For Office Use Only	
Date Received:	12/20/24
Received by:	LW
Application #:	

City of Atlantic City
Special Event Application

I. EVENT DESCRIPTION

1. Name of Event: ~~FESTIVAL BOARD~~ Music Festival

2. Please provide a detailed description of the event to help us understand the theme(s) and activities of this event. Please describe this event's community and/or cultural benefit. If extra space is needed, please use page 25.

Live Band Music Traditional Folk Music
Live Traditional Folk Dancing.
Traditional food, Bottle water, Soda and Beer
(12 oz. can), Cutted Fruit.

EVENT DESCRIPTION

II. EVENT DATE(S), TIME(S) AND ANTICIPATED ATTENDANCE

1. Please provide the dates/times the event will start and end each day. If not applicable, enter "NA."

Day	Date	Day of Week	Start Time	AM/PM	End Time	AM/PM	Anticipated Attendance: Participants	Anticipated Attendance: Spectators
Day (1)	MAY 18	SATURDAY	12:00	PM	9:00	PM	25	1,000
Day (2)	JUN 22	SATURDAY	12:00	PM	9:00	PM	25	1,000
Day (3)	AUGUST 10	SATURDAY	12:00	PM	9:00	PM	25	1,000
Day (4)								

If your event takes place over multiple sequential calendar days and the event plans are similar in nature from day-to-day, one application may be submitted. If extra space is needed to list multiple sequential calendar dates, please use page 25.

DATE/TIME ATTENDANCE

2. Event Setup/Breakdown: Please indicate if "Not Applicable" to this event: ☐ Not Applicable

SETUP: Date	SETUP: Day of Week	SETUP: Start Time	SETUP: AM/PM	BREAKDOWN: Date	BREAKDOWN: Day of Week	BREAKDOWN: Start Time	BREAKDOWN: AM/PM
MAY 17	FRIDAY	12:00	PM	MAY 18	~~Friday~~ 10:00	10:00	PM

SETUP BREAKDOWN

3.

Rain or Shine Event?	Rain Date(s):	First Alternate Choice: Date	First Alternate Choice: Day of Week	Second Alternate Choice: Date	Second Alternate Choice: Day of Week
☑ Yes ☐ No		JUNE 01	SATURDAY		

RAIN DATE

III. APPLICANT

1. Name of Applicant: MEDSNY / ALEX GARCIA

Title of Applicant: DIRECTOR

Applicant Address: City, State and Zip Code:
111 CATSKILL AVE, YONKERS NY, 10704-1972

Mobile/Cell Phone Number: 212-804-8998

Fax Number: 212

Land Line (hard wired) Phone Number: (914) 963-8089

Applicant e-mail Address(s):
MEDSNY@gmail.com

APPLICANT

IV. LOCATION(S) OF EVENT

1. Please check all that apply.

☐ Indoor ☑ Outdoor ☐ Both

☐ Private Property ☐ Public Property

If "Private Property" applies to this event, written permission from the owner of the property is required with the submission of this application. Written permission should explain the detailed use of the private property.

2. Please check all that apply to best describe the location of the event.

☐ Beach ☐ Boardwalk ☐ Park ☑ Building ☐ Sidewalk ☐ Street

Please review the Traffic section of this application for any closure of a city street and/or sidewalk, page (16) roman numeral XII.

3. Below is not an inclusive list. If the location is not listed, please write it in "other."

☐ All Wars Memorial ☐ Browns Park ☐ Gardners Basin ☐ O'Donnell Memorial Park

☐ Kennedy Plaza ☑ Surf Stadium ☐ Baderfield ☐ Brighton Park ☐ Brighton Park Amphitheater

☐ Garden Pier Other:

4. Please identify the proposed location(s). Beaches, boardwalk, parks and city streets must be identified by name. Beach and boardwalk locations are identified by the closest city street. If extra space is needed, please use page 25.

LOCATION

V. EVENT AND ACTIVITIES

1. Please check all that apply. If the activity or event is not listed, please write it in "other."

☐ Athletic/Recreation*	☐ Church/Religious	☐ Dance/Musical	☐ Pyrotechnics/Fireworks*
☐ Exhibit/Miscellaneous	☐ Community/Cultural	☐ Circus*	☐ Bonfire
☐ Farmer/Outdoor Market	☐ Concert/Performance	☐ Petting Zoo*	☐ Inflatable Ride/Amusement*
☐ Parade/Procession/March	☐ Carnival*	☐ Water Activity*	☐ Mechanical Ride/Amusement*
☑ Festival/Celebration	☐ Wedding	☐ Music/Disc Jockey	☐ Inflatable Pool*
☐ Block Party	☐ Film/TV Production	Other:	

* indicates may require specific/additional insurance

Pyrotechnics/Fireworks will require further review with the Atlantic City Police Department and a permit from the Fire Department. Please call the Atlantic City Police Department-Special Employment Section (609)347-5474 and Atlantic City Fire Department-Fire Prevention Bureau (609)347-5595 for further information. City Council approval is required for fireworks.

Bonfires will require further review with the Atlantic City Fire Department-Fire Prevention Bureau, please call (609)347-5595 for further information.

Petting Zoo or other use of animals in Special events will require **"Business Use of Animals"** form to be completed. Please contact Risk Management for more information at (609)347-5531. There are no animals allowed on the boardwalk.

Inflatable Rides/Amusements and Mechanical Rides must conform to the code as cited in NJAC 5:14A. Any questions regarding NJSAC 5:14A should be directed to the New Jersey Division of Community Affairs at (609)292-2097 or visit: http://www.state.nj.us/dca/divisions/codes/offices/rides.html and Risk Management-City of Atlantic City for more information at (609)347-5531.

Film/TV Production will require the **"Atlantic City Film/TV Production Permit Application"** to be completed and submitted with this application. Please call the Office of Special Events for assistance at (609)347-5823.

EVENT & ACTIVITIES

2. Is this an athletic event? [ ] Yes [✓] No

a. If "Yes," please read and complete below:

Step-off	Type of Athletic Event (Swim, Run, Bike, Walk)	Date	Start Time	AM/PM	Cut-Off	AM/PM	Distance
Step-off (1)							
Step-off (2)							
Step-off (3)							
Step-off (4)							
Step-off (5)							

"Step-Off" time is when the participants will leave or take-off from the start line. "Cut-Off" time is a predetermined time(s) or pace(s) which participants must satisfy to remain active in the event.

ATHLETIC EVENTS

VI. ADMISSION

1. Please check all that apply. Be sure to indicate the "Fee" or "Donation" where applicable by including the dollar amount.

[✓] Open to Public [ ] Free [ ] Private Event Participation Fee$ _____

[ ] Admission Fee$ $35 [ ] Parking Fee$ _____

[ ] Suggested Donation$ _____

2. Is this event ticketed? [✓] Yes [ ] No

a. If "Yes," please answer the following questions:

1. Has this event pre-sold any registrations or tickets? [✓] Yes [ ] No
2. How many registrations or tickets do you anticipate to be sold or dispersed for this event? 100
3. What is the maximum number of registrations or tickets that will be sold for this event? 1,000
4. Will there be on-site ticket sales? [✓] Yes [ ] No
5. If this is a reoccurring event that was held in the City of Atlantic City on a prior date, please provide the date of the last event and the final number of registrations and/or tickets sold at this event: [ ] Not Applicable _____
6. Please describe how registrations or tickets will be sold or dispersed for this event in the below allotted space. The description should include any websites this event plans to utilize. If extra space is needed, please use page 25.

Prior to issuance of an approved special event application, costs incurred are the sole expense and risk of the event applicant/organization. Therefore, you are encouraged not to make any arrangements for the event until receiving approval from the city.

ADMISSION

VII. CONTACT INFORMATION

ORGANIZATION

1. Name of Organization: MFDSNY | Website:

Organization Address: City, State and Zip Code: 101 CATSKILL AV, YONKERS NY, 10704-1912

Mobile/Cell Phone Number: 212-804-8998 | Fax Number: | Land Line (hard wired) Phone Number:

ALTERNATE CONTACT

2. Name of Alternate: N/A

Mobile/Cell Phone Number: | Alternate e-mail Address(s): | Land Line (hard wired) Phone Number:

ON-SITE CONTACT

3. Day of Event On-Site Contact: ALEX GARCIA | Title: DIRECTOR

e-mail Address(s): MFDSNY@gmail.com | Mobile/Cell Phone Number: 212-804-8998

OTHER CONTACT

4. Name of Other Contact: | Title:

Address: City, State and Zip Code:

Mobile/Cell Phone Number: | Fax Number: | Land Line (hard wired) Phone Number:

e-mail Address(s):

VIII. EVENT BACKGROUND

EVENT HISTORY

1. Has this event been held in the past? ☑ Yes ☐ No

   a. If "Yes," please answer the following questions:

      1. Date of last event?
      2. How many times has this event occurred? 2
      3. Where was this event last held? SURF STADIUM

MARKETING

2. Will this event be advertised or broadcasted? ☑ Yes ☐ No

   a. If "Yes" to either question 1 or 2, please describe below: If extra space is needed, please use page 25.

   SOCIAL MEDIA

   b. Do you grant permission to the City of Atlantic City to take photographs at your event for promotional purposes? ☑ Yes ☐ No

Film/TV Production will require the **"Atlantic City Film/TV Production Permit Application"** to be completed and submitted with this application. Please call the Office of Special Events for assistance at (609) 347-5823.

SPONSORS FUNDRAISERS

3. Does this event have any sponsors? ___ Yes X No

   a. If "Yes," please provide the name(s) of the contributing sponsors.

4. Is this event a fundraiser? ✓ Yes No

   a. If "Yes," please name the cause and provide the percentage of proceeds to be distributed to the charitable organization:

ASSESSMENT

5. Has there ever been:

   a. Any threats to this event? Yes X No Not Applicable
   b. Any medical treatment of attendees associated with this event? Yes X No Not Applicable
   c. Any criminal activity associated with this event? Yes X No Not Applicable
   d. Law Enforcement involved with this event in any capacity? Yes X No Not Applicable

6. Do you anticipate:

   a. Any threats to this event? Yes X No
   b. Any medical treatment associated with this event? Yes X No
   c. Any criminal activity associated with this event? Yes X No
   d. A need for Law Enforcement involvement with this event? Yes X No

7. Does any information exist that a person(s) may wish to disrupt this event? Yes X No

8. If "Yes" to any portion of questions 5, 6 or 7, please provide a brief description: If extra space is needed, please use page 25.

VIP

9. Will there be any prominent individuals (community leaders, political officials or dignitaries) associated with or attending this event? Yes X No

   a. If "Yes," please provide name(s) and/or brief description: If extra space is needed, please use page 25.

10. Is this a political event? Yes X No

    a. If "Yes," please describe affiliation: If extra space is needed, please use page 25.

EXPERIENCE ROLE/RESPONSIBILITY

11. Have you (applicant) organized similar events in the past? ☑ Yes ☐ No

a. If "Yes," please provide name(s), date(s) and location(s) of event(s): If extra space is needed, please use page 25.

12. Please describe the applicants role and responsibility for this event: If extra space is needed, please use page 25.

AUDIENCE

13. Please select the age group(s) which best represents the majority of spectators/participants of this event:

☐ 1 through 17 years of age ☐ 18 through 21 years of age ☐ 22 through 34 years of age

☐ 35 through 60 years of age ☑ All ages/Family ☐ Over 60 years of age

IX. ORGANIZATION/BUSINESS TYPE

ORGANIZATION BUSINESS TYPE

1. Please check one: ☐ For Profit ☑ Not for Profit

2. New Jersey Business Registration Number:

3. Federal Employee Identification Number:

4. Will you be collecting sales tax, remitting use tax, or using New Jersey Exception Certificates? ☐ Yes ☑ No

If "Yes," you will need a New Jersey Certificate of Authority for sales tax. This is your permit to collect sales tax and to issue and receive Exception Certificates. Please contact the Department of Licensing & Inspections (609)347-5315 for further assistance.

X. CONCESSIONS

ALCOHOL

1. Will alcoholic beverages be sold, served, distributed or consumed at this event? ☑ Yes ☐ No

a. If "Yes," please proceed to answer each question below and contact the Atlantic City Police Department-Special Investigations Section-ABC Division (609)347-5432. Having alcohol at this event may require an additional application, review and approval with the New Jersey Division of Alcoholic Beverage Control.

1. Will alcohol be sold at this event? ☑ Yes ☐ No
2. Will alcohol be given away? ☐ Yes ☑ No
3. Will attendees be allowed to bring alcohol to this event? ☐ Yes ☑ No

If "Yes," to numbers (2) or (3), you will be advised of liabilities (Dram Shop Act). Please contact the Atlantic City Police Department-Special Investigations Section-ABC Division (609)347-5432 for further information.

4. Will alcohol be included in the ticket or admission price for this event? ☐ Yes ☑ No
5. Will more than 50% of sales be derived from alcohol? ☐ Yes ☑ No
6. Will persons under the legal age to consume alcohol be in attendance at this event? ☑ Yes ☐ No
7. Will alcohol consumption be held in a controlled area separated from the entire event? ☐ Yes ☑ No

If "Yes," please submit a detailed site plan of the controlled separate area in the "Site Plan" portion of the application.

8. Please provide the name of the provider/seller of alcohol if different from the applicant: ☑ Not Applicable

1. 9. Will alcohol be dispensed by professional bartenders or servers who have taken a formal alcohol awareness training course? ☐ Yes ☐ No

10. What type of alcoholic beverages will be served at this event? Please check all that apply to this event:

☑ Beer ☐ Wine ☐ Beer and Wine

☐ Beer, Wine and Distilled Spirits (Hard Liquor) ☐ Bottle Service

11. Please provide the Dates/Times the event will start and end the sale, disbursement and/or service of alcohol. If not applicable, select "NA." Your event may be required to end the sale, disbursement and/or service of alcohol (1) hour before the event is scheduled to conclude.

	Date	Day of Week	Start Time	AM/PM	End Time	AM/PM	Not Applicable
Day (1)	MAY 18	SATURDAY	12:00	PM	8:00	PM	☐ Not Applicable
Day (2)	JUN 22	SATURDAY	12:00	PM	8:00	PM	☐ Not Applicable
Day (3)	AUGUST 10	SATURDAY	12:00	PM	8:00	PM	☐ Not Applicable

12. Please describe this events plan to ensure the safe sale and/or distribution of alcoholic beverages in the allotted space below. The plan should include how this event will 1) handle/prevent overconsumption 2) carding/identification procedures of patrons who intend on consuming alcohol at this event, and 3) how to prevent "pass-offs" of alcoholic beverages to underage patrons. If extra space is needed, please use page 25.

WE WILL HAVE A STATE LICENCED SECURITY COMPANY ON SITE TO HELP US AT THE RODEO EVENT. WE WILL POST 4 SECURITY GUARDS AT MAINS ENTRANCE GATE. TWO GUARDS WILL BE AT THE STAGE AREA. TWO GUARDS WILL BE ROAMING THE PARKING LOT AREA. TWO MORE SECURITY GUARDS WILL BE ROAMING AROUND THE BULL'S PEN.

ALCOHOL

2. Will food and/or beverages be sold, served or distributed at this event? ☑ Yes ☐ No

A **"Temporary Event Vendor Application"** will be required to be completed and brought to the Atlantic City Health Department (609)347-5671. Additionally, if you **plan to SELL** food or beverage, an **"Application for Mercantile License"** will need to be completed and brought to the Department of Licensing & Inspections (609)347-5315.

3. Will outside/private vendors distribute or sell food and/or beverages at this event? ☐ Yes ☑ No

If "Yes," a "**Temporary Event Vendor Application**" will be required to be completed by each vendor and brought to Atlantic City Health Department (609) 347-5671. In order to sell food or beverage at this event, an "**Application for Mercantile License**" will need to be completed. If there will be multiple vendors selling food or beverage at this event, the promoter or organization will be required to complete the "**Multiple Vendor License Application.**" Please contact the Department of Licensing & Inspections (609) 347-5315.

FOOD & BEVERAGE

4. Please describe how food will be served or prepared for this event. Please check all that apply: Not Applicable

[ ] Open Flame [ ] Cooking [✓] Continually Heated Food

[ ] Gas [ ] Electric [ ] Charcoal Grease [✓] Propane

Other:

If any one of the above applies to this event, you must consult with the Atlantic City Fire Department-Fire Prevention Bureau (609)347-5595 and the Atlantic City Health Department (609)347-5671.

PREPARATION

5. Will merchandise be sold and/or given away at this event? [ ] Yes [ ] No

a. If "Yes," please provide a brief explanation and description of merchandise:

- COWBOY HATS, COWBOY BOOTS AND WEAR-DRABE
- T-SHIRTS
- TOYS

In order to sell merchandise at this event, an **"Application for Mercantile License"** will need to be completed. If there will be multiple vendors selling merchandise at this event, the promoter or organization will be required to complete the **"Multiple Vendor License Application."** Please contact the Department of Licensing & Inspections (609)347-5315.

MERCANTILE

XI. EQUIPMENT

1. Will this event have table or chairs? [✓] Yes [ ] No

a. If "Yes," please provide the quantity of the following:

1. Tables: 20
2. Chairs:
3. Name of Provider (If Applicable): OWN

TABLES & CHAIRS

2. Will this event have a generator? [✓] Yes [ ] No

a. If "Yes," please provide the following:

1. Size of Generator(s):
2. Number of Generators: ONE
3. Name of Provider (If Applicable): DURA'N AUDIO

3. Will fuel be kept on-site at this event? [ ] Not Applicable [ ] Yes [✓] No

a. If "Yes," please provide the following:

1. Type of fuel:
2. Amount of fuel:

4. Will the generator need to be refueled during the event? [ ] Not Applicable [ ] Yes [✓] No

a. Name of Provider (If Applicable):

If "Yes" to questions 2, 3 or 4, please contact the Atlantic City Fire Department-Fire Prevention Bureau (609)347-5595 and Department of Licensing & Inspections-Construction (609)347-5660 to review the use of generators and fuel at this event.

GENERATOR

5. Will this event have staging or platforms? ☑ Yes ☐ No

STAGING PLATFORMS

a. If "Yes," please provide the following:

1. Size of stage(s) or platform(s) (include height): 33'X24' SL 150
2. Name of Provider (If Applicable): STAGE LINER

Please contact the Engineers Office (609)347-5360 and Department of Licensing & Inspections-Construction (609)347-5660 to review the use of staging and platforms at this event.

6. Will this event have bleachers? ☐ Yes ☑ No

BLEACHERS

a. If "Yes," please provide the following:

1. The number of bleachers:
2. The approximate number of rows for each bleacher:
3. The seating capacity of each bleacher:
4. Name of Provider (If Applicable):

Please contact the Engineers Office (609)347-5360 and the Department of Licensing & Inspections-Construction (609)347-5660 to review the use of bleachers at this event.

7. Will this event have tents or canopies? ☑ Yes ☐ No

TENTS or CANOPIES

a. If "Yes," please provide the following:

1. The number of tents or canopies: 6 TENTS
2. What is the size of each tent and/or canopy: Feet (Width) X Feet (Length)=Square Feet
   A. Tent/Canopy (1): 2- 10'X20'
   B. Tent/Canopy (2): 4- 10 X 10'
3. Name of Provider (If Applicable):
4. If applicable, please describe the use and the items and/or structures that will be placed in the tent/canopy in the allotted space below: If extra space is needed, please use page 25.

Please contact the Department of Licensing & Inspections-Construction (609)347-5660 and the Atlantic City Fire Department-Fire Prevention Bureau (609)347-5595 to review the use of tents and canopies at this event.

8. Will this event have signs, sign boards or banners? ☐ Yes ☑ No

SIGNS & BANNERS

a. If "Yes," please provide the following:

1. The number of signs, sign boards or banners:
2. Message or advertisement:
3. Method of support or installation:
4. Location of signs, sign boards or banners:
5. Name of Provider (If Applicable):

9. Will this event have booths? ☐ Yes ☐ No

BOOTHS

a. If "Yes," please provide the following:

1. The number of booths:
2. Name of Provider (If Applicable):

SOUND AMPLIFICATION

10. Will this event have speakers or a sound amplification system? ☐ Yes ☐ No

a. If "Yes," please provide the following:

1. What equipment will be used for amplified sound? DAS Sound System
2. What sound will be amplified? Live Band Music
3. Name of Provider (If Applicable): Duran Audio

		Date	Day of Week	Start Time	AM/PM	End Time	AM/PM	Comments
4.	Day One	18/05/24	Sat	12:00	PM	9:00	PM	
5.	Day Two	22/06/24	Sat	12:00	PM	9:00	PM	

UTILITIES WATER/ELECTRIC

11. Will this event require temporary electricity? ☐ Yes ☑ No

a. Name of Provider (If Applicable):

12. Will this event require temporary water? ☑ Yes ☐ No

a. Name of Provider (If Applicable): Public Works

b. If "Yes" to either question 11 or 12, please explain the use: If extra space is needed, please use page 25.

- Water is needed to wash kitchen utencils
- Water is also needed for the hand wash stations

LIGHTS

13. Will this event require temporary lighting? ☑ Yes ☐ No

a. If "Yes," please provide the following:

1. The number of lights: 4 Tower Lights
2. Name of Provider (If Applicable): Duran Audio

CROWD CONTROL

14. Will this event require any crowd control equipment? (fencing, barricades or cones) ☑ Yes ☐ No

a. If "Yes," please identify type, quantity and explain use below: If extra space is needed, please use page 25.

Barricades and Fencing

b. Name of Provider (If Applicable):

CITY EQUIPMENT/SERVICES

15. City equipment is available for additional fees. Requests will be confirmed in the order they are received and are based on the availability of staff and equipment. Further application and/or permitting may be necessary. Please contact the Department of Public Works (609)347-5700 for further information. ☐ Not Applicable

a. **EQUIPMENT**

☐ Tables	☐ Waste bins	☐ Podiums	☐ Showmobile
☐ Chairs	☐ Recycling bins	☐ Sound System (PA)	☐ Bike Fencing
☐ Stage(s)	☐ Waste/Recycling Liners	☐ Electrical Cords	

b. **SERVICES**

☑ Water	☐ Electricity	☐ Set-Up/Breakdown	☐ Clean-Up

16. Will this event involve assembling, building, erecting or constructing any temporary structures? ___ Yes ✓ No

a. Name of Provider (If Applicable):

17. Will this event involve assembling, building, erecting or constructing any temporary structures on the boardwalk? Yes ✓ No

a. Name of Provider (If Applicable):

18. If "Yes" to either question 16 or 17, please provide a brief description: If extra space is needed, please use page 25.

Please contact the Engineers Office (609)347-5360 and the Department of Licensing & Inspections-Construction (609)347-5660 if you answered "Yes" to either question, 16 or 17.

CONSTRUCTION

19. Will this event require delivery of any materials, item or equipment on/across the boardwalk? Yes ✓ No

a. If "Yes," please provide:

1. Date, time and method of delivery.
2. List of materials, items and/or equipment.
3. Name of Provider (If Applicable):

If "Yes," you will need to contact the Engineers Office (609)347-5360 for further assistance and approval.

DELIVERY

20. Will equipment be left overnight? ☐ Yes ☑ No

a. If "Yes," please provide a list of equipment to be left overnight: If extra space is needed, please use page 25.

XII. TRAFFIC

1. Will this event require city street closure or interfere with flow of vehicular traffic? Yes ✓ No

2. Will this event require city sidewalk closure or interfere with flow of pedestrian traffic? Yes ✓ No

3. If "Yes" to either question (1) or (2), please identify the city street(s) by using the allotted space below. The requested locations will need to be reviewed/approved by the Atlantic City Police Department-Traffic Division (609)347-5744 and the Engineers Office (609)347-5360. An " **Application for Street and/or Sidewalk Closing Permit** " may be required to be completed and returned to the Engineers Office. If extra space is needed, please use page 25.

	Location	Day of Week	Start Time	AM/PM	End Time	AM/PM	Comments
a.							
b.							
c.							
d.							
e.							
f.							

4. Will this event use sign boards? Yes ✓ No
If "Yes," please complete question (8) in section "Signs & Banners" in roman numeral (XI), page14.

5. Will this event request a Police escort? Yes ✓ No
   a. If "Yes," please describe the following in the below allotted space. At a minimum, please include: the purpose for the escort (VIP or nature of cargo/equipment), the number of vehicles to be escorted, dates/times of escort and pick up/drop off location. This request will have to be reviewed and approved by the Atlantic City Police Department-Traffic Division (609)347-5744. If extra space is needed, please use page 25.

6. Will this event require vehicle access on/across the boardwalk? Yes ✓ No

If "Yes," you will need to fill out an "**Application for Boardwalk Vehicle**" permit. An application is required for each vehicle. Please contact the Engineers Office (609)347-5360 for further assistance.

TRAFFIC

7. Will this event involve use of parking? ☐ Yes ☑ No

a. If "Yes," please check all that apply to this event: Identify where applicable.

☐ On Street Public Parking (please identify location below)	☐ Parking Garage (please identify location below)
☐ Private (please identify location below)	☐ Other (please explain below)

b. How many vehicles do you anticipate at this event? 200

PARKING

8. Will this event charge a fee for parking? ☐ Yes ☐ No

If "Yes," please complete section titled "Admission" on page 8.

9. Does this event plan on utilizing any of the below for this event? ☐ Yes ☐ No

a. Flaggers ☐ Yes ☐ No

b. Parking Attendants ☐ Yes ☐ No

c. Parking Cashiers ☐ Yes ☐ No

d. Shuttling ☐ Yes ☐ No

XIII. PARADE

1. Does this event involve a parade, march or procession? ☐ Yes ☑ No

a. If "Yes," please answer the below questions.

	Starting Point	Start Time	AM/PM	Ending Point	End Time	AM/PM
1.						
2.	Staging Location	Start Time	AM/PM	Disbanding Location	End Time	AM/PM

2. Parade, March or Procession Units:

*Please note: There are no animals allowed on the boardwalk.

a. Please provide the **total number** of units in the event: _____

1. How many floats? _____
2. How many vehicles? _____
3. How many marching bands? _____
4. How many walking units? _____
5. Other: _____

Any floats or parade units utilizing generators or fuel will need to contact the Atlantic City Fire Department-Fire Prevention Bureau (609)347-5595 for further information.

PARADE

3. Please provide the interval of space (feet) to be maintained between parade units: _____

Any event involving a parade, march or procession must contact the Atlantic City Police Department-Traffic Division (609)347-5744 and the Engineers Office (609)347-5360 to review gross vehicle weight and requested route. The requested route should be detailed on the "Site" portion of the application, roman numeral XVIII, page 23.

An "**Application for Street and/or Sidewalk Closing Permit** " may be required. Please contact the Engineers Office. All vehicles participating in the parade will be required to fill out an "**Application for Boardwalk Vehicle**" permit. Please contact the Engineers Office (609)347-5360 for further assistance.

Participants involved in a parade, march, or procession are not permitted to throw, toss or drop objects from any float or vehicle.

The applicant, organization and participants are required to provide at least one crew member who is responsible for cleaning up any waste produced by any animals or livestock that are part of the parade, march or procession.

XIV. RESTROOM/WASTE DISPOSAL

RESTROOMS

1. You are required to provide portable restrooms at this event unless you can identify a suitable facility in the immediate area of the event site which will be available and open to the attendees of the proposed event.

   a. Does this event plan to provide portable restrooms? ☑ Yes ☐ No

      1. If "Yes," please complete (A-E) below:

         A. The number of portable toilets: 14

         B. The number of ADA portable toilets: 2

         C. Name of Provider (If Applicable)

	Date	Day of Week
D. Date of delivery (If applicable)	12/05/24	SAT
E. Date of pickup (If applicable)	22/06/24	SAT

   b. If "No," please identify the suitable facility location or provide explanation: If extra space is needed, please use page 25.

WASTE

2. The applicant and/or organization will be responsible for removing event waste from the area immediately following the conclusion of the event. Please describe how your event intends to clean and remove waste during and after the event below: If extra space is needed, please use page 25.

- WE WILL HAVE A CLEANING CREW.
- WE WILL ALSO HAVE A GARBAGE CONTAINER 20'

All persons who are granted a special event permit must provide their own supervision and cleanup. Failure to do so will result in denial of future permits. Applicants must leave their permit area clean, otherwise, the applicant/organization will be billed for any/all cleanup fees and personnel hours incurred by the City of Atlantic City as deemed by the Department of Public Works Director.

3. Will this event require:		YES/NO	If "Yes," how many?	Name of Provider (if applicable)
a.	Trash cans?	☐ Yes ☐ No		
b.	Recycling cans?	☐ Yes ☐ No		
c.	Dumpsters?	☑ Yes ☐ No	ONE	

XV. STAFFING

SECURITY

1. Do you intend on hiring security for this event? ☑ Yes ☐ No

If answered "Yes" to question 1, please answer question 2.

Security Officers and/or the employing security company are required to be compliant with the State of New Jersey's **S**ecurity **O**fficer **R**egistration **A**ct. For questions regarding the **SORA** act, please contact the New Jersey State Police at (609)341-3426 or (609)633-9352.

Security Companies will be required to supply proof of license, bond and insurance.

Please note, **NO private security can be armed with firearms**Please contact the Atlantic City Police Department-Specia Employment Office at (609)347-5474 with any questions or concerns.

SECURITY

2. Name of Security Company: | Name of Point of Contact:

Business Address of Security Company: City, State and Zip Code:

Mobile/Cell Phone Number: | Fax Number: | Land Line (hard wired) Phone Number:

3. If applicable, please provide the total number of Security Officers this event will have per day:

a.	Set-Up		c.	Day (2)		e.	Day (4)	
b.	Day (1)		d.	Day (3)		f.	Break Down	

4. If applicable, please describe the responsibility and role of security at this event. If extra space is needed, please use page 25.

POLICE

5. Do you intend on hiring Atlantic City Police Officers for this event? ☑ Yes ☐ No

a. If applicable, please describe the role of the Police Officer's at this event: If extra space is needed, please use page 25.

- Traffic Control

Atlantic City Police Officers/Police vehicles may be contracted for an added fee for this event. Please contact the Atlantic City Police Department-Special Employment Office (609)347-5474. A **"Police Detail Request Form"** will be required.

VOLUNTEERS

6. Do you plan on utilizing volunteers for this event? ☐ Yes ☑ No

a. If "Yes,"please describe how volunteers will be utilized at this event: If extra space is needed, please use page 25.

Please provide the total number of volunteers for this event:

MEDICAL

7. In the event of an emergency, what do you plan to do? Please check all that apply:

☐ Provide a first aid kit ☑ Medical staff on-site(name of provider) EMS TRICARE

☐ Call 911 Other:

XVI. PLANS

1. Please describe the security/safety plan for this event. The plan should describe how you or your organization plans to address: **1) emergencies 2) crowd control/venue safety 3) weather related emergencies 4) evacuation 5) cancellation of event.**
If applicable, this plan should also include a timeline of events for each day (including set-up and breakdown) to reflect the number of security personnel per shift and the duration of the shift.
If this event does not require a security plan, please write in the below space "NA," followed by an explanation as to why the plan is not needed. If extra space is needed, please use page 25.

SECURITY PLAN

- EMERGENCY PROCEDURE -

IN THE EVENT OF AN ACCIDENT OR INJURE OCURRING AT THE EVENTO ... THESE PROCEDURES SHOULD BE FOLLOWING

1.- CALL EMTS ON SITE (TRI CARE)

2.- NOTIFY OTHERS THAT AMBULANCE HAD BEEN SUMMONED AND TELL THEM TO CONTACT ALEX GARCIA (212) 804 8998

3.- IN THE EVENT THAT EVACUATION IS NEEDED ALL STAFF ARE TO REPORT TO GATE ENTRANCE FOR FURTHER INTRUCTION.

4.- ALL STAFF ARE TO DIRECT INJURED TO FIRST AID IN TICKET BOOTH

5.- PRIMARY EVACUATION ROUTE IN MAIN ENTRANCE ON NORTH ALBANY AV.

2. Please describe the medical plan for this event. The plan should describe the number of medical personnel and their certification levels (MD, RN, Paramedic, EMT). Please describe the type and quantity of medical resources that will be on scene at this event. On-site equipment/supplies (ambulance, CPR equipment, defibrillator, first aid kit, wheel chair) should be identified as well. If extra space is needed, please use page 25.

MEDICAL PLAN

- WE WILL HAVE AN AMBULANCE UNIT ON STAND BY.

- 2 EMTS WILL BE ALSO ON SITE.

XVII. INSURANCE

All applicants will be required to submit insurance in an amount commensurate with the size of the event and risks specific to the event activities and the completed application. The minimum requirement for insurance is operations liability and completed operations coverage in a minimum amount of one (1) million dollars per occurrence and two (2) million dollars in the aggregate.

The city reserves the right to increase the amount of coverage and expand coverage requirements based on the specific events planned. Risk Management will advise the applicant of final insurance requirements upon a review of a completed Special Event Application.

If you are purchasing insurance specific to this event, the city recommends you consult with the city Risk Management office prior to purchasing insurance. The City of Atlantic City is not responsible for purchasing your insurance and reserves the right to cancel this event should proof of insurance not be submitted.

-All subcontractor and vendors participating in your event will be required to submit evidence of their insurance.

-All certificates of insurance will name the City of Atlantic City, its elected or appointed officials, officers and agents.

-Certificate holder will be listed as the City of Atlantic City, 1301 Bacharach Boulevard, Room 503.

-All certificates of insurance will include a waiver of subrogation.

-All applicant, subcontractors and vendors will provide evidence of workers compensation coverage for all employees, including proprietors, partners and executive officers, etc.

-Applicants agree to provide workers compensation coverage to any employee of subcontractors or vendor in the event said contractor or vendor coverage is found to be void during the event.

-Signature of the applicant in the Special Event Application constitutes a legally binding contract between the applicant and such contractual obligations which also extends to all sub contractors/vendors brought into the event, whether hired or volunteered by the applicant.

-Security companies are required to submit evidence of insurance separate from the applicants insurance. Insurance submitted by security companies must include evidence of coverage for assault and battery.

-All medical providers must submit evidence of insurance separate from the applicants insurance. Insurance submitted by medical providers must include evidence of coverage for malpractice and/or professional liability coverage.

-The City of Atlantic City assumes no responsibility for property left overnight at any city location (private or public). The owner(s) of any property left overnight assume all liability and risk.

-Providers/assemblers are required to submit separate insurance apart from the applicants insurance specific to collapses of stages, bleachers and tents .

-If this event requires a waiver for participants, a sample copy of the waiver must be submitted with this application. Evidence of participant legal liability coverage may be required.

-Alcoholic beverages being sold, distributed, consumed at this event will require proof of liquor liability insurance.

XVIII. SITE PLAN

1. Please submit a site plan/route map for this event. The plan should be in blueprint form or professional drawing format, CAD (Computer Aided Drafting). If blueprint or CAD plans are not submitted, your site plan should be produced in a clear and legible manner (letters and symbols should be legible) . The site plan should include names of all streets or areas that are part of the venue of this event. If the event involves a moving route (parade, run, swim, walk, bike, march, procession) of any kind, indicate the direction of travel and all street or lane closures needed/requested.

It is a requirement there be provided a minimum of twenty (20) feet for emergency lanes throughout the event venue.

The below items must be labeled on the site plan. If any of the items are not applicable to this event, please check off "NA." (Not Applicable)

		NA
1.	Food Vendors (FV)	
2.	NON-Alcoholic Beverages (NAB)	
3.	Alcoholic Beverages (AB)	
4.	Hand Washing Sinks (HWS)	
5.	Trash Cans (T)	
6.	Recycling Cans (R)	
7.	Dumpsters (D)	
8.	Waste Grease Containers (WG)	
9.	Portable Toilets (PT)	
10.	Fire Lanes (>)	
11.	Fire Extinguishers (FE)	
12.	Emergency Vehicle Access (EMG ACCESS)	
13.	Pedestrian Entrances (PED. ENTRANCE)	
14.	Pedestrian Exits (PED. EXITS)	
15.	Vehicle Entrance (VEH. ENTRANCE)	
16.	Vehicle Exit (VEH. EXIT)	
17.	Parking (PARKING)	
18.	STAGE (STAGE)	
19.	Tents/Canopies (TENT)	
20.	Tables (TA)	
21.	Chairs (CH)	
22.	Booths (BOO)	
23.	Bleachers (BLE)	
24.	Platform (PLA)	
25.	Beer Garden(BG)	
26.	Beer Garden Entrance/Exit (BG-E)	
27.	Beer Garden Re-entry Line (BG-RE)	
28.	Merchandise Vendor (MV)	
29.	First Aid/Medical Station (+)	
30.	Sound Equipment (SOUND)	
31.	Public Transportation (PT)	✓
32.	Barricades (III)	
33.	Fence (X)	
34.	Firework Launch Location(s) (FW-L)	✓
35.	Firework Restricted Areas(FW-A)	✓
36.	General Admission Entrance (GAE)	
37.	VIP Entrance (VIP)	
38.	Will Call (WC)	
39.	Metal Detector Station (MDS)	
40.	Pat-down Area (PAT)	
41.	Bag Search Area (BAG)	
42.	Private Security Command Post (P-COMM)	
43.	Security Posts *Must be numbered (S-POST)	
44.	Security Roving Patrol *Must be numbered (S-ROV)	
45.	Generator(GEN-P)	
46.	Fuel (FUEL)	
47.	Lights (LIGHTS)	
48.	Information Area/Booth (INFO)	
49.	Child Reunification Site (21-LOST)	
50.	Water Cooling Stations (COOL)	✓
51.	Alternate Traffic Routes (ATR)	
52.	Temporary Traffic Control (TTC)	
53.	Prohibited Parking Area (NO-PARK)	
54.	Staging/Preparation Area (PREP-AREA)	
55.	News Media (NEWS)	
56.	Vehicle/Trailer Placement (VTP)	
57.	Sign Boards (SB)	
58.	Other:	

***Additional drawings (close-up) of certain locations within the site plan may be required.

SITE PLAN

XVIII. SITE PLAN

See Attached

SITE PLAN

Click in the space above to upload a site plan or attach separate sheet(s).

XIX. CONTINUATION PAGE

1. Please utilize continuation page for any segment of the application that needed additional space. Please label entries on the continuation page(s) with the section and question number/letter where applicable.

CONTINUATION PAGES

XX. TERMS & CONDITIONS

1. All pre-event determined fees and costs shall be paid at least ten (10) business days (2 weeks) prior to the event. Any costs determined after the event need to be settled immediately upon receipt of the invoice.

2. Proof of insurance shall be provided 30 calendar days prior to the event. Applicants shall at their own cost and expense furnish a policy or policies for property damage and bodily injury in the amount specified by the City's Risk Manager. Also, the City must be named as an additional insured. It is the applicant's responsibility to provide the required certificate of insurance when it is required from a third party vendor.

3. At the request of the City, applicant shall have developed a comprehensive security plan and emergency medical services plan and shall submit said plans to the City for review and approval.

4. Premises shall be left in as good a condition as received with reasonable wear and tear expected. All trash shall be disposed of properly. Applicant accepts responsibility for any damages which might occur during the period of use. City property shall not be removed from the premises. The City reserves the right to invoice the applicant post-event for return of Premises to as good a condition as received with reasonable wear and tear expected.

5. Applicant must promptly reimburse the City for any damages of any kind to City property, outside of reasonable wear and tear, which may result from the use by the applicant of the City's premises under the permission granted herein.

6. The City reserves the right to invoice the Applicant post event for City services, materials, and equipment or any other costs incurred by the City.

7. Applicant shall comply with all laws, rules and regulations of the federal, state and local governments governing operations and conduct on City property. Applicant will also comply with all requirements of this application and any issued permits.

8. The noise level shall not exceed the maximum applicable permitted levels or time restrictions as permitted by Local and State law. For reference, see Atlantic City Code Section 186-6 (Maximum permissible sound levels.)

9. The Permittee, its agents, employees, officers and assignees assume all liability for any injury to persons or damage to public or private property caused, directly or indirectly, by the permitted event. Furthermore, the Permittee, its agents, employees, officers and assignees agree to defend, indemnify, and hold harmless the City of Atlantic City, its agents, representatives, employees and officers against any and all claims, damages, losses, and expenses (including by not limited to attorney fees, court costs, and cost of appellate proceedings), related to , arising out of, or alleged to have resulted from the acts, errors, mistakes, or omissions of the Permittee, its agents, employees, contractors, subcontractors, customers, invitees, guests or other persons doing business with the applicant, in connection with the Special Event described in the application and or permit.

10. Applicant agrees that the information in this application is true and correct to the best of their knowledge. Applicant certifies that they have read, understand and agree to abide by the rules and regulations governing the proposed Special Event. Any misrepresentation or deviation from the final permit conditions may result in immediate revocation of the permit, halting of the event, and probationary use of City property in the future.

11. Cancellation of a permit or permit application must be submitted in writing. Permit fees and application fees are non-refundable if the event is cancelled due to any circumstance. Applicant is liable for City incurred expenses for events which are cancelled. Failure to use the dates approved on the permit shall be considered grounds for cancellation of your Event. Please contact the Mayors Office of Special Events to reschedule your Event.

12. Applicant agrees to inform the Mayors Office of Special Events of any changes to this application at least ten (10) business days prior to the date of the Special Event.

13. Applicant agrees and understands that an approved special event application does not preclude the City from conducting City business related to its properties or assets in its best interest. This may include the repair, renovation or redevelopment of the location listed in the application. In this event the City will work with the applicant to choose a suitable replacement site or venue.

XXII. SIGNATURE PAGE

By signing below, you certify you have read, reviewed, understand and agree to comply with all of the information provided in the Special Event Application.

Printed Name of Applicant: Alex Garcia Flores

Signature of Applicant: [signature]

12/14/23
Date