



MOUNT LAUREL TOWNSHIP

Parks & Recreation

750 Centerton Road

Mount Laurel, NJ 08054

(856)234-0001 ext. 1241

shigareda@mountlaurel.com

One Day Event Permit

Event Organizer Contact Information:

- a) Contact Name: _____
- b) Organization Name: _____
- c) Organization Address: _____
- d) Phone: _____
- e) Email: _____

Special Event Details:

- a) Event Name: _____
- b) Description: _____
- c) Admission Charge: _____
- d) Location of Event: _____
- e) Event times & date: _____
 - a. Start: _____
 - b. End: _____
- f) Number of people expected in attendance: _____
- g) Temporary Structures (tents, canopies) provide sizes: _____
- h) Waste Management: (plan to dispose of garbage): _____
- i) What cooking devices will be used: _____
- j) Will food trucks be in attendance, if yes specify: _____
- k) Attach map/layout of event: The plan should be clearly presented, drawn to scale. Provide date it was created.
- l) Will any road ways be blocked, if yes which roads: _____
- m) Have you attached Liability Insurance? Yes ___ No ___



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Department Authorizations

Police

Approved _____ Denied _____

Signature _____

Date _____

Fire

Approved _____ Denied _____

Signature _____

Date _____

Parks & Recreation

Approved _____ Denied _____

Signature _____

Date _____