



**Ocean County Department of Parks and Recreation**

**1198 Bandon Road, Toms River, NJ**

**732-506-9090 • Fax - 732-270-9464**

**[www.oceancountyparks.org](http://www.oceancountyparks.org)**

**RULES AND REGULATIONS FOR SPECIAL USE PERMIT**

1. Application, certificate of insurance fees, and any other paperwork required by this Department **MUST BE RECEIVED** in this office thirty (30) days prior to your event date.
2. **Liability insurance is mandatory. Specific requirements are enclosed. Proof of proper insurance must accompany your application or it will be returned unprocessed. Please be advised that faxed copies ARE NOT ACCEPTABLE. (Sample Insurance Enclosed).**
3. Day camps, school groups, etc. are required to provide adult chaperones/counselors. One chaperone/counselor is required for every fifteen students. Chaperones/counselors must be at least 18 years of age, remain with the group at all times, and are responsible for the safety and conduct of the class. In addition, your organization must provide restroom monitors.
4. Sports field usage is for **GAME PLAY ONLY!** No practices allowed!
5. Professional photo permits are per calendar year, must carry permit card at all times.

**PROHIBITED ITEMS**

- Amplified music or loudspeakers including bands, recorded music, DJ's or generators.
- Poles, stakes, holes, tents, tarps or any shelters in the ground. Carnival equipment, including moon bounce, inflatable slides, etc. Balloons of any kind, including water balloons.
- Propane-type grills, wood fires, bonfires.
- Operation of model planes and drones.
- Styrofoam products.
- Roller skating or skateboarding is **NOT** permitted.

**PATRON'S RESPONSIBILITY**

- Check closing time of park and be ready to exit the park at closing time.
- If applicable, outside caterers must meet all Health Department and Fire code guidelines.
- It is the permit holders responsibility to clean up after your event. Trash and recyclables must be properly disposed of. If a group leaves the area with excessive trash, their permit will be revoked.

These rules apply to all events and additional regulations may apply. Any violation of these rules and regulations or any damage to park property or disregard of park rules and regulations will result in denial of future permits. If you have any additional questions, please call the Parks Administration at 732-506-9090.

**I HAVE READ THE ABOVE RULES AND REGULATIONS AND AGREE TO ABIDE BY THE TERMS AND CONDITIONS LISTED ABOVE.**

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**(Print) Responsible Party**

**Signature**

**Date**

PLEASE RETURN THE SIGNED RULES & REGULATIONS, SPECIAL USE PERMIT AND INSURANCE CERTIFICATE. A copy will be returned to you with your receipt.



## SPECIAL USE PERMIT APPLICATION

Ocean County Department of Parks & Recreation

1198 Bandon Road, Toms River, NJ 08753

732-506-9090 FAX 732-270-9464

or Toll Free 1-877-OC-PARKS

www.oceancountyparks.org

Requested Park: \_\_\_\_\_ Area: \_\_\_\_\_

Dates (including set-up and clean-up days): \_\_\_\_\_

Name of Event: \_\_\_\_\_

**Detailed** Description of Event: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Estimated Number of Participants: \_\_\_\_\_

### PLEASE PRINT

Organization/Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

☐

Non Profit Organization ID # \_\_\_\_\_

☐

For Profit

### PLEASE CIRCLE

Admission Charge: Yes or No

Food Vendors: Yes or No

Will the event be advertised: Yes or No

Water and Electric: Yes or No (Available at Robert J. Miller County Airpark only)

Will there be sale of Beer or Wine (ABC Permit Required): Yes or No **(Director approval needed)**

**Note: Sports Fields are for Game Play Only, NO Practice**

Check Box: Soccer Field Open Play Field Tennis Courts/Pickle Ball Track Filming

Disk Golf Cross County Classes Brown Bag Lunch Yearly Photo Permit Other \_\_\_\_\_

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

Date \_\_\_\_\_



Ocean County Department of Parks and Recreation

1198 Bandon Road, Toms River, NJ

732-506-9090 • Fax - 732-270-9464

Jakes Branch County Park

1100 Double Trouble Road, Beachwood, NJ • 732-281-2750

Wells Mills County Park

905 Wells Mills Road, Waretown, NJ • 609-971-3085

## SPECIAL USE PERMIT CHECK LIST

Please submit all checked documentation and contracts thirty (30) days prior to your event for final approval. Failure to submit items will result in the cancellation of your reservation.

Check Items/Documents Required for Events

Date Received

<input type="checkbox"/>	\$500.00 per day (check or money order - payable to County of Ocean)	_____
<input type="checkbox"/>	Privately instructed classes are \$50.00 per day for groups with 30 patrons or less	_____
<input type="checkbox"/>	\$200.00 Professional Photography Permit (per calendar year)	_____
<input type="checkbox"/>	Signed Special Use Application	_____
<input type="checkbox"/>	Liability Insurance (see attached sample)	_____
<input type="checkbox"/>	Liquor Liability Insurance	_____
<input type="checkbox"/>	ABC (NJ Alcohol Beverage Control Permit)	_____
<input type="checkbox"/>	Ocean County Fire Marshal Permit OC Fire Marshal Office, 732-370-7360	_____
<input type="checkbox"/>	Ocean County Health Dept. Certificate Ocean County Health Department, 732-341-9700	_____
<input type="checkbox"/>	Over-night security	_____
<input type="checkbox"/>	Porta Potties (Including Handicap)	_____
<input type="checkbox"/>	Local Police Department for Additional Presence	_____
<input type="checkbox"/>	Fencing	<input type="checkbox"/> First Aid _____
<input type="checkbox"/>	Garbage Dumpsters	<input type="checkbox"/> Restroom Monitors _____

Event/Organization

Park

Date



**ACORD<sup>TM</sup> CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
Date**PRODUCER**Insurance Agency  
Street Address  
City and State

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURERS AFFORDING COVERAGE**

NAIC #

**INSURED**Insured's Name  
Street Address  
City and State

INSURER A: Insurance Company

INSURER B:

INSURER C:

INSURER D:

INSURER E:

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Policy #	Eff Date	Exp Date	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$50,000 MED EXP (Any one person) \$10,000 PERSONAL & AGV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Policy #	Eff Date	Exp Date	COMBINED SINGLE LIMIT (Per accident) \$1,000,000  BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$  OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A	<input type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	Policy #	Eff Date	Exp Date	EACH OCCURRENCE \$1,000,000 AGGREGATE \$  \$  \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	Policy #	Eff Date	Exp Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

For use of any properties, equipment and/or facilities of the Ocean County Dept. of Parks & Recreation during this policy period. Certificate Holder is also named as additional insured.

**CERTIFICATE HOLDER**

Ocean County Board of Commissioners  
P.O. Box 2191  
Toms River N.J. 08754-2191

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
AUTHORIZED REPRESENTATIVE