

BOROUGH OF UNION BEACH

BEACHFRONT ACTIVITY PERMIT

Name: _____

Organization (if applicable): _____

Purpose of Permit: _____

Contact Person: _____ Phone: _____

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

Date(s) and Time(s): _____

- The contact person will be responsible for all keys, locks, etc. issued with this permit. Keys and/or locks are not allowed to be reproduced or changed.
- Any improvements, changes or outside storage to buildings and/or grounds must be submitted for approval to the Public Works Office.
- Positively no alcoholic beverages or glass containers are permitted on Borough property.
- The above organization/individual will be held responsible for any disorder and/or damage done to the property during approved times.
- **Premises must be clean at the end of each day used.**
- The Borough of Union Beach will not be responsible for individuals causing bodily harm due to violent behavior or fighting.
- Issuance of this activity permit to use the Beach / Beachfront and adjacent areas should not be interpreted as a permit to violate any laws of the Borough, State of NJ, or any other local ordinances and shall not constitute a waiver of parking fees at the Beachfront area.
- Organizations/individuals will be required to recycle and maintain trash receptacles during allotted times.
- All certificates of insurance must have at least \$1,000,000.00 of general liability and name the Borough of Union Beach as the certificate holder and also shall provide the Borough with a "hold harmless agreement." It is the responsibility of the organization/individual to be certain that all requirements regarding insurance, special needs, etc. have been met prior to each scheduled event.
- The Borough of Union Beach reserves the right to withdraw and/or cancel this permit at any time.
- Any changes, revisions and/or additions to this permit must be submitted to the Public Works Office.

As a representative of _____, I have read and understand the rules set forth in this agreement for use of Borough facilities.

Representative: _____ Date: _____

Approved by: _____ Date: _____

Bond Required _____ Received: _____ Permit Number: _____

Date Issued: _____ Insurance Certificate Required _____ Received _____