



**TOWNSHIP OF LOWER**  
**POLICE OUTSIDE CONTRACT / SPECIAL EVENTS**

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Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_  
Date of Application: \_\_\_\_\_ Anticipated Attendance: \_\_\_\_\_

**Type of Event: (Check One)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Parade / Procession  | <input type="checkbox"/> Festival <input type="checkbox"/> 1-Day <input type="checkbox"/> Multi-Day | <input type="checkbox"/> Block Party            |
| <input type="checkbox"/> Craft Show <input type="checkbox"/> 1 day <input type="checkbox"/> Multi-Day | <input type="checkbox"/> 1K / 5K / Athletic / Bike Race / Marathon                                  | <input type="checkbox"/> Ceremony / Celebration |
| <input type="checkbox"/> Polar Plunge / Water Event   | <input type="checkbox"/> Car Show   |   |
| <input type="checkbox"/> TRAFFIC DETAIL REQUEST ONLY  | <input type="checkbox"/> Other (please describe) _____  |   |
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The Township of Lower requires all organizations, corporations and/or individuals planning to stage an event to file an official application with the Township.

The Mayor and Council of the Township of Lower have sole authority over the issuance of all Special Event Permits.

All applications require a 30-day review prior to the event.

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**APPLICANT INFORMATION**

1. Name of Organization: \_\_\_\_\_
2. Address of Organization: \_\_\_\_\_  
\_\_\_\_\_
3. Point of Contact: \_\_\_\_\_ Phone: \_\_\_\_\_
4. President: \_\_\_\_\_ Treasurer: \_\_\_\_\_
5. Purpose of Organization: \_\_\_\_\_
6. Number of Members in Organization: \_\_\_\_\_
7. Tax Exempt: ☐ Yes ☐ No      Tax ID#: \_\_\_\_\_
8. Is this a Non-Profit Event: ☐ Yes ☐ No      NJ Registered Charitable Organization #: \_\_\_\_\_

## SECTION 1 – ORGANIZATION INFORMATION

1. Information about Event Chairperson applying for the permit on behalf of the organization, who is responsible for its conduct. (All event staff must be identified by shirts or badges)

Name of Event Chairman/Organizer: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Event Chairman/Organizer: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. If a management company is contracted to handle the event, please provide the following information:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Portions of the event for which the company is responsible: \_\_\_\_\_

3. Have you sponsored this event in Lower Township in previous years? ☐ Yes ☐ No

4. Will you be requesting any street closures? ☐ Yes ☐ No

Please List all streets/locations you are requesting to be closed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Traffic Plan Required: ☐ Yes ☐ No

6. Number of Officers Requested: \_\_\_\_\_

7. Number of Vehicles Requested: \_\_\_\_\_

**\*\*\*Cancellation of event NOTICE must be received 48 hours prior to event start time. Failure to comply will result in payment in accordance with the Lower Township PBA Local 59 Contract\*\*\***

## SECTION 2 – EVENT INFORMATION

1. Official Name of Event: \_\_\_\_\_
2. Location of Event (please list Township venue requirements by day/date): \_\_\_\_\_  
\_\_\_\_\_
3. Purpose of Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Will the event be held for the sole purpose of advertising any product, goods or event? ☐ Yes ☐ No
5. If yes, describe in detail: \_\_\_\_\_  
\_\_\_\_\_
6. Will alcohol be served or sold by event organizers or others? ☐ Yes (ABC Permit WILL be required) ☐ No
7. If yes, describe in detail (e.g. merchant sales/vendor sales/organization sales): \_\_\_\_\_  
\_\_\_\_\_
8. Describe Event Activities (Include a copy of the program schedules): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Dates and time of Event (use additional paper if necessary):

### Dates and Times of Parade / Events

#### Set-up / Assembly

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

#### Event Operation

Date: \_\_\_\_\_ Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Date: \_\_\_\_\_ Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Date: \_\_\_\_\_ Start: \_\_\_\_\_ Finish: \_\_\_\_\_

#### Dismantling / Disbanding

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

a. Rain Dates: \_\_\_\_\_

## SECTION 2 – EVENT INFORMATION CONTINUED

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10. Will the event require the site to remain in place overnight, or will the site be broken down each night (partially or completely)? Explain: \_\_\_\_\_

\_\_\_\_\_

11. Describe how you plan to provide security for the event: \_\_\_\_\_

\_\_\_\_\_

12. Are barricades requested? ☐ Yes ☐ No

**All Events will require a detailed site plan.**

**Site plan should include port-a-potties, vendors, stage, etc.**

### SECTION 3 – INSURANCE REQUIRMENTS

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1. Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Limits of Liability: \_\_\_\_\_

*Predicated on the event(s) location(s), size and duration.*

**Events are required to provide the Township of Lower with a Certificate of Insurance indicating the continuation of insurance coverage and designating the Township of Lower as an Additional Insured**

I, \_\_\_\_\_, the undersigned state that I am the duly authorized representative of the \_\_\_\_\_ and the information provided in this application is correct to the best of my knowledge. I understand that some of the information is preliminary in nature and I will provide updated information as it becomes available. I further agree to abide by changes made to the proposed event as indicated when so granted.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## HOLD HARMLESS

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NAME OF ORGANIZATION/USER \_\_\_\_\_ will be referred to as **USER** from this point forward. **USER** shall indemnify, save harmless and defend the **Township of Lower**, its elected and appointed officials, its employees, agents, volunteers and others working on behalf of the **Township of Lower**, from and against any and all claims, losses, costs, attorney's fees, damages, or injury including death and/or property loss, expense claims or demands arising out of User's use of the Facilities / Equipment, including all suits or actions of every kind or description brought against the **Township of Lower**, either individually or jointly with **USER** for or on account of any damage or injury to any person or persons or property, caused or occasioned or alleged to have been caused by, or on account of, any of the activities conducted by or caused to be conducted by **USER**, or through any negligence or alleged negligence in safeguarding the FACILITY(IES) / EQUIPMENT, participants, or members of the public, or through any act, omission or fault or alleged act, omission or fault or alleged act, omission or fault of the **USER**, its employees, agents, volunteers, subcontractors or others under the direction, control or under any contractual relationship with the **USER**. The above **USER** shall inspect the described FACILITY (IES) / EQUIPMENT prior to the use of the FACILITY (IES) / EQUIPMENT and report any defective, hazardous or dangerous conditions found at the FACILITY (IES) / EQUIPMENT to An Appointed Recreation Supervisor and/or Public Works Supervisor and **USER** shall immediately cease the use of the FACILITY (IES) / EQUIPMENT until such defective, hazardous or dangerous conditions are remedied. After the use of the FACILITY(IES) / EQUIPMENT, **USER** shall immediately report to the **Township of Lower** any and all defects, hazards, damages or dangerous conditions upon or adjacent to the FACILITY(IES) / EQUIPMENT.

### INSURANCE

Notwithstanding the indemnification and defense obligations of the **USER**, **USER** shall purchase and maintain such insurance described in the attached schedule and as is appropriate for the type of use and hazards present and as will provide protection from any and all covered claims which may arise out of or caused or alleged to have been caused in any manner from User's use of the FACILITY(IES) / EQUIPMENT, whether it is to be used by the **USER**, its employees, agents, volunteers, subcontractors or others under the direction, control or under any contractual relationship with the **USER** or by anyone for whose acts any of them may be liable.

**USER** shall be required to name the **Township of Lower** as an "Additional Insured" on the User's policy of commercial general liability insurance, and simultaneously with the delivery of the executed Use of Facilities Agreement, **USER** shall provide the **Township of Lower** with a Certificate of Insurance indicating that the insurance coverage as described in the attached schedule, and as is appropriate for the type of use and hazards present, has been obtained and that the **Township of Lower** has been designated as an "Additional Insured" where required. On or before the renewal date of said policy, **USER** shall be required to provide the **Township of Lower** with a Certificate of Insurance indicating the continuation of insurance coverage and designating the **Township of Lower** as an "Additional Insured" for the duration of this agreement.

The schedule of insurance and the limits of liability for the insurance shall provide coverage for not less than the amounts listed in the attached schedule or greater where required by law.

\_\_\_\_\_  
User (Signature)

\_\_\_\_\_  
Township Representative (Signature)

\_\_\_\_\_  
User (Print)

\_\_\_\_\_  
Township Representative (Print)

## CERTIFICATE OF INSURANCE

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Evidence of financial responsibility from event chairperson, organization and others with whom the Township of Lower does business is required. Evidence should be in the form of a document that is issued by an insurance company or their authorized representative, which spells out the insurance coverage in force at the dates and times the special event will occur. It does not serve as a binder and does not confer rights upon the holder. The policy must be current and not expire before or on the dates of the event.

The Township Manager or Township of Lower Mayor and Council may refuse to grant the use or permission to execute the Special Event whenever in their judgment there is good reason why permission should be refused. They shall not be required to give a reason for such refusal.

**Individuals** – Block Parties or any other oriented parties

**Non-Profit/Charitable Groups** – Civic Groups, Social Groups, Support Groups or any other group that does not gain profits.

**Commercial Rental** – Any organization that is for profit. (I.e. Associations, Corporations, etc.).

### I. INDIVIDUALS

- A. General Liability Limit \$1,000,000.00

Evidence that the individual has personal liability insurance in force is required to use any Township of Lower property or facility. This would be in the form of Homeowners, Condo, or Tenant's policy where the personal liability coverage is included along with other coverage for the individual. A copy of the policy needs to be kept on file with the Special Event Application as evidence of coverage.

### II. NON-PROFIT/CHARITABLE GROUPS

- A. General Liability Limit \$1,000,000.00  
B. Township of Lower, N.J. named as "Additional Insured"  
C. Executed Hold Harmless Agreement required with Special Event Application. The Special Event shall not be allowed to occur or use the Township of Lower until it has obtained the insurance required under this contract. All coverage shall be with insurance carriers licensed and admitted to do business in the State of New Jersey and acceptable to the Township of Lower. If the organization / individual contracts with a vendor, evidence of adequate insurance coverage also needs to be secured from them.

### III. COMMERCIAL (FOR PROFIT) GROUPS

- A. Commercial General Liability Limit \$1,000,000.00  
Combine Single Limit of Liability for Bodily Injury and Property Damage.  
B. Township of Lower, N.J. named as "Additional Insured"  
C. Executed Hold Harmless Agreement required with Special Event Application. The Special Event shall not be allowed to occur or use the Township of Lower until it has obtained the insurance required under this contract. All coverage shall be with insurance carriers licensed and admitted to do business in the State of New Jersey and acceptable to the Township of Lower. If the organization / individual contracts with a vendor, evidence of adequate insurance coverage also needs to be secured from them.

## 1K / 5K / ATHLETIC / BIKE RACE / MARATHON

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1. Name of Race: \_\_\_\_\_
2. Purpose of Race: \_\_\_\_\_
3. Entrance Fee Charged: ☐ Yes ☐ No      Amount: \$\_\_\_\_\_
4. Beneficiary: \_\_\_\_\_
5. Race Distance: \_\_\_\_\_
6. Number of Participants: \_\_\_\_\_ How many volunteers will staff the event: \_\_\_\_\_
7. Proposed Route (site-plan): \_\_\_\_\_  
\_\_\_\_\_
8. Starting & Ending Location (identify on site-plan): \_\_\_\_\_  
\_\_\_\_\_
9. Assembly & Disbanding Area (identify on site-plan): \_\_\_\_\_  
\_\_\_\_\_
10. Location(s) of Water Stations (identify on site-plan): \_\_\_\_\_  
\_\_\_\_\_
11. Special Guests (i.e., Mascot, Politician, Musician, Controversial, Actor, Actress, etc.): \_\_\_\_\_  
\_\_\_\_\_



## PUBLIC WORKS

ALL APPLICANTS MUST COMPLETE THE REMAINING SECTION

### 1. Trash and Recycling

Are Township trash & recycling receptacles and removal requested? ☐ Yes ☐ No

Number Requested: Trash: \_\_\_\_\_ Recycling cans & bottles: \_\_\_\_\_ Dumpsters: \_\_\_\_\_

Do you have a recycling plan? ☐ Yes ☐ No

### 2. Food / Craft Vendors Obligations

Name of person responsible for distributing this information to vendors: \_\_\_\_\_

- a. All trash from set-up to clean-up must be removed and placed in dumpsters provided. No stockpiling of trash behind space. If it was not there when you got there, you must remove it!
- b. If Township electric is being rented by a vendor, a 20 amp service cord will be available at that space. One (1) service is provided for each space rented.
- c. Walkways behind vendors must be kept clear of all obstructions at all times.
- d. In cooking areas, the complete floor space must be covered with approved material to protect the ground surface, for example, tar paper.
- e. Water is available at the sink location. All grey water must be contained and disposed of in containers at the sink location.
- f. No dumping of any water in the event area is allowed.
- g. Before festivals, maps will be provided indicating locations of trash and recycle dumpsters, grey water and grease disposal.
- h. Cardboard boxes intended for disposal must be broken down. All cardboard must be put into dumpsters designated for cardboard.

***Improper disposal of any material (including grey water, trash, garbage and recyclables) – will be subject to legal action for violations under local ordinances and other law.***

### 3. Reviewing Stand

Do you request the Reviewing Stand? ☐ Yes ☐ No

### 4. Barricade Request (#) \_\_\_\_\_ (Price for barricades will be provided prior to event being approved)



June 11, 2025

Dear Valued Client,

Beginning July 13, 2025, Extra Duty Solutions (EDS) will be administering extra duty details worked by the Lower Township, NJ Police Department. We make it easy for you to request an officer to work at your establishment or event. We provide you with an account management team that is available 24/7/365 to help you request new extra-duty details and modify or cancel existing details. EDS handles all scheduling for the officers and facilitates customer payments through an accessible online portal. Additionally, EDS maintains a robust insurance program that is designed to protect against claims arising out of the assignment of off-duty personnel acting in a security capacity.

**Account Team Contract Information for the Lower Township Police Department:**

Phone #: 609-778-4111

Email: [LowerTwpNJ@ExtraDutySolutions.com](mailto:LowerTwpNJ@ExtraDutySolutions.com)

Please register as a new customer in the customer portal at:

<https://portal.extradutysolutions.com>

A member of the account management team will review your submission and contact you to ensure the request is consistent with the department's rules for extra duty employment or if there are any questions.

Pay rates for officers are per officer, per hour:

	Officer Pay Rate	Agency fee	EDS fee	Total
Standard job rate:	\$85	\$7.00	\$7.36	\$99.36
Vehicle fee hourly:	\$23		\$1.84	\$24.84

*\*Fees included but are not limited to agency admin fees, scheduling fees, worker's comp, etc.*

We make every effort to find an officer to fill your request. However, because extra duty work is voluntary, there is a chance your request may go unfulfilled.

Here are some policies you need to be aware of:

- The department requires a two (2) hour minimum to schedule an officer. If a job ends before the required minimum, each officer scheduled will be paid for the two (2) hour minimum.
- Partial hours are rounded up in 15 minute increments.

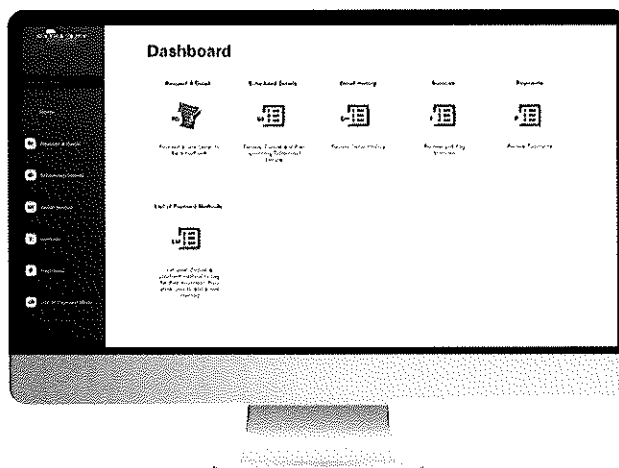


- If a job is cancelled within 12 hours of the scheduled start time, each Officer shall be paid the two (2) hour minimum.

In addition to requesting details through the customer portal, you can make payments, retrieve invoices, and find your detail history.

You are not obligated to use the customer portal for any of these functions. It's a convenient tool at your fingertips 24/7/365. Your account team is also available 24/7/365. Reach out to us anytime.

For additional information on how to use the customer portal please visit the 'Registering as a New EDS Customer' section within the portal.



Please don't hesitate to reach out if you have any questions.

We look forward to working with you and handling your extra duty needs!