



# FRANKFORD township

151 US Hwy. 206, Augusta New Jersey 07822 \* Phone: 973-948-5566 \* Fax: 973-948-2612  
Website: www.frankfordtownship.org \* E-mail: clerk@frankfordtwp-nj.com

## EVENT LICENSE APPLICATION – PUBLIC GATHERING (1000++)

### APPLICATION INFORMATION:

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

If Corporation, Names & Addresses of Officers:

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

I hereby certify that I have read and understood the attached copy of the Frankford Township Noise Ordinance, and I will comply with same.

\_\_\_\_\_  
Print Name

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

### EVENT INFORMATION:

Type of Event & Purpose: \_\_\_\_\_  
(Attach sketch showing set up of event)

Person in Charge of Event: \_\_\_\_\_ Phone# \_\_\_\_\_

Event Date: \_\_\_\_\_ Application Date: \_\_\_\_\_

**\*\*\*NO GIFTING OR SALES OF CANNABIS PERMITTED IN FRANKFORD TOWNSHIP ORDINANCE 2023-006\*\***

Have you applied for a license here before: \_\_\_\_\_ Yes \_\_\_\_\_ No

Number of persons engaged in event: \_\_\_\_\_ Number of Spectators: \_\_\_\_\_

Location where Event will be held: \_\_\_\_\_

Will anyone else be selling food at this event? \_\_\_\_\_ Yes \_\_\_\_\_ No

Owner(s) of Premises: \_\_\_\_\_

### INSURANCE REQUIREMENTS

Name of Insurance Company: \_\_\_\_\_ Policy No. \_\_\_\_\_

Certificate of Insurance must be attached covering event and naming Frankford Township as "Certificate Holder" and Additional insured".

SIGNS/BANNERS (Submit application to Zoning Officer, a separate fee will apply).

PLEASE SUBMIT COMPLETED EVENT LICENSE APPLICATION WITH \$200.00