



# BATTERY PARK

## EVENT REQUEST FORM

Battery Park Committee

Date of Request: \_\_\_\_\_

**PLEASE PRINT**

### Contact Information

Name of Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Non-Profit organization? YES NO Tax ID Number: \_\_\_\_\_  
*(Please provide a copy of your IRS Letter designating your organization as a 501(c)(3) non-profit)*

Event Coordinator Contact Information: \_\_\_\_\_

Event Coordinator Cell Phone: \_\_\_\_\_

### Event Information

Date of Event: \_\_\_\_\_ Event time: \_\_\_\_\_

Event Sponsors: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Anticipated attendance: \_\_\_\_\_ # of Event Supervisors: \_\_\_\_\_

Will there be a charge? YES NO If YES, how much? \_\_\_\_\_

Is this a gated event? YES NO IF YES, describe: \_\_\_\_\_

Will you use tents? YES NO If YES, name of vendor: \_\_\_\_\_

Will you utilize electricity? YES NO If YES, please see guidelines and fees for usage.

Will you use staging? YES NO If YES, please see guidelines and fees for usage.

Will you supply additional trash receptacles? YES NO

Will portable toilets be used? YES NO If YES, name of vendor: \_\_\_\_\_

Additional equipment being used (e.g., Children's rides, vehicles, tables/chairs, etc.) \_\_\_\_\_

**Will any of the following be sold at the event?**

- Food            YES   NO    If yes, vendors must obtain a State of Delaware Health permit.
- Alcohol        YES   NO    If yes, by law, you will need proof of your organization's non-profit status and must provide a copy of your gathering license from the Alcohol Beverage Control Commission. You will also need a permit from the City.
- Other           YES   NO    If yes, please specify: \_\_\_\_\_

*See guidelines. Some items are prohibited from sale.*

**Do you have event liability insurance?**

YES            If YES, please attach a copy of the policy. Please see the insurance requirements on the event guidelines for organizations that must be listed as additional insured.

NO             If NO, you **MUST** obtain this insurance **PRIOR TO** submitting this form. Events are **NOT** permitted without proof of insurance.

Sponsor/Organization Incorporated            YES   NO    If YES, Date of Incorporation: \_\_\_\_\_

**Corporate Officer Information:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State: \_\_\_\_\_ City/State: \_\_\_\_\_

Zip: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that Battery Park is a Carry-In/Carry Out Park, and agree that it is my responsibility to collect any trash produced by this event, and arrange for proper disposal. **Failure to do so will result in Park maintenance/trash pick up fees being deducted from deposit. I have read and accept Battery Park Guidelines and Rules.** I understand and agree that it is my responsibility to ensure all participants comply with all permit directions and conditions and with all applicable laws and ordinances. Both the organization listed above and I accept all risk and liability for, and **agree to hold The Trustees of the New Castle Common and City of New Castle harmless** from any and all claims, suits or actions, arising out of any claims for property damage or personal injury sustained as a result of the permitted event.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_

PLEASE COMPLETE FORM IN ITS ENTIRETY NOTING NOT APPLICABLE (N/A)  
AND PROVIDE ATTACHMENTS AS APPLICABLE.

INCOMPLETE OR ILLEGIBLE FORMS WILL BE RETURNED TO SENDER.

**RETURN FORM TO THE BATTERY PARK COMMITTEE:**

**BY EMAIL: trusteesnnc@comcast.net**

**BY FAX: 302-322-0301**

**BY MAIL: PO BOX 453 NEW CASTLE, DELAWARE 19720**

**IN PERSON: 201 DELAWARE STREET, NEW CASTLE, DELAWARE 19720**

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**OFFICIAL USE ONLY:**

**DATE RECEIVED**

Battery Park Event Request Form	PARK	
Event Request Fee	PARK	\$ _____
Parade & Assembly Permit & Fee	CITY	\$ _____
General Liability Certificate of Insurance	PARK/CITY	
Workman's Compensation Insurance	PARK/CITY	
Automobile Liability Insurance (if required)	PARK/CITY	
Liquor Liability Insurance (if required)	PARK/CITY	
Event layout	PARK	
Security Deposit (if required)	PARK	\$ _____
Grounds Repair Fee (if required)	PARK	\$ _____
Park/Facility Use Fee	PARK	\$ _____
Electrical access fee (if applicable)	CITY/MSD	\$ _____

**APPROVED:** \_\_\_\_\_

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

**BATTERY PARK COMMITTEE**

**APPLICANT NOTIFIED BY:** \_\_\_\_\_

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