NEEDS ELECTRIC PERMIT

BLOCK 671 LOT 8 ADDRESS (SITE) _____ PERMIT NO. 1255-92

RECEIVED
JUN 15 1992
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

Applicant: Complete Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. Proposed Work-site at: Brick Plaza, Rtes 70 & Chambers Bridge
2. Name of Owner in Fee: Allan C. Hill Ent Corp Tel. (813) 923-4758
   Address 2477 Stickney Pt. Rd (street) Sarasota (municipality), FL 34231 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor Cub Pack 608 - Jan Hill (Sponsor) Tel. (908) 255-2540
   Address 147 Maine ST, Silverton, NJ 08753
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person In Charge of Work _____ Tel. (____) _____

Tony Tent

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☑ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS ✓	—

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
	6-15-92				7/92		
			6/15/92		6-17-92 JE		
					6-19-92 BK		

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

U.C.C. Form F-100A

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of Structure ____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes: ____ sq. ft.	
no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use: 1 DAY CIRCUS
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10310930

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( )I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name Cub Pack 608 - Jaw-Hill (Sponsor)

Address 147 Maine St, Silverton, NJ 08753

Telephone (908) 255-2540

Signature Janice M. Hill Date 6-15-92

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE **(office use only—optional)**

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED **(office use only)**

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	
☐ Certificate of Occupancy	No. _____	_____	
☐ Certificate of Approval	No. _____	_____	
☐ None			

CONSTRUCTION PERMIT

Date Issued 6-16-92
Control #
Permit # 1255-92

IDENTIFICATION Block 671 Lot 8

Work Site Location Rt. 70 & Cambridge Rd. Contractor Jay Hill (sponsor)

Address

Owner in Fee Alan C. Hill Corp.

Address 3477 Fruitville Rd. Apt Tele. ( )

Sarasota, Fl. 3423 Lic. No. or Bldrs. Reg. No. Exp. Date

Tele. ( ) Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

1 day temp. circus
6-16-92

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**	
Building	
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	
Cash	
Collected By:	

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6-16-92
Control #
Permit # 1255-92

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 671 Lot 8
Work Site Location BRICK PLAZA - Rtes 70 & Chambers Bridge RD
Owner in Fee ALLAN C. HILL ENTERTAINMENT Corp
Address 2477 STICKNEY PT RD SARASOTA, FL 34231
Tele. (813) 923-4758
Contractor Cub PACK 608
Address 147 MAINE ST, SILVERTON, NJ
Tele. (908) 255-2540
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. _____ or Social Security No. _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature Janice M. Hill

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Temp Tent 1 day.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [X] CA		
Date: 7/7/92		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors _____ Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ _____

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other _____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence _____ Height
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other _____

(Office Use Only)
FEE
$ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # JUN 16 92 0 0 8 2 3 5

Brick

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 671 Lot 8
Work Site Location BRICK PLAZA, RTE 70 & CHAMBERS BRIDGE RD.
Owner in Fee ALLAN C. HILL Entertainment Corp
Address 8477 STICKNEY PT RD SARASOTA, FL 34231
Tele. (813) 923-4758
Contractor CUB PACK 608-JAN HILL (SPONSOR)
Address 147 MAINE ST SILVERTON, NJ 08753 (AS PER BOB MC.)
Tele. (908) 255-2540
Lic. No.
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [X] Other Circus Generators & LINES
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA N/C
Date: 6.19.92
Approved by: B. Kaelin

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other	6-16-92			
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Line Dept.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application. Janice M. Hill
Signature-Contractor Seal

[ ] Licensed Electrical Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat: oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

Administrative Surcharge $ _____
Paid [✓] Check # 104 Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ 33.—

S

U.C.C. Form F-120A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Co-18-92 all Trench & wiring Removed

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 6-16-92
Date Issued
Control #
Permit # 1255-92

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 671 Lot 8
Work Site Location Brick Plaza, Rte 70 & Chambers Bridge Rd
Owner in Fee Allan C. Hill Entertainment Corp
Address 2477 Stickney Pt. Rd Sarasota, FL 34231
Tele. (813) 923-4758
Contractor Cub Pack 608 - Jan Hill (Sponsor)
Address 147 Maine St Silverton, NJ 08753
Tele. (908) 255-2540
Lic. No.
Federal Emp. No. ______ or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Layout of tent / Flame Resistant / & Insurance / in Jacket

Use Group Present ______ Proposed ______
Constr. Class. Present ______ Proposed ______
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ ______ [ ] Other ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 6/15/92
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 6/17/92
Approved by: [initials]

INSPECTIONS: Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other One Day Test			6/17/92	[initials]
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. Janice M. Hill
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Temporary Tent 1 Day

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Emergency lites		
Smoke Detectors		
Heat Detectors		46
TOTAL		
Exit Signs		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Fire Extinguisher		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

EMPTY — as per [signature] 6/15/92

Administrative Surcharge $
Paid [ ] Check # ______ Minimum Fee $
Collected by ______ TOTAL FEE $ 46

U.C.C. Form F-140A
1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

ALLIED SPECIALTY INSURANCE, INC.
10451 Gulf Boulevard Treasure Island, Florida 33706
Toll Free 1-800-237-3355 National
1-800-282-6776 Florida

Certificate number: 168

CERTIFICATE OF INSURANCE

This certificate neither affirmatively nor negatively amends, extends or alters the coverage afforded by the policy(ies) described hereon and is issued as a matter of information and confers no right upon the holder.

The policy(ies) identified below by a policy number is in force on the date of certificate issuance. Insurance is afforded only with respect to those coverages for which a specific limit of liability has been entered and is subject to all terms of the policy having reference thereto. Nothing herein contained shall modify any provision of said policy.

In the event of cancellation of the policy, the company issuing said policy will make all reasonable effort to send Notice of Cancellation to the certificate holder at the address shown herein, but the company assumes no responsibilities for any mistake or failure to give such notice.

Any insurance made a part of the policy includes as a person insured with respect to an occurrence taking place at a site:(1) the fair or exhibition association, sponsoring organization or committee (2) the owner or lessee there of (3) a municipality granting the Named Insured permission to operate a(n) , but only as respects bodily injury or property damage caused by or contributed to by the negligence of the Named Insured while acting in the course and scope of their employment.

NAME & ADDRESS OF INSURED:
Allan C. Hill Entertainment Corp.
DBA Great American Circus
2477 Stickney Point Road
Suites 307B & 311B
Sarasota, FL 34231

NAME & ADDRESS OF CERTIFICATE HOLDER:
Mr. Scott Hickman
10 Ebbtide Drive
Bricktown, New Jersey 08723

ADDITIONAL INSURED: Federal Realty Investment Trust,Brick Plaza,Township of Brick, Boy Scouts of America,Pack #608

DATES: June 16,1992 to June 16,1992

	PRIMARY COVERAGE	EXCESS COVERAGE	
Company:	T.H.E. Insurance Company		
Policy Number:	2LG78391		
LIABILITY LIMITS		Bodily Injury & Property Damage	Bodily Injury & Property Damage
Bodily Injury:	$1,000,000 *		
Property Damage:	INCLUDED	$ * Excess of	$ * Excess of
		$ *	$ *
Food Products:	$INCLUDED	$	$
Policy Period:			
From:	2/26/92	0/00/00	0/00/00
To:	2/26/93	0/00/00	0/00/00

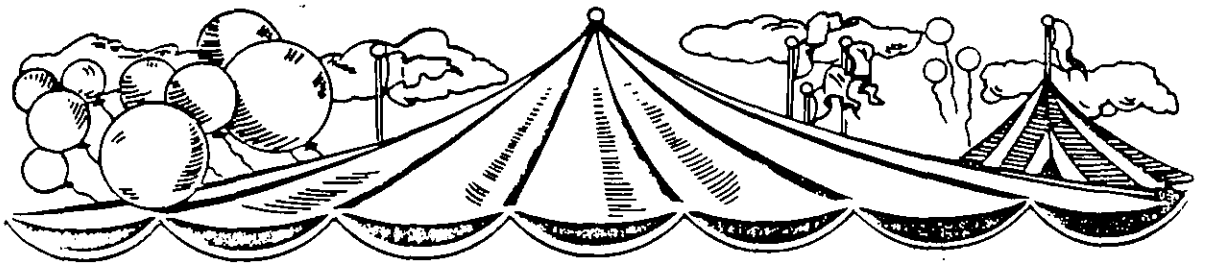
* - COMBINED SINGLE LIMIT

Coverage shown herein applies only to those items scheduled on or endorsed to the policy. This certificate is not valid unless an original signature appears below. (Copies Not Valid.)

April 15, 1992
Date of Certificate Issuance

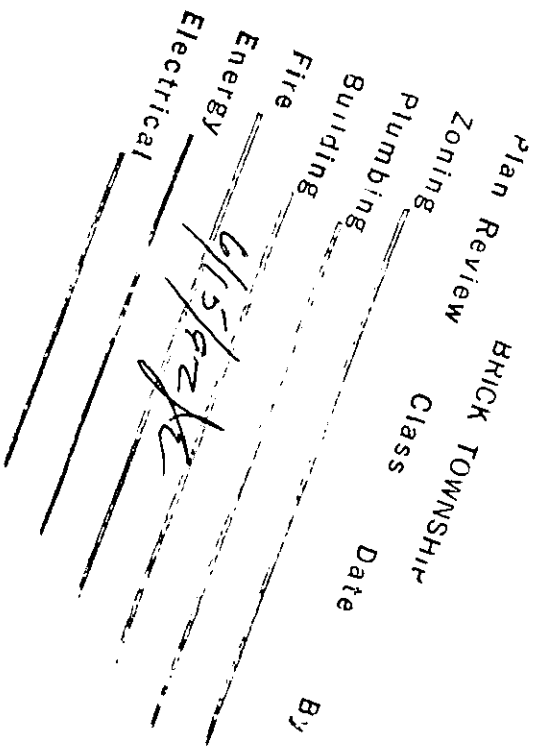
Authorized Signature

ALLIED SPECIALTY INSURANCE INC



**********POSSIBLE SHOW SITES**********

1. FAIRGROUNDS
2. COLISEUMS
3. SPEEDWAYS, RACE TRACKS
4. BALLFIELDS (BASEBALL, FOOTBALL)
5. PARKS AND RECREATION AREAS
6. PARKING LOTS OF MALL & LARGE STORES
7. CHURCH GROUNDS
8. VACANT LOTS
9. SERVICE CLUB ACTIVITY GROUNDS
10. LOT & ACREAGE COLUMN IN NEWSPAPER
11. REALTORS
12. SCHOOL ACTIVITY FIELDS
13. FLEA MARKETS
14. FIRE DEPARTMENT PRACTICE GROUNDS
15. DRIVE-IN THEATER
16. ARMORY
17. USED CAR LOT
18. AIRPORTS
19. FARMS
20. HORSE SHOWGROUNDS
21. GOLF COURSES
22. FACTORY PARKING LOTS
23. SUMMER CAMP GROUNDS
24. LOTS FROM PREVIOUS CIRCUS'



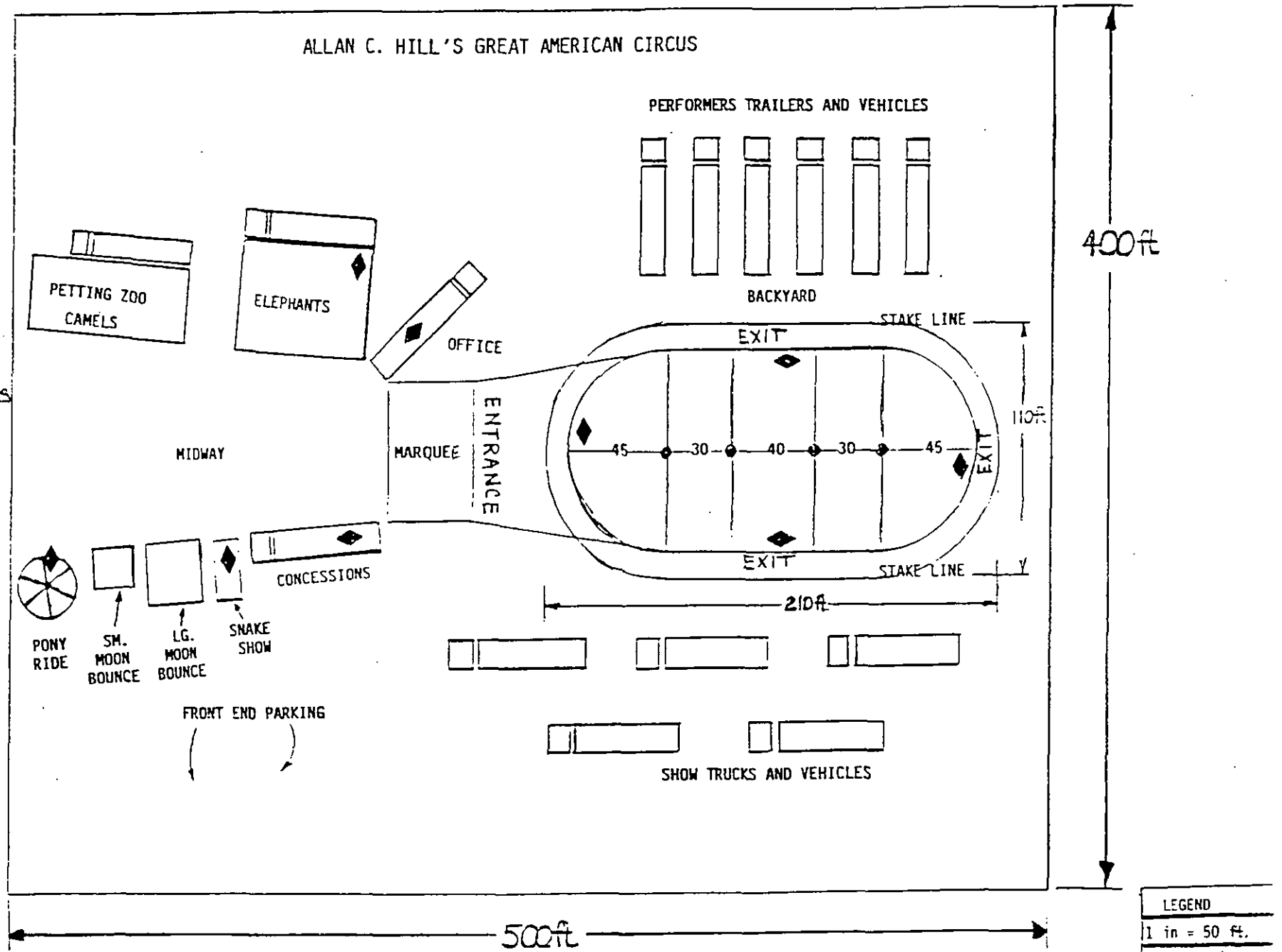
PLEASE BE SURE ALL ZONING & PERMITS ARE IN ORDER BEFORE SIGNING LOT AGREEMENT.

THIS DIAGRAM INDICATES THE IDEAL LOT LAYOUT.

THIS LAYOUT CAN BE MODIFIED TO FIT 000 SIZE LOTS

DRAWING IS TO SCALE.

FIRE EXTINGUISHERS



LEGEND

1 in = 50 ft.

10.06.89

Allan C. Hill Entertainment Corp.

2477 Stickney Point Road, Suites 307-311B
Sarasota, FL 34231
(813) 923-4758 or (813) 9-CIRCUS
Fax: # (813) 923-6774

Facsimile Cover Sheet

Please Deliver To: Ray Korkowske
Send to Fax Number: (908) 920-4850
Sent From: Deb Crouch
Date: 6-15 **Time:** _____
Number of Pages (Including this page): _____

If you have problems receiving any or all pages of this transmission, please call immediately

Comments:

Show City Brick, New Jersey Show Date Tuesday, June 16, 1992

Name of Location: Brick Plaza
Also Known As:
Address Used for Advertising:
Shipping Address:
Landmarks / Intersections: Route 70 & Adamsville Cedarbridge Rd.
Size of Property: 5 9580 Feet x Feet
Inside City Limits? Outside City Limits? yes
How far from downtown?
If outside city limits, how far from city limits?
Is location on a main road? yes Is lot visible from road? yes
How far is lot from road?
Is lot level and cleared? yes Will it flood if it rains? no
Is lot composed of: asphalt x concrete beneath grass
dirt clay gravel sand
Good access to property? yes Number of Entrances 4
Sprinklers, gas, electrical, or cable underground? yes
Power lines overhead? no If yes, show location on lot diagram page and explain:
Zoning of Property: Special Permit Required?
Types and dates of events that have appeared on property before:

For Legal / Insurance:
Owner / Manager: Scott Hickman
Mailing Address: 10 Ebbtide Drive
City: Bricktown State NJ Zip Code 08723
Phone: Day (908) 477-4102 Night ( ) Fax ( )
Rate for Rental of Location: Payable:
Insurance Certificate / Additional Insureds, If Any: Brick Plaza, Township of Brick, Boy Scouts of America, Pact #808, Federal Realty Investment Trust

1. Allan C. Hill Entertainment Corporation Agrees To:
   A. Use the above mentioned land for purposes of presenting the Great American Circus on specified date.
   B. Provide adequate clean-up, bathroom facilities, and its own electricity.
   C. Provide a one million dollar property damage and public liability insurance certificate prior to showdate.
2. The Owner / Manager Agrees:
   A. To give Allan C. Hill Entertainment Corporation a thirty (30) day protection policy, whereas no other circus-related activity will take place thirty days before or thirty days after the agreed upon showdate.
   B. To the use of said land and states that the land is the size and in useable condition as indicated.
3. It is Mutually Agreed That:
   A. Allan C. Hill Entertainment Corporation shall have exclusive rights in the operation of concessions, including animal and mechanical rides, edibles, souveniers, side shows and parking, when applicable with a parking fee not to exceed $ 1.00 per car.
   B. The circus will vacate said land during the night after the performances and that both parties may, at their discretion, designate a pre-determined representative to meet and inspect said land at 8:00 A.M. on the day after showday.

Agreed on this 8 day of June, 19 92.

Scott Hickman
Owner / Manager

Allan C. Hill Entertainment Corp.

Certificate of Flame Resistance

REGISTERED APPLICATION NUMBER

191

CLASSIFIED UL ®

ISSUED BY

ANCHOR INDUSTRIES, INC.
EVANSVILLE, INDIANA 47711
MANUFACTURERS OF THE FINISHED TENT PRODUCTS DESCRIBED HEREIN

Date of Manufacture
03/01/89
F-1439

This is to certify that the materials described have been flame-retardant treated (or are inherently noninflammable) and were supplied to:)

NAME: Allan C. Hill Entertainment Corp.-Great American Circus

CITY: Sarasota STATE: Florida

Certification is hereby made that:
The articles described on this Certificate have been treated with a flame-retardant approved chemical and that the application of said chemical was done in conformance with California Fire Marshall Code, equal to or exceeds Federal Specification CCC-D-746

Method of application: Coated

Type, color and weight of canvas: Blue and White 24 oz. Vinyl, Red Patches. Yellow Stars

Description of Item certified: 90' x 190' Circus Tent including Sidewall

Flame Retardant Process Used Will Not Be Removed By Washing And Is Effective For The Life Of The Fabric

Seaman Corporation
Name of Applicator of Flame Resistant Finish
Wooster, Ohio

Signed:
TENT DEPARTMENT—ANCHOR INDUSTRIES, INC.
Jerry W. Reach

BRICK TOWNSHIP

Plan Review Class Date By

Zoning

Plumbing

Building

Fire 6/15/92

Energy

Electrical

147 Maine Street
Silverton, NJ 08753
20 April 1992

Township Clerk
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

ATTN: Mrs. Schaffer

RE: Cub Pack 608 Circus

Dear Mrs. Schaffer:

As per our phone conversation this morning, Cub Pack 608 will be sponsoring the Allan C. Hill Entertainment Circus on June 16, 1992, at Brick Plaza in Brick. We have received permission from the owner and manager of the Plaza.

A One Million Dollar insurance policy is held by Allan C. Hill Entertainment Corp. which will include the Cub Pack, the Boy Scouts of America, the owners of Brick Plaza, Brick Township and any other affiliates that need to be named. Please furnish the full names and locations of all township affiliations that must appear on the insurance certificate.

The circus is scheduled to arrive at Brick Plaza at 4:00 am Tuesday, June 16th and depart approx. 2:00 am June 17th. Their animal area, circus tent, and various trailers will be set up and ready for inspection at approx. 1:00 pm the afternoon of June 16th.

Please be aware that the Circus is registered with the State of New Jersey (Reg. #018), Dept of Wildlife, Fish and Game (#s 404 and 921325), and US Dept of Agriculture (#58-C-334).

I look forward to receiving the township application and returning it to you as soon as possible. If there are any questions or concerns, please contact me at 908-255-2540.

Thank you for your assistance in this matter.

Sincerely,

Jan Hill

Mrs. Jan Hill
Cub Pack 608
Committee Chairman

letters to: Dept. of ~~Building and Grounds~~ INSPECTIONS
Brick Police
Dept. of Fire Safety
Ocean County Board of Health

Desk Copy of Appl to. 5-5-92

TOWNSHIP OF BRICK
APPLICATION FOR LARGE ASSEMBLY LICENSE
ADDENDUM

APPLICATION

11. FOOD/BEVERAGES: Allan C. Hill Entertainment have self-contained stands and supplies for the purpose of providing drinks, cotton candy, and popcorn to the attendees. These stands and supplies have been previously approved by inspection by the Ocean County Health Department and will be subject to inspection again before any performances.

13. A copy of the Showgrounds Agreement form signed by the appropriate persons shall be forwarded as soon as it is received by me.

SECTION 3

B. Allan C. Hill Entertainment Corp holds a $1,000,000.00 insurance policy with Trans-American Insurance Company which will name all parties involved, including the Township of Brick, as covered. A copy of said policy will be forwarded as soon as it is received.

ADDITIONAL

Allan C. Hill Entertainment Corp. holds a Certificate of Flame Retardency for their tents and materials. Said Certificate will be forwarded at your request. Said tent, being 210' by 110' has a minimum of 10 fire extinguishers available and four exits available.

The Company also, being a circus, as animals involved for petting, riding and performing. All animals are secured and supervised.

Expected arrival time of the circus is 4:00 am. Tent setup is expected to be approximately 9:30 - 11:00. All setup shall be ready for inspection at approximately 1:00 pm on June 16th.

Any department with questions may contact Jan Hill, 255-2540, or the sponsoring organization or Debbie Crouch, 813-923-4758, of the performing organization.

MRS. JAN HILL
255-2540

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance

Division of Inspections
A.J. Cierzo
Construction Official
(908) 477-3000, Ext. 260
Fax: (908) 920-4850

Date: May 7, 1992

To: Joyce Shafer, Assistant Municipal Clerk

From: Arthur J. Cierzo, Construction Code Official

Re: Temporary Tent - June 16, 1992 - Circus

Please be advised that a building permit is required for the use of a temporary tent for the Circus to be held behind Brick Plaza on June 16, 1992. They are required to get a Construction Permit Application for a temporary structure. They are also to provide for structural strength, fire safety, means of egress, light ventilation and sanitary equipment. In addition, they are to contact Kevin Batzel, Bureau of Fire Safety at 458-4100 in reference to flammable retardant for the tents. Last, they are to go to the Electrical Bureau in Toms River to apply for an Electrical permit.

Should you wish to discuss this matter further, please do not hesitate to contact me.

Arthur J. Cierzo

ARTHUR J. CIERZO
Construction Code Official

AJC/dmc

cc: File

Copy to Ms. Hill 5/8/92

OCEAN COUNTY HEALTH DEPARTMENT
P.O. Box 2191
Toms River, N.J. 08754-2191
908-341-9700

HERBERT W. ROESCHKE
PUBLIC HEALTH COORDINATOR

May 15, 1992

Township of Brick
Assistant Township Clerk, Joyce Schafer
401 Chamberbridge Road
Brick, New Jersey 08720

Re: Allan C. Hill Circus
Brick Plaza
June 16, 1992

Dear Joyce,

Please be advised that I spoke with Jan Hill pertaining to the above stated on this date 5/14/92.

The circus will arrive in your town, set up starting at 4 P.M. at the above location, I will be there for one day, June 16.

This Department will inspect any and all food/beverage vendors at the site around 1 P.M.

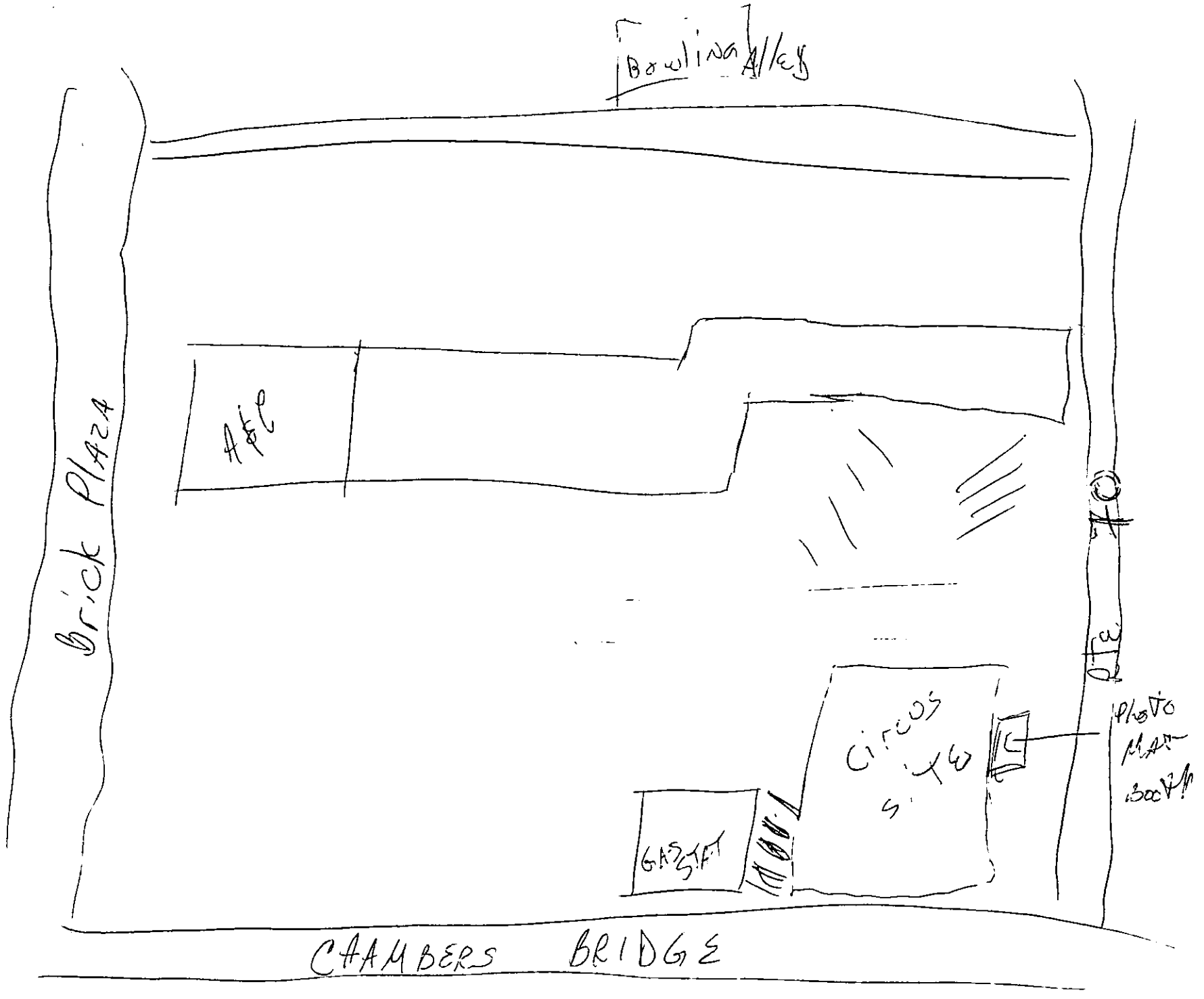
If you have any questions, please feel free to contact me.

Very truly yours,

Joseph A. Gallos

Joseph A. Gallos
Principal Sanitary Inspector

cc: Janice M. Hill
147 Maine Street
Silverton, New Jersey 08753


Bowling Alley
Brick Plaza
A&P
GAS STA
CIRCUS SITE
PHOTO MAT booth
CHAMBERS BRIDGE

APPLICATION FOR LARGE ASSEMBLY LICENSE

1. State the names and addresses of the person or persons, or in the case of a corporation, the names and addresses of the president, vice president, secretary, treasurer and directors or trustees, responsible for conducting or participating in the event which is the subject of application:

Name:	Address:
Janice M. Hill, Comm Chair	147 Maine St, Silverton
Paul J. Hilles, Cubmaster	309 Briggs Ave, Forked River
Allan C. Hill Entertainment Corp	2477 Stickney Pt Rd, Sarasota, FLA

2. Describe type of licensed event for which application is made and a statement of purpose of such activity:
Circus - Sponsored by Cub Pack 608 To raise funds for Cub Scout Program

3. Is such event for: ( ) pecuniary profit (X) charitable purposes
If for charitable purposes, state the charity or charities to be benefited:
Cub Scout Pack 608, part of Boy Scouts of America

4. State the proposed location and the premises or portion thereof available for such event, together with tax Lot and Block numbers:
Parking Lot of Brick Plaza, being the Corner area nearest Rte 70 & Chambers Bridge Rd.

5. State whether premises are owned by applicant, or if not owned the name and address of the lessor or licensor and the terms of the Lease or License for use of the premises:
Owner: Federal Realty Inv. Corp, Bethesda, MD.
Manager: Scott Hickman, Brick, NJ

6. Designate the premises or portion thereof, or other areas intended to be used for parking of automobiles, including statement in square feet of the area to be devoted for this purpose:
Remainder of Front lot & including Rear lots.

7. If applicable, state the number of persons to be engaged as performers in the event sought to be licensed: 25

8. State the reasonable projected number of persons who are anticipated to watch, observe or attend the event sought to be licensed: Approx 400/performance

9. State the locations where the applicant has promoted, operated or conducted similar events within the last 5 years:

Cub Pack - Never before; Hill Eat. - approx 400 cities/yr across Eastern Coast of US.

10. Describe the existing or proposed additional sanitary and water facilities which shall be sufficient to accomodate the number of persons reasonable projected to attend the event:

4 Portapotties - 2 for each gender; water avail for performers use.

11. If food and/or beverages are to be made available at such event, attach a plan for the safe handling and sale of food and beverages and proof of the availability of means to provide sufficient food and beverages to insure the health and well being of the projected number of persons expected to attend the event.

12. Describe medical and similar facilities which the applicant intends to provide in view of the projected number of persons expected to attend the event:

Police/Ambulence will be on hand.
↳ on call

13. Attach written permission of the record owner or owners of the premises intended to be used; or if the same be owned by the State of New Jersey, the County of Ocean or other governmental unit, attach written permission of the officer or agent having authority to permit the use of such premises for the purposes stated above.

14. Attach map or sketch showing entire area sought to be licensed and delineating thereon, the area to be used for the parking of automobiles, showing driveways or means of ingress and egress to and from said premises.

This is to certify on behalf of the above indicated applicant that the foregoing statements are true.

Janice M. Hall
Committee Chairman

#14