



City of Ventnor City

City Hall
6201 Atlantic Avenue
Ventnor City NJ 08406
609-823-7900

PERMIT FOR GROUP USE OF VENTNOR COMMUNITY BUILDING

1. Name of Event: _____
2. Individual(s) in Charge: _____
3. Address: _____
4. Telephone of Contact Person: _____
5. Email of Contact Person: _____
6. Date(s) & Time(s) requested: _____
7. Estimated Attendance: _____

I, as representative of the requesting group or organization, agree for myself and my organization in indemnify and hold harmless the City of Ventnor from any liability for accident or injury to persons in attendance at the above specified community building at the aforesaid function or for any damage to said property related to said function. I also have read the guidelines for use of this facility and agree to abide by all policies and procedures to use the facility.

Print Name: _____

Signature: _____ Date: _____

NO ALCOHOLIC BEVERAGES ARE PERMITTED

Please sign the permit, return with your fees and insurance waiver to:

City of Ventnor
Office of the Mayor
1st Floor
6201 Atlantic Avenue
Ventnor NJ 08406

INDEMNITY AND HOLD HARMLESS AGREEMENT

(Individual / Group / Contractor)

agrees to release, indemnify, and hold harmless the **CITY OF VENTNOR** and/or the Atlantic County Municipal Joint Insurance Fund, and their agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees in case it shall be necessary to file an action, arising out of performance of the work herein or the use of municipal facilities which is (1) for bodily injury, illness or death, or for property damage, including loss of use, and (2) caused in whole or in part by

(Individual / Group / Contractor)

negligent act or omission, or that of a subcontractor, or that of anyone employed by them or for whose acts contractor or subcontractor may be liable.

This indemnification and agreement shall apply in all instances whether the **CITY OF VENTNOR** and/or the Atlantic County Municipal Joint Insurance Fund, is made a direct party to the initial action or claim or is subsequently made a party to the action by third party in pleading or is made a party to a collateral action arising, in whole or in part, from any of the issues emanating from the original cause of action or claim.

Description of Event / Facility / Contract: _____

Location: _____

Date(s): _____

Rain Date(s): _____

By: _____

(Authorized Signature of the Individual / Group / Contractor)

Print Name: _____

Title: _____

Date: _____

Witness: _____

Title: _____

Date: _____

Use of Facilities Agreement

City of Ventnor a Municipality of the State of New Jersey, hereinafter referred to as
“**MUNICIPALITY**”, hereby agrees to allow

(Name of Person(s) or Organization)

hereinafter referred to as “**USER**”, to use the facilities listed below:

Name and Location of FACILITY(IES):

VENTNOR COMMUNITY BUILDING

hereinafter referred to as “**FACILITY(IES)**”

for _____

(State the Purpose)

on the following date(s) and time(s):

The above **USER** shall inspect the described **FACILITY (IES)** prior to the use of the **FACILITY (IES)** and report any defective, hazardous or dangerous conditions found at the **FACILITY (IES)** to **VCPD – Dispatch at 609-822-2101** at **MUNICIPALITY**, and **USER** shall immediately cease the use of the **FACILITY (IES)** until such defective, hazardous or dangerous conditions are remedied. After the use of the **FACILITY(IES)**, **USER** shall immediately report to the **MUNICIPALITY** any and all defects, hazards, damages or dangerous conditions upon or adjacent to the **FACILITY(IES)**.

Indemnification

USER shall indemnify, save harmless and defend the **MUNICIPALITY**, its elected and appointed officials, its employees, agents, volunteers and others working on behalf of the **MUNICIPALITY**, from and against any and all claims, losses, costs, attorney’s fees, damages, or injury including death and/or property loss, expense claims or demands arising out of **USER’s** use of the named Facilities, including all suits or actions of every kind or description brought against the **MUNICIPALITY**, either individually or jointly with **USER** for or on account of any damage or injury to any person or persons or property, caused or occasioned or alleged to have been caused by, or on account of, any of the activities conducted by or caused to be conducted by **USER**, or through any negligence or alleged negligence in safeguarding the **FACILITY(IES)**, participants, or members of the public, or through any act, omission or fault or alleged act, omission or fault or alleged act,

omission or fault of the **USER**, its employees, agents, volunteers, subcontractors or others under the direction, control or under any contractual relationship with the **USER**.

Insurance

Notwithstanding the indemnification and defense obligations of the **USER**, **USER** shall purchase and maintain such insurance described in the attached schedule and as is appropriate for the type of use and hazards present and as will provide protection from any and all covered claims which may arise out of or caused or alleged to have been caused in any manner from **USER**'s use of the **FACILITY(IES)**, whether it is to be used by the **USER**, its employees, agents, volunteers, subcontractors or others under the direction, control or under any contractual relationship with the **USER** or by anyone for whose acts any of them may be liable.

USER shall be required to name the **MUNICIPALITY** as an "Additional Insured" on the **USER**'s policy of commercial general liability insurance, and simultaneously with the delivery of the executed *Use of Facilities Agreement*, **USER** shall provide the **MUNICIPALITY** with a Certificate of Insurance indicating that the insurance coverage as described in the attached schedule, and as is appropriate for the type of use and hazards present, has been obtained and that the **MUNICIPALITY** has been designated as an "Additional Insured" where required. On or before the renewal date of said policy, **USER** shall be required to provide the **MUNICIPALITY** with a Certificate of Insurance indicating the continuation of insurance coverage and designating the **MUNICIPALITY** as an "Additional Insured" for the duration of this agreement.

The schedule of insurance and the limits of liability for the insurance shall provide coverage for not less than the amounts listed in the attached schedule or greater where required by law.

Signed by an authorized representative of the **USER** and the **MUNICIPALITY** on

this _____ day of _____, 20_____.

USER

City of Ventnor – MUNICIPALITY

Print Name – User

Print Name – Municipality

Schedule of Insurance*

Notwithstanding the indemnification and defense obligations of the **USER**, the **USER** shall provide at its own cost and expense proof of the following insurance to the **"MUNICIPALITY"**:

General Liability including Products & Completed Operations Insurance with a minimum combined single limit of liability per occurrence for bodily injury and property damage of *one million (\$1,000,000) dollars** with a minimum annual aggregate of *two million (\$2,000,000) dollars**.

Auto Liability, minimum 100,000-300,000-100,000 and

Workers Comp, statutory minimum limits 100,000-500,000-100,000. *One million (\$1,000,000) dollars is requested for higher hazard exposures.*

These limits apply to the Employers Liability Section of the Workers Comp Act.

MUNICIPALITY shall be named as an "Additional Insured".

Failure by the **USER** to supply such written evidence of required insurance and to maintain same for the duration of this agreement shall result in default of this agreement and **USER** shall be prohibited from using said FACILITY (IES).

The insurance companies for the above coverage must be licensed by the State of New Jersey and acceptable to the **MUNICIPALITY**. The **USER** shall take no action to cancel or materially change any of the insurance required under this Contract without the **MUNICIPALITY**'s prior approval. The maintenance of insurance under this section shall not relieve the **USER** of any liability greater than the limits or scope of the applicable insurance coverage.

* Above insurance schedule to be prepared in consultation with your Risk Management Consultant as recommended within the JIF Certificate of Insurance Guidelines. Depending on the use of your **FACILITY(IES)**, your RMC may recommend that "Liquor Liability or Host Liquor Liability" coverage be provided by USER. For certain uses, it may be recommended that coverage for "Spectators" and/or "Athletic Participants" be required or that Sports Accident coverage be maintained by the **USER**.



CITY OF VENTNOR
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF FIRE PREVENTION

FIRE STATION #1 - 20 N. NEW HAVEN AVENUE - VENTNOR NJ 08406
609-823-7943 OFFICE

Thomas Halpin, Jr., Fire Official



Application for NJ Uniform Fire Code Permit

Date of Application: _____

Name: _____

Address: _____

Phone #: _____

Is applying for a permit under the
New Jersey Uniform Fire Code, N.J.A.C. 5:70-2.7(a)3.ix
to conduct the following activity:

UTILIZE MULTIPURPOSE ROOM (LESS THAN 100 OCCUPANTS)

Location: **VENTNOR CITY COMMUNITY ROOM, NEWPORT AVENUE, VENTNOR NJ**

For a Period to begin: _____ and end: _____

Number of Guests (for assembly use only) _____

Forward application with applicable fee (Type 1- \$54) to:

Ventnor City Fire Department
Bureau of Fire Prevention
20 N. New Haven Avenue
Ventnor City NJ 08406
609-823-7942 Office
609-823-7767 Fax

.....
Official Use Only:

Permit Type: **1** Permit # _____

Fee: **\$54.00**

Approved: _____ Denied: _____

Signature: _____ Date: _____



CITY OF VENTNOR
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF FIRE PREVENTION

FIRE STATION #1 – 20 N. NEW HAVEN AVENUE – VENTNOR NJ 08406
609-823-7943 OFFICE

Thomas Halpin, Jr., Fire Official



Guidelines for use of Multi-Purpose (Assembly) Rooms

1. This fire code permit is for the use of a “Multi-Purpose Room”
2. Please complete all information legibly (print or type) and accurately
3. Please allow a minimum of two weeks to process the permit.
4. When you receive your permit, please review the conditions indicated. General conditions include:
 - a. No pen flames or cooking is permitted except as approved. This includes “sterno” type food warmers, candles, etc. These operations may be approved upon proper notice and review by fire department personnel.
 - b. All exit doors must be unlocked and unobstructed at all times the room is in use.
 - c. Variations of the existing table and chair set up must be approved. Generally, variations will be acceptable provided proper aisle widths are maintained and the approved occupancy load is not exceeded.
5. Fire department personnel will inspect the room just prior to the indicated start of the use for compliance with all provisions of the fire code/permit conditions. The fire officer performing the inspection will indicate if any modifications are needed to comply with applicable fire codes and permit conditions. Normally this is a simple procedure if all conditions of the permit are satisfied. Please be aware that failure to comply with the fire code requirements or permit conditions may cause revocation of your permit.
6. If you have any questions regarding the permit or permit process please contact the fire official at 609-823-7943.
7. Thank you for your anticipated cooperation and have a safe and enjoy able gathering.