



PLAINFIELD DIVISION OF PARKS & RECREATION

IN THE COUNTY OF UNION

STATE OF NEW JERSEY

510 WATCHUNG AVENUE, PLAINFIELD, NEW JERSEY

(908) 753-3097 / (908) 226-8038 Fax

**OFFICE OF
THE SUPERINTENDENT OF PARKS & RECREATION**

PARKS & PLAYGROUNDS APPLICATION USAGE

FOR USE OF PLAINFIELD DIVISION OF PARKS & RECREATION & UNION COUNTY PARK FACILITIES

Complete this application. **Print in ink or type.** Incomplete or illegible applications will not be processed. Sign & date the application.

The Name on this request is the person who will be held responsible for the terms of this permit:

NAME: _____ TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ ZIP: _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Park or Playground requested: (please check one)

Bryant School Playground _____	Hannah Atkins Playground _____	Madison Playground _____
Mathewson Playground _____	Milt Campbell Field _____	Rock Avenue Complex _____
Rushmore Playground _____	Seidler's Field _____	Other _____

Describe what type of activity or function this is and it's purpose: _____

Specify dates(s) and exact hours requested:

Specify area(s) of park or playground requested: (ie. Basketball Court, Baseball Field, Football Field, Concession Stand, Picnic Areas, Parking Lot, Open Field, etc.)

Specify all items of equipment requested: (ie: Sports Lighting, Scoreboard, Markers, etc.)

Will there be signs, banners, and, or trail markings displayed? Yes _____ No _____
(If yes, banners that promote sex, violence and drug/alcohol will not be permitted for **ANY YOUTH** applications).

Will there be food vendors with food sold to participants and public? Yes _____ No _____
If yes, you must obtain a **letter of authorization to vend** from the Division of Parks & Recreation, **health permit** from Health Department and **peddlers permit** from the City Clerks office.

Will there be music? Yes _____ No _____ If yes, DJ _____ Band _____ Radio/CD's _____ Other _____

Will tents be set up? Yes _____ No _____ If yes, how many and what size? _____

If approved, you will be issued a permit and notified regarding the following:

- ___ You may be required to provide a certificate of insurance naming the City of Plainfield as an additional insured. Amount to be determined at time of approval.
- ___ You may be required to hire Plainfield Police Officers at the prevailing overtime rate. Number of officers and hours needed to be determined at time of approval.
- ___ You may be required to obtain a Mayor's Permit.

I hereby agree to release and hold harmless the City of Plainfield, its officer, agents, and employees, from any demand, claim, liability, damages, losses, suits, obligations, actions, causes of action or judgment including attorney fees and costs, which may occasioned by any injury that may sustain by participating in any City of Plainfield activity. My signature below indicates that I acknowledge and fully understand all the provisions stated on this form.

Signature _____

Date _____