

**SANDYSTON TOWNSHIP
OUTDOOR ENTERTAINMENT LICENSE APPLICATION**

Name & Address of Applicant: _____

Managers/Owners Names and Addresses: _____

Name and Address of Applicant: (Organization) _____

Officers Names and Addresses: (Organization) _____

If Corporation, name & address of responsible corporate officer: _____

Emergency Phone Number: _____

Date performance to be conducted: _____

- Type of exhibition, show or performance: _____
- Approximate number of persons expected to attend the event: _____
- Hours of performance: _____
- Will there be amplified or non-amplified music or singing: _____
- Number of security personnel to be employed together with their names and addresses _____

- Attach list of performers, schedule or program for the event

Name, address and phone number of entity providing the entertainment: _____

Is the person(s) conducting the event or the officers of the organization sponsoring the event over 18 years of age? _____

Have the person(s) conducting the event or the officers of the organization sponsoring the event been convicted of any crimes other than minor traffic offenses? _____

Is this event for a Charitable Purpose or for profit/promotion of business? (If charitable, name charity):

Description of land & premises to be licensed, namely: **Block** _____ **Lot** _____
(Attach sketch showing the area to be licensed including parking areas, driveways and other means of access)

Are you the property owner? _____

If no, please provide consent of owner and/or copy of lease agreement

Obtain a list of property owners within 500 feet of the boundaries of the property to be covered by permit from the Tax Assessor (\$25 fee). All said owners shall be notified of this application by either:

- Certified Mail
Or by
- Publication in the New Jersey Herald and by regular mail within 10 days of the filing of the application.
- File an affidavit with the Municipal Clerk showing compliance.

Please return the following to the Municipal Clerk:

- This completed application with \$100 fee
- Sketch of property
- Affidavit of mailing with list of property owners
Date of original notification (if applicable) _____

*Provide the township with a Certificate of Insurance naming Sandyston Township, 133 Route 645, Sandyston, NJ 07826 as additional insured with limits of not less than \$1,000,000 per occurrence.

Applicant Certification:

I hereby certify that the foregoing statements and attachments are correct to the best of my knowledge.

Signature of applicant: _____ Date: _____

Date Received by Clerk: _____

Clerk's signature for receipt of application: _____

License # _____

Upon filing this application, the Municipal Clerk will forward copies to the following:

- Board of Health – Sandyston Township
- Sussex County Sheriff
- Sussex County Department of Health
- Sandyston Township Volunteer Fire Department
- Sandyston Township Emergency Management Coordinator
- Administrators of Newton Medical Center and Bon Secours Community Hospital, Port Jervis, NY