



**Washington Township, Morris County**  
 43 Schooley's Mountain Road, Long Valley, NJ 07853  
 (908) 876-3315 (908) 876-5138 FAX  
 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)

**Applicant Check List**

- Fully complete application in detail. (Type the application on line, save it, print it, and submit in person) Application is 4 pages: 3 application pages contained here and the event site plan that must be attached. Please type or print clearly
- Return completed application to the Clerk's Office located in the Municipal Building, 43 Schooley's Mtn. Rd
- Include \$25 application fee with the application submission. Checks made payable to 'Washington Township'. No charge for religious, charitable, and fraternal organizations.

**Allow AT LEAST 4 weeks for processing.** Applicant will receive approved application with license number after all internal approvals have been made. Application will be returned with comments from the Police Department, Board of Health, Zoning Official, Construction Official, and Fire Prevention Official. Approval of the application is conditional upon applicant adhering to all comments and requirements made by Washington Township Officials.

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

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

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

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

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

List Games, Attractions, Contests, Performances That Will Be Part of Event include names of Vendors that will be providing services (attach list if necessary)

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

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

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

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

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

# APPLICATION FOR AN EVENT LICENSE

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

- Will there be food at this event?  Yes  No

Please list your intended menu \_\_\_\_\_

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- Who will be handling food?  Volunteers  Vendors  Both  N/A  
**Volunteers:** Provide all names and indicate if they have a food handler's license from the WT Board of Health. \_\_\_\_\_

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

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- Will there be any of the following activities during the event:
  - a. Cooking with or use of an open flame?  Yes  No
  - b. Cooking with or use of propane?  Yes  No
  - c. Use of tents with sides?  Yes  No

- Will there be a 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 license will need to be applied for.

## 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.
- Proof of insurance.

# 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 \_\_\_\_\_