Township of Howell (732) 938-4500 x2102

Manager's Office

BLOCK PARTY REQUEST FORM

Date: *10/29/25*

Resident Name: Yackov Wechsler
Address: [redacted]
State & Zip: *Howell, NJ 07731*
Phone Number: [redacted]

Date of Block Party: *11/30/2025*

Rain Date (if applicable):

Department	Received	Approved/Denied
Manager's Office	**10/28/2025**	_____
Police Department	**10/29/2025**	_____
Date Approval/Denial sent to DPW w/ Approval letter attached		_____

Comments:

Howell Township Public Event Application

Date 10/28/25 Application # _____-2025

DEMONSTRATION SPECIAL EVENT (Circle one) BLOCK PARTY

Applications must be submitted to the Office of the Township Manager (30) days before the Special Event.

Responsible Applicant Information

First Name Yackov Last Name Wechsler

Street Address [redacted]

City Howell State NJ Zip 07731

Phone [redacted] Cell Phone # Email: [redacted]

Organization Information

Organization Name Tax Exemption #

Street Address

City State Zip

Phone # Cell Phone # Email:

Event Information

What is the nature of the event? Block Party for Families with music & dancing

Where would the event be held (specific location(s))? on the cul de sac

Specify the intended Date and Time for the Event. (Note that Events are not permitted to start before 8:00 A.M. or end after 10:00 P.M. Please also specify an alternative date in case of inclement weather.

Start Date & Time Nov 30 25 1 PM End Date & Time Nov 30 25 4 PM Rain Date & Time

Please answer the following questions:

# of people attending (approx.) 100+

Is there an intention to charge for admittance to the event? _____yes/(no)__If Yes, please provide description

Will there be anyone selling or offering anything to the public? __yes/(no)__ If Yes, please provide description

Will there be fund raising activity at the event?_ ____yes/(no)___ If Yes, please provide description

Will the event be serving any alcoholic beverages? ___yes/(no)___ If Yes, please provide description

If so, please provide any license or authority to serve such beverages.

If so, will there be a charge for such alcoholic beverages? _____yes/no__

Please provide the following information (Attach separate sheets if necessary):

Will the event require the closure of street(s)? ✓yes/no__ If yes, please specify which street(s):
Kettle Ct (cul de sac)

Will food, beverage or merchandise be provided or sold at the event? __yes/(no)__ If "Yes", please specify type(s) of food, beverage or merchandise?

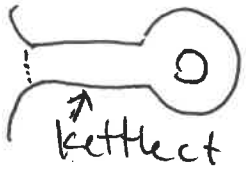
Check off other township resources are you requesting? (May incur additional costs) ____ Public Address System ___Podium ___Indoor Bathrooms ___Outdoor Bathrooms ___Table/Chairs ___Stage ___Electricity (w/o extension cords) ___Gas Powered Generators ___Police ___Crossing Guards ___Road Closures X Barricades ____Fire Apparatus

Provide a detailed explanation of the security plans for the event.

Provide a list of individuals names, addresses, Identification and accessible cell phones for the dates/times of the event who are(is) responsible for the operation, programming and security at the event.

Provide a detailed map/sketch showing area of the event including entrances and exits, location of event activities, sales areas, food, alcoholic beverages and the placement of all equipment, generators, tents, canopies, inflatables, food trucks or pyrotechnics required for the event.

Provide the detailed parking requirements for the event.



Additional Conditions

Additionally, the Township may require posting of the deposit of funds in escrow to cover any of its expenses related to the Public Event Permit and to any and all damages to public property incurred.

Approved Public Event Permits may be cancelled at any time for failing to meet any conditions placed in consideration of approval of the permit, any material omission on the permit application, any material misrepresentation made on the permit application as well as any other circumstance that causes the event to create an unplanned life hazard use or pose a threat to the health, welfare and/or safety to any participants, Township staff or bystanders beyond the capabilities of the Township to effectively manage.

A Certificate of Insurance, along with necessary endorsements, must be filed with the Office of the Township Manager no less than five (5) days before the date of the Event for review by the Township Manager.

General liability: $2,000,000.

Auto liability: $2,000,000.

Workers' compensation: statutory requirements.

By signing below, the applicant, who is at least eighteen (18) years of age, affirms that you are responsible for this event and that the information provided in this application is true, correct, accurate and known to the applicant to be so. If approved by the Township, the applicant agrees on behalf of the sponsoring organization to comply with all of the Special Event Permit conditions and requirements as provided in the Township's approval.

Applicant Signature [redacted] **Date** 10/28/25