



Borough of Lake Como

formerly South Belmar
Incorporated 1924
Monmouth County

Michael B. Ryan
Mayor

Louise A. Mekosh
Borough Clerk/Administrator

Dear Applicant,

The Borough of Lake Como requires all applicants for Special Events to fill out the **SPECIAL EVENTS PERMIT APPLICATION**. Enclosed is the Special Events Permit Application and a copy of Borough Ordinance #93-576. Please pay special attention to the bracketed areas. If you have any questions pertaining to the application or ordinance please call Borough Hall at 732-681-3232.

ALL RUNS MUST BEGIN PRIOR TO 10:00 AM.

Special Events Committee



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*****MUST BE TYPED OR PRINTED NEATLY*****

SPECIAL EVENTS PERMIT APPLICATION

PLEASE COMPLETE THE FOLLOWING INFORMATION, AS REQUIRED BY
BOROUGH ORDINANCE NO. 93-576.

NAME OF APPLICANT/ORGANIZATION: _____

ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

ON SCENE PERSON RESPONSIBLE FOR EVENT: _____

ADDRESS AND PHONE NUMBER: _____

WILL THERE BE AN ADMISSION CHARGE TO ATTEND?: _____ YES _____ NO

IF YES, HOW MUCH?: _____

LIABILITY INSURANCE COVERAGE? _____ YES _____ NO

AMOUNT OF COVERAGE _____



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DATE AND HOURS FOR WHICH THE PERMIT IS DESIRED: _____

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LOCATION OF EVENTS AND COMPLETE DETAILS AS TO HOW THE
APPLICANT INTENDS TO PROVIDE FOR SECURITY AND TRAFFIC CONTROL:

DESCRIBE ALL BOROUGH RESOURCES AND/OR SERVICES THAT WILL BE
REQUIRED TO BE PROVIDED IN CONNECTION WITH THE EVENT:

APPROXIMATE NUMBER OF CONTESTANTS, PARTICIPANTS, SPECTORS,
AND/OR OTHER PEOPLE THAT COULD RESONABLY BE ANTICIPATED TO
ATTEND THE EVENT: _____

THE BOROUGH OF LAKE COMO RESERVES THE RIGHT TO CANCEL ANY
SPECIAL EVENT DUE TO CIRCUMSTANCES BEYOND ITS CONTROL, SUCH AS
STORMS OR ANY NATURAL DISASTER.

SIGNATURE OF APPLICANT

DATE



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PLEASE PROVIDE A DETAILED DESCRIPTION OF THE PROPOSED EVENT AND A SKETCH THAT WOULD SHOW THE AREA OR ROUTE TO BE USED, ALONG WITH ANY PROPOSED STRUCTURES, TENTS, FENCES, BARRICADES, SIGNS, BANNERS, AND RESTROOM FACILITIES, MORE COMMONLY REFERRED TO AS A FOOTPRINT.

YOU MUST ALSO INCLUDE A COPY OF THE CERTIFICATE OF INSURANCE.