15 MAIN STREET-ENGLISHTOWN, N.J. 07726
(732) 446-9235
FAX (732) 446-4979

APPLICATION FOR USE OF FACILITIES

Name of Organization or Individual: _____

Address: _____

Name & Location of facility requested: _____

Dates & Times Requested: _____

_____

Purpose: _____ Number of Attendees: _____

Name & Address of Person Assuming Responsibility for Facility: _____

_____

Telephone: _____

By assuming responsibility for the use of requested facility, I will leave the facility in the manner in which it was found by picking up all trash and debris incurred during my practice time. If keys were distributed for the use of the bathrooms, I will also lock the bathrooms at the completion of my practice. If rules are not followed, the Borough of Englishtown has the right to revoke my permit.

I understand the rules & regulations set forth: _____
Applicant's Signature Date

**************************OFFICIAL USE ONLY****************************

Date Received: _____ Received By: _____

Insurance Requirements have been met and The Borough of Englishtown is listed as a Certificate Holder: (verified and initialed by Municipal Clerk) _____

Endorsement of Council Chairperson of Public Events:
Date: _____

Approved: _____ Denied: _____

Reason for Denial: _____