



# PUBLIC AMUSEMENT LICENSE APPLICATION

*Patti Chacker*  
Township Clerk

**APPLICATIONS AND FEES ARE DUE THIRTY (30) DAYS BEFORE THE FIRST DATE OF THE EVENT**

Please complete all applicable categories and submit all applicable fees. Checks should be made payable to the Township of Cherry Hill. A copy of the completed application should be retained for your records.

Check One: Initial Application  Change Owner  Renewal

Total Fee Remitted (amount) \$ \_\_\_\_\_

TRADING NAME of ESTABLISHMENT: \_\_\_\_\_

CORPORATE NAME (if different): \_\_\_\_\_

ESTABLISHMENT ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME(S) of OWNER(S) [Person, Corporation, Partnership, etc.]: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME(S) of MANAGER(S)/PERSON(S) in CHARGE of EVENT [if different than owner]: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TYPE/NATURE of PUBLIC AMUSEMENT: \_\_\_\_\_

LOCATION of PUBLIC AMUSEMENT EVENT: \_\_\_\_\_

DATE(S) (list all dates and times of the event/amusement/club operation for which this application applies): \_\_\_\_\_

SAFETY & SECURITY (list/describe all security precautions taken to provide for the safe passage and experience of the clients/customers/participants of the event. Include the number of security personnel to be on the site, both interior and exterior, during the event(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE REVIEW THE APPLICATION CHECKLIST ON PAGE 3 FOR COMPLETENESS.

Please note that these security measures may be adjusted after review by Township Officials. The application will not be granted unless all security precautions are met by the applicant. Failure to meet the security precautions may result in the denial of the application and/or the closing of the event.

During the period of occupancy, no exit door(s) shall be locked, bolted, or otherwise fastened or obstructed by any means so that the door cannot be opened from the inside by the use of the ordinary door latch or knob or by pressure on the door or on a panic release device.

Emergency vehicle lanes and access for the Fire Department and emergency vehicles are to be adequately maintained. *Plot plan, drawn to scale, showing the proposed parking provisions, locations of the proposed event facilities, ingress and egress shall be attached hereto.*

Will there be any dispensing, provision or handling of food or beverages on the premises?  NO  YES

If yes, please describe \_\_\_\_\_

Will there be a tent installed?  NO  YES

If yes, please describe \_\_\_\_\_

Will there be an established fee for parking?  NO  YES \* \*If yes, amount \$ \_\_\_\_\_

Will there be an entrance fee, attendance fees, membership fee for entrance?  NO  YES

CAPACITY of ESTABLISHMENT (where the public amusement is to take place):

1 – 150 persons  151 – 500 persons  Over 500 Date of Occupancy Certification \_\_\_\_\_

**FEES.** What is the type of proposed function (per the below definitions)?

- PERIODIC FUNCTION (Special Event). A single event or series of events that will operate not more than three (3) consecutive days.
- REGULAR FUNCTION. An event that will operate at least three (3) days within a seven day period or a series of events that occur at regularly scheduled intervals, but are not the primary purpose of operation at a permanent place of business.
- BUSINESS FUNCTION. Any club or public amusement establishment or organization whose primary purpose is to operate or conduct a club or public amusement at permanent place of business may apply for a license not to exceed three (3) months.
- SPECIAL BUSINESS FUNCTION. Those clubs or public amusements that hold Business Function licenses in any of the “capacity” categories and, in addition to their regularly scheduled club or public amusement dates, hold a special event are required to make a separate application for that fee and pay an additional cost. Please include copy of contract /agreement include between applicant & person designated to receive any part of proceeds

**What is the capacity of persons (per the below categories)?**

	Capacity 1-150 Persons	Capacity 151 – 500 Persons	Capacity Over 500 Persons
<b>Periodic Function</b>	No. of Functions x \$75	No. of Functions x \$100	No. of Functions x \$200
<b>Regular Function</b>	No. of Functions x \$225	No. of Functions x \$300	No. of Functions x \$600
<b>Business Function</b>	\$1,000/3 months	\$1,500/3 months	\$2,500/3 months
<b>Special Business Function</b>	No. of Functions x \$110		

FUNCTION LICENSE FEE: Event, Public Amusement, Club (total of above) \$ \_\_\_\_\_

APPLICATION FEE (non-refundable; only necessarily for INITIAL application) \$ 50.00 \_\_\_\_\_

ESCROW FEES (refundable)  
Outdoor Function (\$1,000) \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**PLEASE REVIEW THE APPLICATION CHECKLIST ON PAGE 3 FOR COMPLETENESS.**

### CERTIFICATION

I hereby certify that the information on this application is true and in compliance with Cherry Hill Township Ordinance 95-36, as amended. The undersigned further certifies that, "our establishment will comply with the full provisions of the New Jersey State Codes and Statutes, as well as applicable Federal, State and Local laws." I, the undersigned or designee, also certifies that Cherry Hill Township Municipal Clerk, Division of Licensing & Vital Statistics, will be notified of any:

- a. change of ownership
- b. change of facilities
- c. change of dates other than originally approved
- d. change or expansion of business/events other than originally approved
- e. change in/of the security precautions required

\_\_\_\_\_  
**SIGNATURE of APPLICANT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**NAME of APPLICANT**

\_\_\_\_\_  
**TITLE (owner, manager, registered agent)**

\_\_\_\_\_  
**ADDRESS of APPLICANT**

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

Taxes Paid?  YES  NO  
*(taxes of the utilized site must be current)*

APPROVED  DENIED

APPROVED  DENIED

APPROVED  DENIED

\_\_\_\_\_  
Tax Collector Date

\_\_\_\_\_  
Police Chief Date

\_\_\_\_\_  
Zoning Officer Date

\_\_\_\_\_  
Township Council Date

Approved Dates: \_\_\_\_\_

Security Required: \_\_\_\_\_

Other Requirements: \_\_\_\_\_

\_\_\_\_\_  
Municipal Clerk Date

Clean Up/Escrow Returned: \_\_\_\_\_

**APPLICATION CHECKLIST**

- Complete Application pages 1 – 3
- Include Payment of Fees (Check payable to Cherry Hill Township)
- Proof of Insurance \$5,000,000 (CGL & Workman's Comp)
- Consent of Property Owner
- Safety & Security Arrangements/Plans
- If application is category SPECIAL FUNCTION, include copy of contract/agreement between applicant & person designated to receive any part of proceeds

#### FOR OFFICE USE ONLY

Block(s) \_\_\_\_\_ Lot(s) \_\_\_\_\_ License Number \_\_\_\_\_ Code Number \_\_\_\_\_

Type of Business \_\_\_\_\_ Pertinent Categories \_\_\_\_\_

Check Issued by \_\_\_\_\_ Receipt No. \_\_\_\_\_ Check No. \_\_\_\_\_

Amount of Check \$ \_\_\_\_\_ Date Received \_\_\_\_\_ Fees Received by \_\_\_\_\_