

**HOPATCONG BOROUGH  
USE OF FACILITY REQUEST FORM**

**GROUP OR ORGANIZATION:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: Day: \_\_\_\_\_ Night: \_\_\_\_\_

**RESPONSIBLE PARTY:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: Day: \_\_\_\_\_ Night: \_\_\_\_\_

**EVENT:**

Facility Requested: \_\_\_\_\_  
Date and Hours Requested: \_\_\_\_\_  
Estimated number of participants: \_\_\_\_\_

**USE OF BOROUGH FACILITIES:**

The Hopatcong Borough Committee will permit the use of Borough facilities when such permission has been requested in writing and has been approved by the Administrator, Health Administrator, Chief of Police, Superintendent of Public Works and the Borough Clerk for the following organizations/groups:

Departments or agencies of the municipal government, other governmental agencies, community organizations formed for charitable or civic purposes, uses and groups directly related to the Borough and the operations of the Borough, and uses and organizations indirectly related to the Borough.

Use of Borough facilities shall not be granted for the advantage of any commercial or profit-making organization, or any purpose, which is prohibited by law.

In the event the Clerk deems it advisable, any application may be submitted to the Borough Committee for action. The Clerk or Committee may refuse to grant the use of a Borough facility whenever, in their judgment, there is good reason why permission should be refused.

All state and local fire, health, safety and police regulations will be enforced.

This form, filled in (front and back), along with a Certificate of Insurance Liability should be submitted to the Clerk at least 3 weeks in advance of the event.

***On behalf of the organization listed above, we agree to abide by the Hopatcong Borough rules and regulations.***

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**NO PERMIT WILL BE GRANTED UNLESS WRITTEN APPROVALS FOR BELOW ARE OBTAINED**

I hereby certify that there is no objection to the granting of permission to this organization for the event as described.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Administrator)

(Attach Certificate of Insurance Liability)

\*\*\*\*\*

I hereby certify that there is no objection to the granting of permission to this organization for the event as described.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Chief of Police)

(Traffic, Parking, and Noise Ordinance – fees may be applicable over and above normal operating costs)

\*\*\*\*\*

I hereby certify that there is no objection to the granting of permission to this organization for the event as described.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Health Administrator)

(Food Handling and Sanitary Facilities)

\*\*\*\*\*

I hereby certify that there is no objection to the granting of permission to this organization for the event as described.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Superintendent of DPW)

\$ \_\_\_\_\_  
(Fee if applicable)

(Possible fees for set-up/clean-up/security when over and above normal operating costs)

\*\*\*\*\*

I hereby certify that there is no objection to the granting of permission to this organization for the event as described.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Borough Clerk)

(Licenses which may be required: Social permits [if liquor is available] and raffle license)