PERMIT FOR USE OF HAFNER HALL

_____ ("Applicant") is granted permission to use Hafner Hall, owned by Allamuchy Township on _____ between the hours of _____ and _____. _____ shall be the individual responsible for assuring that the terms and conditions of this permit are met. A deposit in the amount of $_____ has been paid by Applicant. This deposit shall be forfeited if the terms and conditions of this permit are not met.

The following terms and conditions shall apply:

(1) Applicant is responsible to arrange for the set-up and take down of the room. You are not allowed to use any type of glitter or confetti when decorating. Candles or any open fire is not permitted.

(2) **Use of the kitchen Warmer Only! – No Stove!**

(3) The room shall be left in **broom-clean condition.** All garbage shall be placed in a closed garbage bag or container and all recyclables shall be left in a separate closed garbage bag or container. The bags shall be put outside in the appropriate garbage bins by **Applicant!**

(4) In the event of an emergency, the Allamuchy Township Volunteer Fire Department may need to evacuate the room and the Applicant must comply with the direction of the Allamuchy Township Volunteer Fire Department's representative.

(5) The possession or consumption of alcoholic beverages is **prohibited. Unless the Applicant takes out a Special Event Insurance Liability Policy! IF ALCOHOL IS SERVED WITHOUT OUR KNOWLEDGE, YOU WILL NOT RECEIVE YOUR DEPOSIT BACK, YOU WILL BE BANNED FROM FUTURE USE OF HAFNER HALL AND YOU TAKE ON FULL RESPOSIBILITY OF ALL LIABILITIES! PROOF OF INSURANCE IS DUE 14 DAYS PRIOR TO THE EVENT OR NO ALCOHOL IS PERMITTED!**

(6) Applicant acknowledges and accepts responsibility for the actions of its attendees. Applicant and all guests agree to obey all applicable laws.

(7) Applicant is responsible for assuring that all attendees of the event are parked in permitted areas.

(8) Neither Applicant nor any attendee shall take part in any activity that constitutes a hazard or nuisance to any person.

(9) The grant of a permit for the use of the Hafner Hall shall not be deemed to include the right to use any other area of the Firehouse.

(10) Indemnification. Neither Allamuchy Township nor Allamuchy Township Volunteer Fire Department shall be responsible for any injuries or property damage caused by or resulting from the issuance of this permit for the use of the Hafner Hall, or any activity arising from or related to the use of Hafner Hall. Applicant and Applicant's attendees agree to indemnify and hold Allamuchy Township and Allamuchy Township Volunteer Fire Department, their officers, employees, members, and personnel harmless against any claims, liability costs and expenses that may be asserted or sustained by reason of the acts and conduct of Applicant or Applicant's attendees. The use of Hafner Hall and of any other portion of the Firehouse or the Firehouse property shall be at the risk of Applicant and Applicant's attendees.

_____ Allamuchy Township Clerk

_____ Hafner Hall Coordinator

I hereby agree to the above terms and conditions and to the Policy for Use of Hafner Hall.

_____ Name of Applicant

By: _____ Responsible Party (Sign and Print Name)

Allamuchy Township
Township Clerk's Office
292 Alphano Road
Great Meadows, NJ 07838
Phone: 908-852-5132 Fax: 908-852-0129
www.municipalclerk@allamuchynj.org

Renter Indemnity

The Renter shall indemnify, defend and hold harmless Allamuchy Township, their employees, agents, professionals and volunteers from and against any and all claims, losses, penalties, damages, settlement, costs, charges, professional fees (including attorney's fees and related costs) and/or other expenses or liabilities of any nature whatsoever including, without limitation, the investigation and defense of any claims, arising out of the rental including, without limitation, claims for damage, or loss that (a) is attributable to bodily injury, sickness, disease or death, or to injury or to destruction of tangible property including the loss of use resulting there from, (b) is caused in whole or in part by any act or act of omission of the Renter, or their, exhibitors, vendors or anyone directly or indirectly employed or affiliated in any manner with the Renter. This agreement also applies to all volunteers of the Renter.

Individual (Print)	Signature
Title	Renter Name
Date Signed	Purpose of Event
Location of Event	Date of Event

Allamuchy
TOWNSHIP
EST 1879

Allamuchy Township
Township Clerk's Office
292 Alphano Road
Great Meadows, NJ 07838
Phone: 908-852-5132 Fax: 908-852-0129
www.municipalclerk@allamuchynj.org

CHECKLIST FOR SUBMISSION FOR APPROVAL

Renter/Organization: _____

Description of Event: _____

Date, Time, Place Requested: _____

Name & Address of Contact: _____

Telephone & Email: _____

Check Off If Attached

☐ 1. Certificate of Insurance for General Liability naming Allamuchy Township as Additional Insured (Allamuchy Township must be listed in the Certificate Holder Box).

- Combined Single Limit of $1,000,000 each occurrence and $2,000,000 aggregate for bodily injury and property damage.
- Liquor Liability – Must be included for any event where alcohol will be served. Liquor Liability Coverage - $1,000,000 each claim, $1,000,000 aggregate.

☐ 2. Certificate of Insurance for Business Automobile Insurance naming Allamuchy Township as Additional Insured.

- Automobile Liability Coverage, with a combined single limit of liability per occurrence of $1,000,000 for bodily injury, property damage.

☐ 3. Certificate of Insurance for Workers' Compensation and Employers Liability.

- Employers Liability Limit shall be a minimum of $500,000, in accordance with New Jersey Statute ($500,000/$500,000/$500,000).

☐ 4. Additional Insured Named Endorsement/CG2010-Owners, Lessees or Contractors – Scheduled Person or Organization or CG2026- Designated Person or Organization.

☐ 5. Copy of Signed Hold Harmless Agreement.

POLICY NUMBER: MUST MATCH GENERAL LIABILITY POLICY NUMBER COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Allamuchy Township 292 Alphano Road Great Meadows, NJ 07838
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

A. In the performance of your ongoing operations; or

B. In connection with your premises owned by or rented to you.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:
Insurance Agency	PHONE (A/C, No, Ext): / FAX (A/C, No):
	E-MAIL ADDRESS:

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Rental Group / Vendor Information	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	☐ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	☐ CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person)	$
				Policy Number	01/01/2022	01/01/2023	PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	☐ POLICY ☐ PRO-JECT ☐ LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS			Policy Number	01/01/2022	01/01/2023	BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N / A		Policy Number	01/01/2022	01/01/2023	E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

EXAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate holder Allamuchy Township is additional insured..

CERTIFICATE HOLDER

Allamuchy Township
Township Clerk's Office
292 Alphano Road
Great Meadows, NJ 07838

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE