

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

**Delran Community Day 2017**  
Application for Solicitor's License  
**CIVIC/NON-PROFIT GROUP**

Sunday, September 24<sup>th</sup>, 2017 – 12 to 4 PM

RAIN DATE IS SUNDAY OCTOBER 1<sup>ST</sup>, 12 TO 4 PM

**10x10 Space**

**You are responsible to provide your own table & set up, as well as clean up of your area.**

Registration and set up at 8:30 AM at Holy Cross High School-5035 Rt. 130, Delran, NJ 08075.

Mail completed form and any other required paperwork to:

Delran Community Day; 900 Chester Ave., Delran, NJ 08075, Attn: Jamey Eggers

*\*Questions: Please call Mike Anderson, Chairperson of the Event at (609) 744-2920.*

*He will supply you with information on other Township related requirements.*

**ALL APPLICATIONS MUST BE RECEIVED AND APPROVED BY SEPTEMBER 20<sup>th</sup>, 2017.**

**NO WALK-IN APPLICATIONS WILL BE ACCEPTED ON SUNDAY, SEPTEMBER 24<sup>TH</sup>, 2017.**

1. Applicant (Company Name): \_\_\_\_\_
2. Person In Charge (Representative): \_\_\_\_\_  
(We may require a letter from the company you are representing. This letter authorizes you to act as its representative. This letter must be submitted with this application.)
3. Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Contact Phone Number (preferably cell phone): \_\_\_\_\_
5. Email Address: \_\_\_\_\_
6. What are you selling or distributing?: \_\_\_\_\_
7. Have you or your company been involved in any arrests or convictions for misdemeanors, crimes or violations of Municipal Ordinances? Circle One: Yes or No  
If yes, please describe the nature of these offenses: \_\_\_\_\_
8. Do you need electricity at your space? Circle One: Yes or No If yes, is it critical? (Y) or (N)

**INSURANCE REQUIREMENTS**

Applicant must provide a Comprehensive General Liability certificate naming that insurance policy as the primary insurance policy for any claims made as a result of the utilization of that location by the Applicant. **The policy shall have a minimum limit in the amount of \$250,000.00. The insurance certification shall name Delran Township as an additional insured.**

ABSOLUTELY NO ALCOHOLIC BEVERAGES ARE ALLOWED ON THE FIELD. YOU MUST BRING A COPY OF THIS PERMIT TO THE SITE DURING THE SCHEDULED ACTIVITES & PRESENT UPON REQUEST.

This permit is issued to the Applicant listed for the purpose of conducting the specified event at the said Municipal Facility. In accepting this permit, the Applicant, its members and invitees accepts and assumes the risk of all conditions existing in the area covered by this Permit and the approaches thereto and agree to indemnify and hold harmless the Township of Delran, its officers, agents, and employees from all claims, damages, losses, and expenses arising out of or resulting from the use of Municipal property. In accepting this permit, the applicant further agrees to pay cost of repairs from damage which occurs during use of the field by the Applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_