CITY OF ORANGE TOWNSHIP
DEPARTMENT OF COMMUNITY SERVICES
FAX: 973-676-7244 EMAIL: Orangehealth@orangenj.gov

ORANGE TOWNSHIP

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SPECIAL EVENT APPLICATIO N

2026

Dwayne D. Warren Esq., MAYOR
City of Orange Township
29 North Day Street
Orange, New Jersey 07050
Phone: 973-952-6086
Fax: 973-676-7244

__Procession __Festival __Facility Rental

Event Name:

_____

CITY OF ORANGE TOWNSHIP
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Special Event Application

Please provide the following information and return this application at least **30 days** from event date to the Orange Health Department. If you have any questions pertaining to the application, please contact 973-952-6086 or 862-236-0946 for assistance.

1. Company/Organization _____
2. Street/Address _____
3. City _____ State _____ Zip _____
4. Contact Info Phone_____ Weekend Phone _____
5. Office Contact Person_____ Phone # _____
6. Site Contact Person_____ Phone # _____

   Fax # _____ Emergency Cell / Pager #_____
7. Name and Purpose of the Event _____
8. Date of Event _____ Rain Date _____ Time Block _____
9. Park Name and Location (please check one) Attach Site Area Plan_____
   Parks and spaces may be used Sunday thru Saturday between the hours of 9:00 a.m. - 9:30 pm. during your approved time frame.

[ ] Central Playground Field	[ ] Metcalf Pk. Pool	[ ] Colgate Pk. Basketball
[ ] Central Playground Tennis	[ ] Metcalf Pk. Minor/Major Field	[ ] Colgate Pk. Pool
[ ] Central Playground Basketball	[ ] Metcalf Pk. Tee Ball Field	[ ] College Pk. Field
[ ] Central Playground Pool/Splash Pad	[ ] Metcalf Pk. Basketball	[ ] Ropes Pk./Splash Pad
[ ] Metcalf Park Field House	[ ] Colgate Pk. Skate Park	

10. Estimated Attendance _____ Estimated Vehicles _____ Estimated Staff _____
11. Merchant Vendors Yes/No How Many? _____ Food Vendors Yes / No How Many? _____
12. Are you a summer camp? Yes/No Are you requesting facilities for the summer? Yes/No
13. Are you requesting use of electricity? Yes/No Are you requesting use of restrooms? Yes/No
14. Are you requesting the use of the Swimming Pool? Yes/No Tennis Courts Yes/No

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15. Set-up for the Event will begin _____ am/pm The Event will begin _____ am/pm

16. Cleanup/Take-down will be completed by _____am/pm

17. **Proof of insurance indemnifying the City of Orange must be attached**.

18. Accidents / incidents must be reported to Orange Police Department (973-266-4111) and the Department of Recreation (973-952-6123)

19. You must adhere to the following rules regarding the use of Orange facilities.
    - The use of alcohol and drugs is prohibited in all parks.
    - Bicycle riding in the park is prohibited
    - All dogs are prohibited.
    - Loud music / radios are prohibited.
    - Parking of automobiles inside the park is prohibited
    - Area of the park must be clean before leaving.
    - Fire extinguishers and / or bucket of water must be used for cooking.

I agree to abide by the above and hold the City of Orange Township, harmless for any injury and /or loss of property while engaging in the activity.

Authorized Signature _____Date _____

Address _____ Phone #_____

City _____State _____ Zip_____

FOR OFFICE USE

Insurance (attached) Yes _____No _____Site Plan Yes_____ No ____ Security Plan Yes _____ No_____
Total Fees to be charged _____Date approved_____

Supervisors Signature_____

CITY OF ORANGE TOWNSHIP
DEPARTMENT OF COMMUNITY SERVICES
FAX: 973-676-7244 EMAIL: Orangehealth@orangenj.gov

SECTION I
Recreation

CITY OF ORANGE TOWNSHIP
DEPARTMENT OF COMMUNITY SERVICES
FAX: 973-676-7244 EMAIL: Orangehealth@orangenj.gov

EVENT START DATE _____ **EVENT END DATE** _____	**DAYS REQUESTED** (Circle all that apply) SUN. MON TUES. WED. THURS. FRI. SAT. **HOURS OF USE** ___:___ AM PM UNTIL ___:___ AM PM

Parks/Field Rental

Parks	**Resident Hourly Rate Park**	**Non-Resident Hourly Rate Park**	**Field House Hourly Rate Resident – Non-Resident**	**Central Community Room Hourly Rate**
Metcalf	$35.00	$50.00	$50.00—$75.00 Hourly	N/A
Colgate	$35.00	$50.00	N/A	N/A
Central	$35.00	$50.00	$50.00- $75.00 Hourly	$100.00-Resident Non-Resident $150.00 Hourly
Commercial Kitchen (Central Upper Field)	$75.00 per hour 4hr min	$100.00 per hour 4hr min		
Ropes	$35.00	$50.00	N/A	N/A
College	$35.00	$50.00	N/A	N/A

Courts/Special Areas Permit

Sport Courts	**Resident- Hourly**	**Non-Resident- Hourly**	**Lighting Hourly**	
Tennis Court Permits 10% discount to non-profit organizations	$35.00 per court	$50.00 per court	$25.00	
Basketball Courts	$50.00	$75.00	$20.00	

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Lighting Permit

Metcalf Ballfield	$25.00 per hour
Metcalf Little League Field	$20.00 per hour
Central Park Field	$25.00 per hour
College Park Field	$25.00 per hour
Central Park Basketball Court	$20.00 per hour
Central Park Tennis Court	$25.00 per hour
Ropes Park	$25.00 per hour
Colgate Park Basketball Park	$20.00 per hour

Pool Use Permit

Use of Pools includes life guards to accommodate up to 60 swimmers.

	Resident Rentals	**Non-Res Rentals**
Weekdays	$75.00 per hour	$125.00 per hour
Weekends	$100.00 per hour	$150.00 per hour
Camp Entities	$250 flat rate up to 3 hours	$300 flat rate up to 3 hours

I agree to abide by the above and hold the City of Orange Township, Recreation Division harmless for any injury and /or loss of property while engaging in the activity.

Authorized Signature _____Date _____

Address _____ Phone #_____

City _____State _____ Zip_____

FOR OFFICE USE

Insurance (attached) Yes _____No _____Site Plan Yes_____ No ____ Security Plan Yes _____ No_____
Total Fees to be charged _____Date approved_____

Supervisors Signature_____

CITY OF ORANGE TOWNSHIP
DEPARTMENT OF COMMUNITY SERVICES
FAX: 973-676-7244 EMAIL: Orangehealth@orangenj.gov

Facility Emergency Action Plan

Vendor/ Organization Name: _____

According to Orange City Ordinance # 70-2023 ALL VENDORS MUST COMPLETE THE FOLLOWING ACTION PLAN.

1. List the name(s) & title of the persons/persons responsible for contacting and waiting for emergency medical services
   _____
   _____
2. Person/persons designated to accompany when the parent(s) guardian(s) are not available _____
3. Persons/persons responsible for contacting and waiting for emergency medical services
   _____
4. Persons/persons responsible for contacting the parent(s) guardian(s)
   _____
5. Attach a schedule of all practices and games
6. Person/persons to contact the league board _____
7. Please list the names and title of all coaches, staff and volunteers. Check appropriate Certification and complete expiration date. Attach a Copy of certification/license.

Staff Name	Title & Duties	**Basic First Aid**	Expiration Date	**Adult and Children First Aid CPR/AED**	Expiration Date	**License**	Expiration Date

8. Please provide location of the emergency information for each athlete: Example League binder, etc**.**

162.10 VIOLATIONS AND PENALTY

Youth and adult sports organization that already have authorization prior to the enactment of this Ordinance have thirty (30) days from this Ordinance's passing to submit their Emergency Action Plan. Failure to submit the plan will result in a fine of $100.00.

Any youth or adult sports organization found to be practicing or participating in any activity on any field without proper submission of their Emergency Action Plan will be subject to a fine of $500.00.

Note: AED equipment is located at the following field houses. (Central Park – Lower and Upper Field House, Metcalf Park, Colgate Park). The City of Orange Fire Department is responsible for checking the availability and current certification of the emergency equipment.

For access to keys to lock/unlock any gates or doors please contact one of the following individuals
Central Park, Ropes Park Dept. of Public Works (973) 952-6077
Colgate Park, College Park, Metcalf Park

Applications will be denied if emergency action plan information and attachments are not provided.

CITY OF ORANGE TOWNSHIP
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SECTION II
Health

CITY OF ORANGE TOWNSHIP
DEPARTMENT OF COMMUNITY SERVICES
FAX: 973-676-7244 EMAIL: Orangehealth@orangenj.gov

Food and Drink License

This application must be submitted by all vendors to sell food at your event. This application must be completed by the Organizer or their designee. The appropriate fee must be remitted with the application. Each vendor must submit a separate permit fee and will be required to complete the enclosed Vendor Information sheet. **ALL VENDORS MUST HAVE FORMS COMPLETED AND PAID BEFORE APPLICATION APPROVED**. The vendor will need approved and inspected by the Health Department. A sketch of the event area, showing the food areas and refused areas must be included.

1. Event name: _____
2. Event time _____
3. Organizer Representative: _____ Telephone: _____
4. Event Date(s) / Hours: _____
5. Event Location: _____
6. Person in charge of food vendors: _____
7. Address: _____ Telephone: _____
8. Refuse Storage / Location(s): _____

IMPORTANT: Each vendor must complete and return a **Vendor Information** form. When your information is complete, return forms to the Health office together with the Vendor Summary Sheet at least (30) days prior to your event.

Food Vendors Must Also Provide the Following:

Any Food Truck must provide a copy of their serv safe certificate at time of application and display the certificate in the truck.

Hand Washing: All food booths must have water, basin, soap and paper towels or hand wipes to wash hands.

Utensils: All food booths must have extra utensils available with a basin of soapy water and bleach to wash and sanitize dirty utensils.

Clothing: Food handlers must wear clean clothing, aprons, and long hair must be restrained with hairnets.

ABSOLUTELY NO SMOKING PERMITTED IN THE FOOD AREA

CITY OF ORANGE TOWNSHIP
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VENDOR INFORMATION **FEE: $50.00**

Each Vendor must complete this form before the event

Organizer: _____ Event: _____

Vendor Name: _____

Address: _____ Telephone: _____

Vendors must list the foods and beverages that will be served, details of how food items will be prepared and information on how food will remain hot or cold. (Examples: Steak sandwiches, grill and freezer on site, or stuffed shells prepared at restaurant, brought to site hot and kept in chaffing dishes.) – *Required for each 10 x 10 space if one vendor has multiple spots*

1. _____ / _____
Food to be served — Where food will be prepared (Festival or at Commercial Kitchen Location)

_____
List how food was prepared, method to be used (cooked on grill, baked in oven, etc.)

2. _____ / _____
Food to be served — Where food will be prepared (Event or at restaurant)

_____
Type of preparation method to be used (cooked on grill, baked in oven, etc.)

_____
List equipment that will be present to keep food hot or cold (chaffing trays, crushed ice, freezer)

_____
List equipment that will be present for storage (ice/cooler, refrigerator, storage bin)

_____
List beverages that will be served

Hand Washing: All food booths must have water, basin, soap and paper towels or hand wipes to wash hands.

Utensils: Each food booth should have extra clean utensils available with a basin of soapy water and bleach unless facility is close by to wash and sanitize dirty utensils.

Clothing: Food handlers should wear clean clothing, preferably aprons, and long hair must be restrained.

Alcohol use: Local and State ABC Board must approve use of alcohol
ABSOLUTELY NO SMOKING PERMITTED IN FOOD BOOTH
DUPLICATE THIS PAGE AND DISTRIBUTE TO ALL OF YOUR VENDORS

CITY OF ORANGE TOWNSHIP
DEPARTMENT OF COMMUNITY SERVICES
FAX: 973-676-7244 EMAIL: Orangehealth@orangenj.gov

Vendor's Facility or Organization	Contact Person and Telephone	Food Served
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

CITY OF ORANGE TOWNSHIP
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16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		

NO FOOD IS TO BE PREPARED AT HOME AND SOLD AT EVENT

SECTION III
Fire

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ORANGE HEALTH DEPARTMENT
Tel: 973-266-4071/Fax: 973-676-7244

THE CITY OF ORANGE
419 CENTRAL AVENUE • ORANGE, N.J. 07050
(973) 346-2300 ext.6128 • FAX: (973) 678-6515

FIRE PREVENTION BUREAU

APPLICATION FOR PERMIT

The uniform fire code: "Permits shall be required, and obtained from the local enforcing agency for the activities specified in this section, except where they are an integral part of a process or activity by reason of which a use is required to be regulated as life hazard use. Permits shall at all times be kept in the premises designated therein and shall at all times be subject to inspection by the Fire Official." {NJAC 5:70-2.7 (a)}

The following activities require permits but not limited to list:

- **Bonfires**
- **Welding**
- **Open flame for roofing or tarring**
- **Propane tanks exchange program**
- **Food truck**
- **Mazes**
- **Any cooking operation that requires suppression system**

ORANGE HEALTH DEPARTMENT
Tel: 973-266-4071/Fax: 973-676-7244

Any applicant that is hosting an event must know the following:

1. ***Each vendor is contact information (name & number) must be provided***
2. ***All vendor is cooking need an open flame permit (type I}***
3. ***There will not be any sharing of permits***
4. ***A fire extinguisher in each cooking section is required***
5. ***Kiosks and or tents may need to be inspected***
6. ***Permits must be kept with vendors and be available all times for inspection***
7. ***All fees are for application and NOT a guarantee of permit***
8. ***All vendors must be inspected prior to obtaining permit***

If the host or vendor has any questions they can contact the office of Fire

Prevention at the Orange Fire Department.
Address: 419 Central Avenue, Orange NJ 07050

Email address: Fire Official Jennings Sjennings@orangenj.gov Phone: 973-346-2300 Ext 6130

Thank you from Orange Fire Department Fire Officials office

ORANGE HEALTH DEPARTMENT
Tel: 973-266-4071/Fax: 973-676-7244

Bureau of Fire Prevention
Office of the Fire Official
City of Orange Township
419 Central Avenue, Orange, N.J. 07050
Phone: (973) 266-4234/4235
Fax: (973) 678-6515

APPLICATION FOR PERMIT

The Uniform Fire Code states:

"Permits shall be required, and obtained from the local enforcing agency for the activities specified in this section, except where they are in integral part of a process or activity by reason of which a use in required to be registered and regulated as a life hazard use. Permits shall at all times be kept in the premises designated therein and shall at all times e subject to inspection by the Fire Official." [N.J.A.C. 5:70-2.7 (a)]

Date of application: _____
Location where activity will occur: _____
Date: _____ Time: _____
Applicant Name: _____ Address: _____
Organization Name: _____
Phone/Fax Number: _____ Emerge. # _____
Block/Lot: _____ Registration #: _____

The above named applicant hereby requests permission to conduct the following activity at the above indicated location:

_____

_____

And for the keeping, storage, occupancy, sale, handling or manufacture of the following:

_____

_____

(State quantities for each category to be stored, or used and the method of stored or used :)

_____

_____

I hereby acknowledge that I have read this application, that the information given is correct, and that I am the owner, or duly authorized to act in the owner's behalf and as such hereby agree to comply with the applicable requirements of the fire code as well as any specific conditions imposed by the Fire Official.

_____ _____

Applicant Signature | Fire Official Signature

$54.00 _____

Fee Amount | Permit Type

SECTION IV
Planning

ORANGE HEALTH DEPARTMENT
Tel: 973-266-4071/Fax: 973-676-7244

NO FEES WILL BE REFUNDED

RECEIPT #_____

DATE: _____

PEDDLER LICENSE APPLICATION

LICENSE FOR THE YEAR 20___ **FEE: $50.00 checks payable to: City of Orange Township**

EXEMPT: _____

MONEY ORDER #_____ CHECK: #_____CASH_____

TO BE COMPLETED BY APPLICANT-FALSE STATEMENTS WILL BE CAUSE FOR REVOCATION OF LICENSE

TO BE COMPLETED BY APPLICANT:

_____
MERCHANDISE TO BE SOLD

_____
Email Address

FOR OFFICE USE ONLY

_____
Trade Name

_____
Business Address

Approved By:

_____
Print name of Individual, Owner or Official

_____ _____
Police Department Date Date of Birth

_____
Home Address

_____
Home Phone Number

_____
Business Phone Number

_____
Social Security Number

_____
Signature of Individual, Owner or Official

Pursuant to Ordinance No. 29-93, Adopted 10-5-93. All Renewal applications received after November 15 must pay penalty fee.

ORANGE HEALTH DEPARTMENT
Tel: 973-266-4071/Fax: 973-676-7244

LETTER TO THE COMMUNITY ABOUT UPCOMING EVENT (FLYER)

EVENT MAP & SCHEDULE

ORANGE HEALTH DEPARTMENT
Tel: 973-266-4071/Fax: 973-676-7244

SECTION V
Police

ORANGE HEALTH DEPARTMENT
Tel: 973-266-4071/Fax: 973-676-7244

THE UNDERSIGNED HEREBY PETITION THE CITY OF ORANGE TO CLOSE

_____
(STREET)

BETWEEN _____ AND _____

FOR A BLOCK PARTY/SPECIAL EVENT TO BE HELD ON

_____
(DATE)

FROM _____ UNTIL _____
(TIME) (TIME)

REASON FOR EVENT: ( ) COMMUNITY EVENT ( ) CHURCH EVENT

( ) OTHER: _____

E-MAIL CONTACT: _____

THE UNDERSIGNED ARE THE RESIDENTS OF THAT BLOCK AND ADJACENT TO IT.

NAME (PRINT CLEARLY) ADDRESS PHONE #

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

IF YOU NEED MORE LINES PLEASE COMPLETE ON SEPARATE PAGE

ORANGE HEALTH DEPARTMENT
Tel: 973-266-4071/Fax: 973-676-7244

ORANGE HEALTH DEPARTMENT
Tel: 973-266-4071/Fax: 973-676-7244

29 Park Street Orange, NJ 07050

When an **approved** event requires police escort or security the Event Organizer

MUST CONTACT

Extra Duty Solutions

To arrange for Orange Police to be assigned to the event.

Failure to contact Extra Duty Solutions may result in the cancellation of the event.

AFTER the Event Organizer confirms security with Extra Duty Solutions then they should contact the Orange Police Department

Call 973-577-7970

Or

Email: orangenj@extradutysolutions.com

ORANGE HEALTH DEPARTMENT
Tel: 973-266-4071/Fax: 973-676-7244

SPECIAL EVENT ROUTING SHEET

Name of Event Sponsor: _____

Type of Event: _____

Date of Event: _____ Time of Event: _____

****

Division of Health: _____ Date Rec. _____ Date Returned: _____

Comments: _____

_____

Department of Recreation: _____ Date Rec. _____ Date Returned: _____

Comments: _____

_____

Department of Fire: _____ Date Rec. _____ Date Returned: _____

Comments: _____

_____

Department of Police: _____ Date Rec. _____ Date Returned: _____

Comments: _____

_____

Department of Public Works: _____ Date Rec. _____ Date Returned: _____

Comments: _____

_____

Department of Planning: _____ Date_____ Date Returned_____

Comments_____