

Township of Cranford

Special Events Permit Request

Date of Application: _____ Control Number: _____

(Official Use Only)

Event organization and address for marketing use:	Name & address of primary contact person:
Phone:	Cell#:
Event Website:	Email:

Event Name: _____ Event Date(s): _____

Event Start time: _____ End Time: _____ Set-up & Breakdown Times: _____

Location of Event: _____

Description of Event:

Estimated No. of Participants: _____ Estimated No. of Spectators: _____

The following questions will help indicate which Departments will need additional follow-up or permitting.

Will your event take place on Township or Board of Ed. Property? Y [] N []		
Will your event take place in a Township or County Park? [] Twp. [] County [] N/A		
Will your event require street closings?	Y [] N []	
Will you need to block parking spaces?	Y [] N []	
Will your event take place after dark?	Y [] N []	
Will there be vendors?	Y [] N []	
Describe Vendors: _____		
Will there be food served/sold?	Y [] N []	
Will there be cooking/food prep on site?	Y [] N []	
Will there be alcohol?	Y [] N []	
Will there be raffles/games of chance?	Y [] N []	
Will there be electricity use?	Y [] N []	Generator Use? Y [] N []
Will there be open flame or heaters?	Y [] N []	<i>Includes open flame for amusement purposes i.e. sparklers/torches.</i>
Use of temporary tents?	Y [] N []	Size(s): _____
Use of inflatable structures?	Y [] N []	
Use of amusement rides or equipment?	Y [] N []	
Use of banners or signage?	Y [] N []	
Do you have a traffic/parking plan?	Y [] N []	
Do you have an EMS/Medical Plan?	Y [] N []	
Do you have a security plan?	Y [] N []	

Submit completed forms to administration@cranfordnj.org