?**      Individually Owned      Co-Partner Ownership      Corporation

**Company Information (Include Certified Copy of the Certificate of Incorporation)**

\_\_\_\_\_  
 Name of Firm, Corporation or Company E-mail Address Phone Number

\_\_\_\_\_  
 Address Town State Zip Code

**Complete The Following For Owners, Partners, Or Persons Holding 10% + In Stock Of Corporation**

**1.**

\_\_\_\_\_  
 Name Title Age Stake in Company

\_\_\_\_\_  
 Home Address Town State Zip Code

\_\_\_\_\_  
 Mailing Address Town State Zip Code

**2.**

\_\_\_\_\_  
 Name Title Age Stake in Company

\_\_\_\_\_  
 Home Address Town State Zip Code

\_\_\_\_\_  
 Mailing Address Town State Zip Code

**3.**

\_\_\_\_\_  
 Name Title Age Stake in Company

\_\_\_\_\_  
 Home Address Town State Zip Code

\_\_\_\_\_  
 Mailing Address Town State Zip Code

**4..**

\_\_\_\_\_  
 Name Title Age Stake in Company

\_\_\_\_\_  
 Home Address Town State Zip Code

\_\_\_\_\_  
 Mailing Address Town State Zip Code

**Contributor Information**

Complete The Following For All Persons Contributing \$500.00 Or More To The Production Of Said Assembly

1.

_____	_____	_____	_____	_____
Name	Title	Age		
_____	_____	_____	_____	_____
Home Address	Town	State	Zip Code	

2.

_____	_____	_____	_____	_____
Mailing Address	Town	State	Zip Code	

_____	_____	_____	_____	_____
Name	Title	Age		
_____	_____	_____	_____	_____
Home Address	Town	State	Zip Code	

_____	_____	_____	_____	_____
Mailing Address	Town	State	Zip Code	

3.

_____	_____	_____	_____	_____
Name	Title	Age		
_____	_____	_____	_____	_____
Home Address	Town	State	Zip Code	

_____	_____	_____	_____	_____
Mailing Address	Town	State	Zip Code	

**Assembly Information**

Provide the address and legal description of all property upon which the assembly is to be held:

1.

_____	_____	_____	_____	_____
Property Owner's Name	Property Owner's (2) Name			
_____	_____	_____	_____	_____
Home Address	Town	State	Zip Code	

_____	_____	_____	_____	_____
Mailing Address	Town	State	Zip Code	

2.

_____	_____	_____	_____	_____
Property Owner's Name	Property Owner's (2) Name			
_____	_____	_____	_____	_____
Home Address	Town	State	Zip Code	

_____	_____	_____	_____	_____
Mailing Address	Town	State	Zip Code	

3.

_____	_____	_____	_____	_____
Property Owner's Name	Property Owner's (2) Name			
_____	_____	_____	_____	_____
Home Address	Town	State	Zip Code	

_____	_____	_____	_____	_____
Mailing Address	Town	State	Zip Code	

**Assembly Information (Cont.)**

**Contact Information For Person(S) In Charge During The Event**

1. \_\_\_\_\_  
**Name Title Cell Phone**

2. \_\_\_\_\_  
**Name Title Cell Phone**

3. \_\_\_\_\_  
**Name Title Cell Phone**

Location	Date	Time Begin	Time End	Maximum Number of Tickets to be Sold or Permitted to Attend
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

State the Nature of the Assembly \_\_\_\_\_  
 \_\_\_\_\_

Explain The Plan To Limit The Maximum Number Of People Permitted To Assemble \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Must provide proof that the applicant will at their own expense furnish the following:**

- A fence that completely encloses the location of sufficient height and strength to prevent people in excess of maximum number from gaining access to assembly ground.  
 Must have at least four gates; at least on four opposite points of the compass.
- Potable water meeting all federal and state requirements for purity, sufficient to provide drinking water for the maximum number of people to be assembled, at the rate of at least one gallon per day. ***Must note source, amount available and location of outlets.***
- Enclosed toilets for males and females, meeting all state and local specifications, conveniently located as follows ***Must note source, amount available, location, types, and means of disposing of deposits of waste.***  
**Events with an anticipated duration or anticipated attendance of each person is Eight (8) Hours or less**
  - Three (3) Restrooms designated for males
  - Three (3) Restrooms designated for Females
  - One (1) Handicap restroom for every four restrooms
  - One (1) sink for every four (4) restrooms with 250 people in attendance**Events with an anticipated duration or anticipated attendance of each person is more than Eight (8) Hours:**
  - Two (2) Toilets designated for Males for every 250 people in attendance
  - Two (2) Toilets designated for Females for every 250 people in attendance
- Sanitary Method of disposing solid waste, in compliance with state and local laws and regulations, sufficient to dispose of the solid waste production of the maximum number of people to be assembled, at a rate of at least 2.5 pounds of solid waste per person per day, together with a plan for holding and a plan for collecting all such waste at least once a day in the assembly and sufficient trash cans with tight fitting lids and personnel to perform the task.

**Must provide proof that the applicant will at their own expense furnish the following:**

**Plans to provide medical facilities including the location and construction**

Basic Life Support "BLS" (Ambulance and 2 EMTs) and Advanced Life Support "ALS" as follows:

	<b>Attendance</b>	<b>Number of BLS Units required</b>	<b>Number of ALS Units required</b>
<input type="checkbox"/>	500-999	1	0
<input type="checkbox"/>	1,000-4,999	2	0
<input type="checkbox"/>	5,000-9,999	3	1
<input type="checkbox"/>	10,000+	5	2

**BLS and ALS Units Contracted**

1.

_____	_____	_____	_____	_____
Name	BLS or ALS	Availability		
_____	_____	_____	_____	_____
Mailing Address	Town	State	Zip Code	

2.

_____	_____	_____	_____	_____
Name	BLS or ALS	Availability		
_____	_____	_____	_____	_____
Mailing Address	Town	State	Zip Code	

3.

_____	_____	_____	_____	_____
Name	BLS or ALS	Availability		
_____	_____	_____	_____	_____
Mailing Address	Town	State	Zip Code	

4.

_____	_____	_____	_____	_____
Name	BLS or ALS	Availability		
_____	_____	_____	_____	_____
Mailing Address	Town	State	Zip Code	

5.

_____	_____	_____	_____	_____
Name	BLS or ALS	Availability		
_____	_____	_____	_____	_____
Mailing Address	Town	State	Zip Code	

6.

_____	_____	_____	_____	_____
Name	BLS or ALS	Availability		
_____	_____	_____	_____	_____
Mailing Address	Town	State	Zip Code	

7.

_____	_____	_____	_____	_____
Name	BLS or ALS	Availability		
_____	_____	_____	_____	_____
Mailing Address	Town	State	Zip Code	

**Must provide proof that the applicant will at their own expense furnish the following:**

The Plans, if necessary, to illuminate the location of the assembly, including the source, amount of power and location on the land.

**The plan should include and emergency back-up plan in case of a blackout.**

A parking area inside the assembly ground sufficient to provide parking for the maximum number of people to be assembled at the rate of at least one (1) parking space for every four (4) persons

Plans must include size of lot, location of lot, points of highway entry and interior roads, including routes between highway access and parking lots.

Approved state permits must be furnished if required.

Security Guards, either regularly employed duly sworn off-duty New Jersey Police Officers or private guards licensed in New Jersey at a rate of at least one (1) security guard for every five hundred (500) people.

Fire Protection sufficient to meet State and local standards including, but not limited to:

- Alarms
- Extinguishing Devices
- Fire Lanes
- Escapes
- Sufficient Emergency personnel to efficiently operate the required equipment.

All reasonably necessary precautions to ensure the sound assembly will not violate any local, state or federal law, statute, regulation and/ or ordinance.

A bond filed with the Township Clerk (cash or underwritten by a Surety company licensed in NJ) in the amount of ten million dollars (\$10,000,000) which shall indemnify and hold harmless this municipality or any of its agents, officers, servants, and employees from any liability or causes of action which might arise by reason or granting of this license and from any damage incurred by trespass, vandalism, or otherwise and from any costs incurred in cleaning up waste material produced or left by the assembly. **This must be provided no less than 3 days prior to the event(s)**

Copy of Emergency Action Plan that includes details related to above must be submitted with the application

**THE FACTS SET FORTH IN THIS APPLICATION ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF ANY OF THE FACTS SET FORTH IN THIS APPLICATION ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT. I ALSO UNDERSTAND THAT, IF THE APPLICATION IS APPROVED, FALSE STATEMENTS SHOULD BE CONSIDERED CAUSE FOR SUSPENSION OR REVOCATION OF LICENSE. FURTHER, I ACCEPT RESPONSIBILITY TO COMPLY WITH ALL FEDERAL, STATE AND LOCAL GUIDELINES AND TOWNSHIP ORDINANCE § 169. FAILURE TO COMPLY MAY RESULT IN FINANCIAL PENALTIES, REVOCATION OR SUSPENSION OF LICENSE.**

Signature

Print Name

Date

**Approval List**

\$250.00 per day per location

Paid Cash

Paid Check #

<p><b>Chief of Police</b></p> <p><input type="checkbox"/> Approve    <input type="checkbox"/> Reject</p>			
	Signature	Printed Name	Date
<p><b>Fire Marshall</b></p> <p><input type="checkbox"/> Approve    <input type="checkbox"/> Reject</p>			
	Signature	Printed Name	Date
<p><b>OEM</b></p> <p><input type="checkbox"/> Approve    <input type="checkbox"/> Reject</p>			
	Signature	Printed Name	Date
<p><b>Code Enforcement</b></p> <p><input type="checkbox"/> Approve    <input type="checkbox"/> Reject</p>			
	Signature	Printed Name	Date
<p><b>Township Clerk</b></p> <p><input type="checkbox"/> Approve    <input type="checkbox"/> Reject</p>			
	Signature	Printed Name	Date

**Comments**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Township Council Meeting Date

Resolution Number

Date Approved

## Required Licenses and Inspections

### Food License

A food license will be required of any event where food will be provided or served to the public. This includes events, parties, public and private fundraisers. **Licenses are required to be procured at least two (2) weeks prior to the event.**

**If you are not sure if your event would require a food license, please contact the Township Clerk's office at [clerk@oldbridge.com](mailto:clerk@oldbridge.com) or (732)721-5600 ext. 2200.**

### Health Inspection

If a food license is required, the Middlesex County Office of Health Services must be contacted. The Health Officer will advise of necessary steps to take for inspection and will advise the Borough if a Food License can be issued.

**Failure to procure will stop an applicant from being able to serve food.**

**Middlesex County Office of Health Services [\(732\)721-5600 ext. 6220](tel:(732)721-5600)**

### Fire Marshall Inspection

**Inspections and Permits are required for the Following:**

- Tents and temporary tensioned membrane structures
- Mobile enclosed structures for human occupancy (i.e. Fun House)
- The occasional use of any building of a multipurpose room, with a maximum permitted occupancy of 100+ for amusement, entertainment, or mercantile purposes
- Food Vendors
- All Itinerant vendors (selling or soliciting merchandise)
- Use of any open flame or flame (i.e. charcoal grill) producing device in connection with any public gathering for the purposes of entertainment, amusement, or recreation.
- Fireworks
- Bonfires
- Generator
- Bounce House

**All applications and fees must be made to the Old Bridge District Fire Marshall.**

Fire Districts 1 and 2

**[Tommy Miller, Jr.](mailto:tdmiller@obfd2.com)**  
[tdmiller@obfd2.com](mailto:tdmiller@obfd2.com)

Fire Districts 3 and 4

**[Matt Bond](mailto:mbond@obfd3.com)**  
[mbond@obfd3.com](mailto:mbond@obfd3.com)

### Alcohol Permits

- **Social Affair Permit**

If you wish to sell alcohol you must first apply for a "One Day Alcohol Permit". A Social Affair permit through the NJ Alcohol and Beverage control must also be procured. Information on how to obtain a Social Affair Permit

### Raffle/ Games of Chance License

If there is to be any type of 50/50, tricky tray, gift auction, bingo, amusement, big wheel, instant raffle, calendar raffle, etc.; a license to host a game of chance must be procured from the Clerk's Office. The organization must be registered with the NJ Legalized Games of Chance Control Commission.

**Failure to properly procure a license to hold a game of chance will "be liable to a civil penalty of more than \$7,500 for the first offense and not more than \$15,000 for the second and each subsequent offense." N.J.A.C. 13:47-2.10 (c)**

### Mass Assembly

No person shall permit, maintain, promote, conduct, advertise, act as an entrepreneur, undertake, organize, manage, sell or give tickets to an actual or reasonably anticipated outdoor assembly of 500 or more people, whether on private or public property, unless a license to hold the assembly has first been issued. Applications are available on the [Oldbridge.com](http://Oldbridge.com) website.