

**TOWN OF SECAUCUS  
BUREAU OF FIRE PREVENTION  
SPECIAL EVENT PERMIT APPLICATION**

**This Application must be completed in its entirety and submitted at least 30 days prior to the Special Event. All Questions must be fully answered or, if it does not apply to the Event, indicate "NA" for "Not Applicable." If more space is needed or other documentation submitted, please attach to this Application at submission. There is no fee for this Application.**

**Date of Application:** \_\_\_\_\_

**Event Title:** \_\_\_\_\_

**Event Date(s) and Hours:**  
\_\_\_\_\_, 20\_\_\_, from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm  
\_\_\_\_\_, 20\_\_\_, from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

**Type of Event:** \_\_\_\_\_

**Location of Event:**  
\_\_\_\_\_  
\_\_\_\_\_

**Anticipated # of Persons  
At Peak of Event\*:** \_\_\_\_\_  
(\*This should include attendees, event staff, vendors, guests, performers, etc.)

**Name(s) of Event Sponsor  
Or Responsible Party(s):**  
\_\_\_\_\_  
\_\_\_\_\_

**Address:**  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone:**  
(home) \_\_\_\_\_  
(cell) \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Person(s) in Charge on  
Day of Event:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Identify any promoters, production companies or other entities involved in conducting this Event:**

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**If you are requesting any special assistance, personnel or equipment from the Town of Secaucus, please describe below:**

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**Will any of the following be present:\***

Fireworks Display Y / N

Alcoholic beverages Y / N

Open flame or flame producing devices (inc. pyrotechnics, cooking equipment, etc.) Y / N

Tents /Temporary Structure Y/N

**\*Please note: If the answer is “yes” to any of the above questions, additional permits will be needed.**

**Please detail or submit any plan or provisions in place, including any contractor or outside company involved, for the following:**

Site Plan/Layout/Occupancy Plan (Please identify all entrances, exits, structures, seating, etc. on Plan):

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Technical Setup or Structures To Be On Location (i.e stage, tents, temporary structures, etc.)

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Security Plan:

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Fire Safety Plan:

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Emergency Medical Services Plan:

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Parking Plan:

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**Please read the following carefully.**

I understand that it is the Applicant's responsibility to keep the Town informed of any changes between the time of the Application and the Special Event and to request approval for such.

I understand that I am bound by and shall abide by any applicable federal, state or local laws, regulations and ordinances.

I hereby agree to hold the Town of Secaucus and its directors, officers, agents and/or employees harmless and indemnify them from and against any liability, claims, judgments or expenses that may arise out of or from the Special Event detailed above, including but not limited to, injury, sickness, death or damage to property.

I understand that I shall provide a Certificate of Insurance showing sufficient coverage, as determined by the Bureau of Fire Prevention, and naming the Town of Secaucus and its agents as an additional insured party prior to the issuance of an approval.

I understand that I may be required to deposit an amount of money, to be determined by the Bureau of Fire Prevention, with the Town of Secaucus to be held in escrow for the Town's use to pay for the cost of any Town services, personnel, equipment, or associated items for the special event. Any amount due and owing above the amount held in escrow shall be my responsibility as the person or entity responsible for the event.

I have read and completed the above Application, and fully understand and agree to all the terms as set forth.

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Print Name:

Title:

If applicable, entity acting on behalf of:

Dated: