

1 South Main Street Glassboro, NJ 08028-2592 | (856) 881-1501 ext: 88156

BOROUGH OF GLASSBORO POLICE DEPARTMENT

Application for Street Closure Permit

Completed Application Should be Submitted 90 Days Prior to Event. *Subject to Council Approval

1. Name of Applicant: _____

2. Address: _____

3. If an Organization, List Officers: _____

Name

Address

Telephone #

4. Date of Street Closure: _____

Rain Date: _____

5. Purpose of Street Closure: _____

6. Proposed Route of Street Closure: _____

***MUST ATTACH A DETAILED STREET MAP DRAWING + WRITTEN DESCRIPTION:**

Be Detailed as Possible including Start, Finish, Direction of Travel, Stage areas, DJ setup, etc.

7. Approximate Number of the following:

- Number of Persons _____
- Number & Type of Vehicles _____
- Number & Type of Animals _____
- Number & Type of Bands _____
- Number & Type of Handheld Signs _____
- Number & Type of Small Props _____

8. Specify hours of use: From: _____ to _____ Actual Start/Finish Time of event: _____ to _____

9. Will Event Occupy All Or A Portion The Streets Proposed To Be Traversed? YES NO
(Examples: Walkathon, 5K, Marathon, March, Parade, etc.)

GROUP/INDIVIDUAL CERTIFICATION OF RESPONSIBLE PARTY

I/We, the undersigned group and/or individual(s) do hereby acknowledge and agree that I/We shall be fully responsible and liable to the Borough of Glassboro and/or other parties resulting from the event sponsored by said group and/or individual(s).

I/We also agree to indemnify and hold harmless the Borough of Glassboro for any and all claims made against the Borough of Glassboro as a result of the event including, but not limited to: damages, costs and attorney fees in defense of said litigation.

Signature/Date

Printed Name

Signature/Date

Printed Name

Note: Municipality has the right, in its sole discretion, to deny, limit, or revoke the request of a street closure permit when in the opinion of the Municipality the use presents a risk of unreasonable injury to persons or damage to property of the Municipality or others.

PARADE/ASSEMBLY/PARTY/DEMONSTRATION SECURITY PLAN

Describe in detail the plans for security, sanitation, and safety at your event. If appropriate, please provide a diagram and label the locations of the following as well as describing them on the diagram.

SECURITY:

Who is providing security for the event? _____

How many security personnel will be employed? _____

How will the security personnel be identified? _____

SANITATION:

Who is providing sanitation facilities for the event? _____

What type of sanitation facilities will be provided? _____

If portable toilets are being used how many will be provided and when will they be removed? _____

Who is responsible for clean-up after the event? _____

Describe your clean-up plan or arrangements: _____

SAFETY:

Will first aid be available at the event? Yes _____ No _____

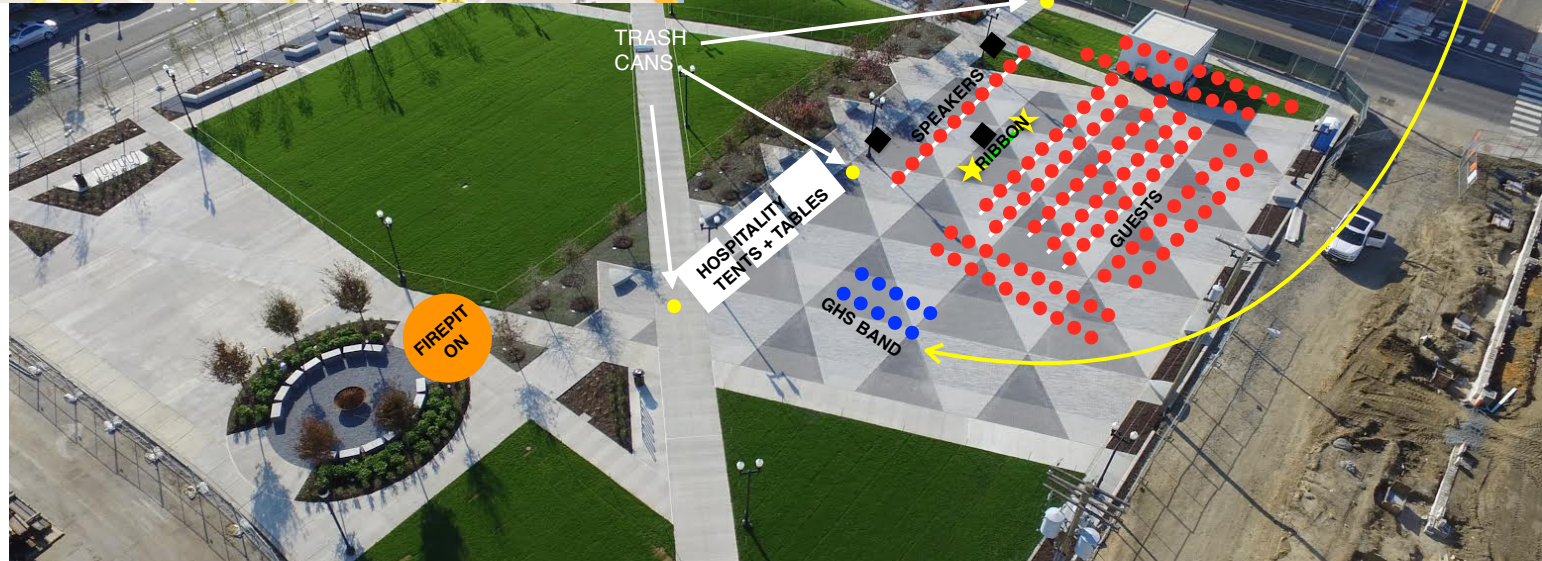
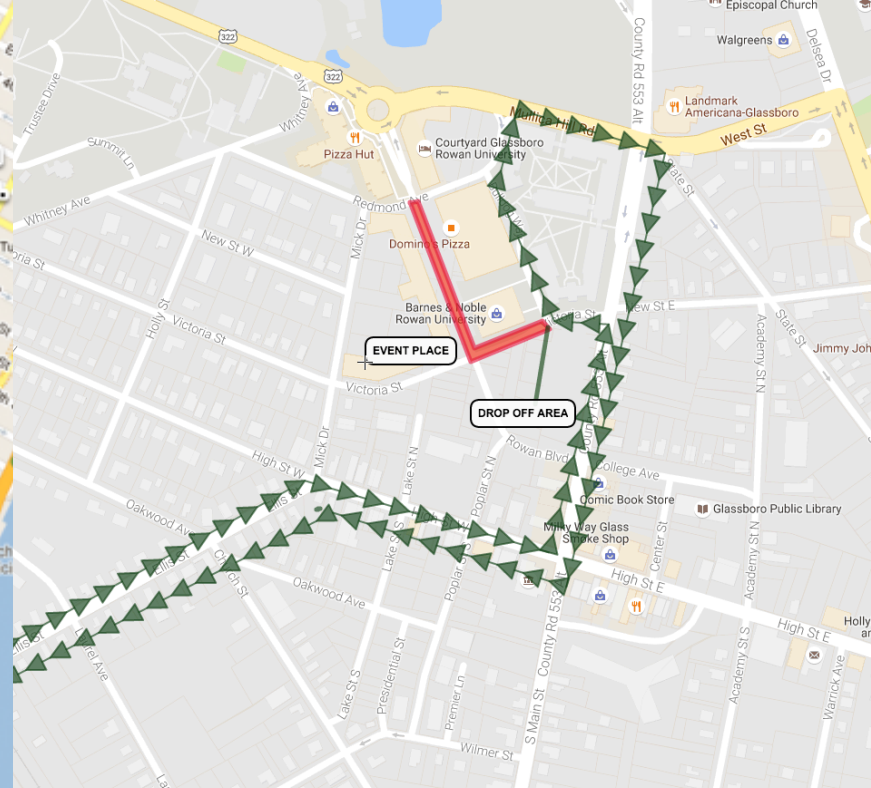
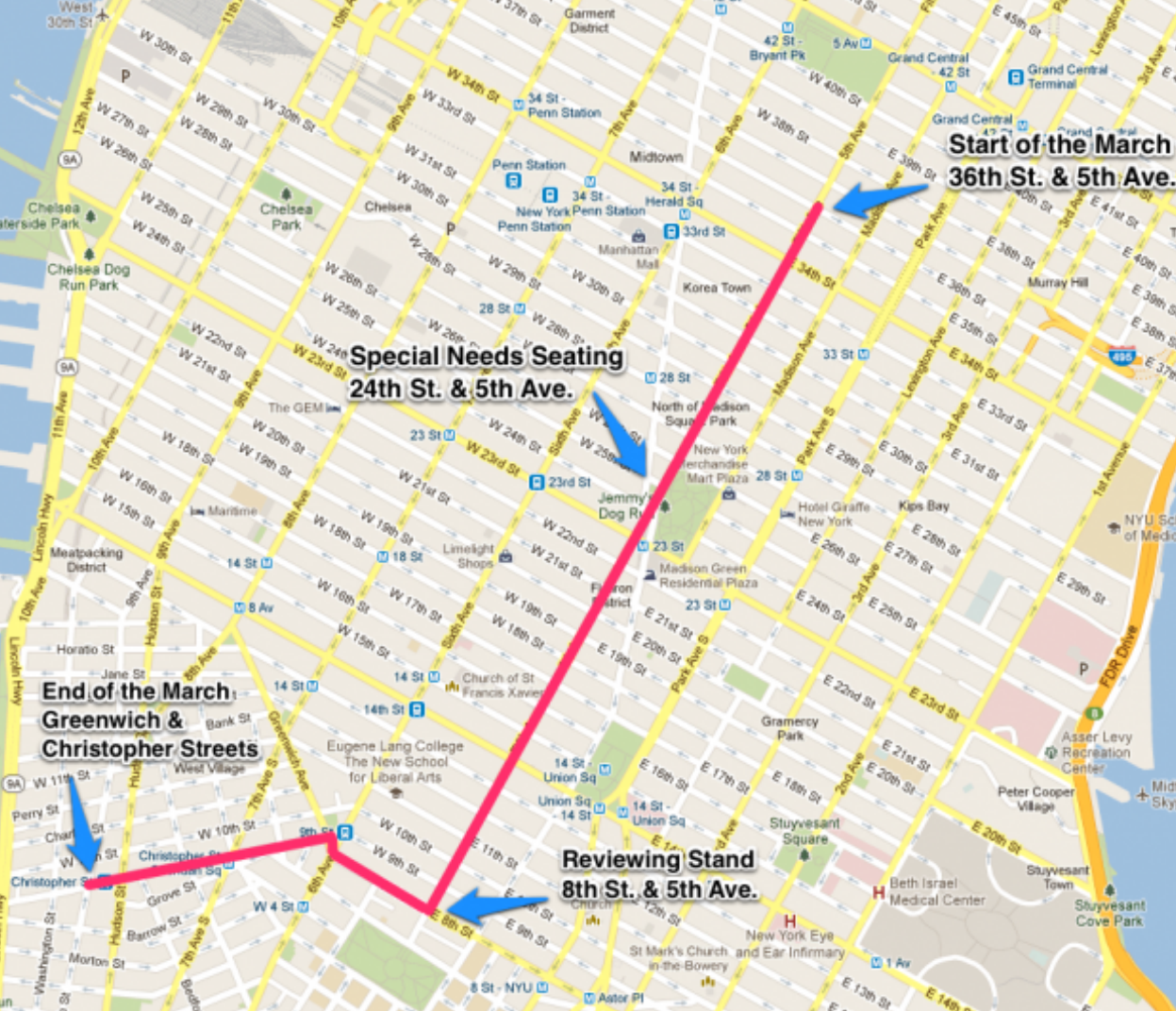
Who will be responsible for administering first aid at the vent? _____

Will you have a designated first aid station? Yes _____ No _____

If yes, how will it be identified? _____

Describe any special communication plans to be used at the event: _____

How will you contact the Glassboro Police Department in case of emergency? _____



EXAMPLES OF DETAILED MAPS OF EVENT AREAS WITH STREET CLOSURES.