2021 Ventnor City Holiday Parade Saturday, December 04, 2021 5:00 pm step off

The Ventnor City Holiday Twilight Parade is only a few months away we have some exciting new announcements.

First and Foremost! Please don't forget to sign up online for the annual Holiday Parade, to secure your spot, they are going fast! The application can be found at www.ventnorcity.org

If you know anyone who would be interested in participating as a unit, vendor, entertainment, or anything else please feel free to share the application link!

The more the merrier!

Please make sure the following is completed with your application or it will be rejected.



2021 Ventnor City Holiday Parade Saturday, December 4, 2021 at 5:00 p.m.

Application

Application Deadline: Wednesday, November 24, 2021

Applicant/Orga	nization				
Contact Persor	n				
Street Address	<u> </u>				-
City			State	Zip Code	
Primary Phone	Number		Alternate Nur	nber	
Email Address					
		Type	of Unit		
Please check a	all that apply: Float	March	ning Band	Truck	
Walking	Animals	Car	Other (Please list)	
Length of spac	e for the entry needed:	F	eet		
Number of veh	icles in unit	Number of partic	cipants in unit		
Does unit have	sound or music: Yes_	No			
			•	, all involved will abide Ventnor Parade Comm	•
	Responsible Party			Date	
Entry Descri	ption:				
Mailing & Cont	act Information:				
•	r, 6201 Atlantic Avenue, I Events - Holiday Parac	•	or City, NJ 08406	3	
Phone: Shelley	/ D'Orazio (267) 980-76	32			
Facebook: Ven	ntnor City Twilight Parad	е			

APPLICATION MAY BE SCANNED AND EMAILED

Email: ventnorevents@gmail.com or oem@police.ventnorcity.org



Dear Convertible Owner,

If you have an attractive convertible and would like one of the dignitaries to ride with you please fill out this form.

Parade to be held in VENTNOR on Saturday, December 4, 2021 The rain date this year will be Sunday, December 5, 2021.

The parade starts at 5:00 p.m. sharp. Entries should be in place by 4:00 p.m.

If you wish to participate in the parade, please provide the following requested information and return this letter to the address at the bottom.

Name		
Address		
Vehicle: Make	_ Model	_ Year

Please provide copies of Insurance, Registration, & a valid Driver's License

Thanks so much,

The Ventnor Parade Committee

Please return to: Ventnor Holiday Parade

Office of Special Events Ventnor City Hall – 2nd Floor

6201 Atlantic Avenue Ventnor NJ 08406

2021 Ventnor City Holiday Parade

Saturday, December 4, 2021 @ 5:00 p.m.

Rules and Regulations

General Information

- 1. The main parade formation/staging area located at Suffolk & Somerset Avenues off Atlantic Avenue in Ventnor, NJ.
- 2. The parade will start on Atlantic Avenue at Suffolk Avenue and proceed to Nashville Avenue making a left and proceeding to Ventnor avenue. Making another left and proceeding up Ventnor Avenue to the end at Troy Avenue. Route Map is attached.
- 3. In case we have to postpone the make-up date is Sunday, December 5 at 5:00 pm
- 4. All entries MUST submit a completed application and have permission to participate in parade. All applications must be postmarked no later than November 24, 2021.
- 5. The Holiday Parade Committee approves all entries to the Parade and participants agree to all rules set forth in this document.
- 6. Approved entries will receive parade day instructions and your spot in the lineup.
- 7. All units must reflect a holiday theme and should not be predominately commercial in nature.
- 8. No materials of any sort (candy, toys, leaflets) are to be thrown or otherwise distributed from the floats without Parade committee approval. Violation of this rule could mean dismissal from Parade and exclusion from next years' Parade. You may have walkers hand out candy/items.
- 9. No individuals on a float may take any action which encourages spectators along the parade route to approach or come close to the floats.
- 10. Units shall not exceed 13' in height. No unit other than the float/boat designated by the Parade Committee as the "Official Santa Float" may have individuals dressed as Santa or Santa like figures or representation.
- 11. MAXIMUM SPEED LIMIT ON PARADE ROUTE IS 5 MPH.
- 12. All units must be kept moving at all times. Please remember that unless directed by Parade Official or Police Officer there is to be NO Stopping.
- 13. It is your responsibility to arrange pick up of all float riders, band members, walkers, etc. from THE DISBANDING AREA at TROY AVENUE between VENTNOR and WINCHESTER AVENUES.
- 14. The individual signing on behalf of the organization accepts responsibility to distribute the rules and regulations to all individuals and entities who participate in the parade.

ANIMALS

1. Any unit with animals must make arrangement with walking individuals associated with their unit. Droppings may not be disposed at disbanding area. All animals must be on a leash at all times.

FLOATS

- 1. In general floats should be covered on all exposed parts. Floats should be decorated to make both sides equally appealing.
- 2. All floats should send a description or sketch of float with the application. Theme should not be totally commercial but display a holiday theme.
- 3. No float should be over 13' in height and no part of frame when decorated and loaded can be lower than 6" off ground.
- 4. All props and structures on deck must be fire proof, be of sound construction, and generally professional in appearance,
- 5. Each float must be equipped with a minimum One Ten Pound ABC Type Fire Extinguisher.
- 6. Floats may bear the name of organization/business. All signs should be high quality and easily readable to spectators.
- 7. No individual on a float may take any action which encourages spectators along the parade route to approach or come close to the floats.
- 8. MAXIMUM SPEED LIMIT ON PARADE ROUTE IS 5 MPH for all vehicles.

Many thanks for the support by Ventnor City Police Department, Office of Emergency Management, Office of Special Events, Ventnor City Fire Department, and Ventnor City Public Works.

INDEMNITY AND HOLD HARMLESS AGREEMENT

Da	te:	
Name (PRINT):		
expenses, including reasonable attor the work herein or the use of munic including loss of use, and (2) cause	and hold harmless the <u>CITY OF VEN</u> d their agents and employees, from and ageneys' fees in case it shall be necessary to file a cipal facilities which is (1) for bodily injury, illn ed in whole or in part by City of Ventnor no ployed by them or for whose acts contractor of	n action, arising out of performance of less or death, or for property damage, egligent act or omission, or that of a
volunteers and others working on behadamages, or injury including death and/dincluding all suits or actions of every kind or on account of any damage or injury to or on account of, any of the activities negligence in safeguarding the FACILITY act, omission or fault or alleged act, omit the direction, control or under any cont directives and CDC guidelines regarding will result in the immediate removal of facilities and premises by the transgress	and defend the MUNICIPALITY, its elected and apairs of the MUNICIPALITY, from and against any and or property loss, expense claims or demands arising dor description brought against the MUNICIPALITY, or any person or persons or property, caused or occase conducted by or caused to be conducted by US (IES), participants, or members of the public, or the ission or fault of the USER, its employees, agents, we ractual relationship with the USER. The USER will a COVID while utilizing the facility for their activities. It is contractor/vendor/permitted organization. The ified and held harmless regarding any claim for definition or the contractor of the contra	d all claims, losses, costs, attorney's fees, g out of USER's use of the named Facilities, either individually or jointly with USER for asioned or alleged to have been caused by, ER, or through any negligence or alleged rough any act, omission or fault or alleged rolunteers, subcontractors or others under abide by all local, state, and federal health Failure to abide by these health guidelines on of permission for the use of Ventnor's ne City of Ventnor its officials, employees,
Event Name: City of Ventnor – Holic	day Parade	
Location: Atlantic & Ventnor Avenue	, Ventnor NJ 08406	
Date(s): Saturday, December 4, 202	1 (Make up day: Sunday, December 5, 2021	
Ву:		
	(Authorized Signature of the Individual)	
Print Name:	Phone:	
Business:		_
Address:		_
Email:		_
Date of Rirth: /		

Use of Facilities Agreement

City of Ventnor a Municipality of the State of New Jersey, hereinafter referred to as "MUNICIPALITY", hereby agrees to allow: (Name of Person(s) or Organization) hereinafter referred to as "USER", to use the facilities listed below: Name and Location of FACILITY(IES): ATLANTIC & VENTNOR AVENUE FROM SUFFOLK TO TROY, VENTNOR NJ 08406 hereinafter referred to as "FACILITY(IES)" for VENTNOR CITY HOLIDAY PARADE (State the Purpose) on the following date(s) and time(s) (Include rain date if applicable): The above USER shall inspect the described FACILITY (IES) prior to the use of the FACILITY (IES) and report any defective, hazardous, or dangerous conditions found at the FACILITY (IES) to VCPD - Dispatch at 609-822-2101 at MUNICIPALITY, and USER shall immediately cease the use of the FACILITY(IES) until such defective, hazardous, or dangerous conditions are remedied. After the use of the FACILITY(IES), USER shall immediately report to the MUNICIPALITY any and all defects, hazards, damages, or dangerous conditions upon or adjacent to the FACILITY(IES). Indemnification: USER shall indemnify, save harmless and defend the MUNICIPALITY, its elected and appointed officials, its employees, agents, volunteers and others working on behalf of the MUNICIPALITY, from and against any and all claims, losses, costs, attorney's fees, damages, or injury including death and/or property loss, expense claims or demands arising out of USER's use of the named Facilities, including all suits or actions of every kind or description brought against the MUNICIPALITY, either individually or jointly with USER for or on account of any damage or injury to any person or persons or property, caused or occasioned or alleged to have been caused by, or on account of, any of the activities conducted by or caused to be conducted by USER, or through any negligence or alleged negligence in safeguarding the FACILITY(IES), participants, or members of the public, or through any act, omission or fault or alleged act, omission or fault or alleged act, omission or fault of the USER, its employees, agents, volunteers, subcontractors or others under the direction, control or under any contractual relationship with the USER. The USER will abide by all local, state, and federal health directives and CDC guidelines regarding COVID while utilizing the FACILITY for their activities. Failure to abide by these health guidelines will result in the immediate removal of violators and, if violations continue, the revocation of permission for the use of Ventnor's facilities and premises by the transgressing contractor/vendor/permitted organization. The City of Ventnor its officials, employees, agents, and volunteers shall be indemnified and held harmless regarding any claim for damage, loss, or injury resulting from such violations. Insurance: Notwithstanding the indemnification and defense obligations of the USER, the USER shall purchase and maintain such insurance and as is appropriate for the type of use and hazards present and as well provide protection from any and all covered claims which may arise out of or caused or alleged to have been caused in any manner from USER's use of the FACILITY(IES), whether it is to be used by the USER, its employees, agents, volunteers, subcontractors or others under the direction, control or under any contractual relationship with the USER or by anyone for whose acts any of them may be liable. USER shall be required to name the MUNICIPALITY as an "Additional Insured" on the USER's policy of commercial general liability insurance, and simultaneously with the delivery of the executed Use of Facilities Agreement, USER shall provide the MUNICIPALITY with a Certificate of Insurance indicating that the insurance coverage as described in the attached schedule, and as is appropriate for the type of use and hazards present, has been obtained and that the MUNICIPALITY has been designated as an "Additional Insured" where required. On or before the renewal date of said policy, USER shall be required to provide the MUNICIPALITY with a Certificate of Insurance indicating the continuation of insurance coverage and designating the MUNICIPALITY as an "Additional Insured" for the duration of this agreement. The schedule of insurance and the limits of liability for the insurance shall provide coverage for not less than the amounts listed in the attached schedule or greater where required by law. The City of Ventnor its officials, employees, agents, and volunteers shall be indemnified and held harmless regarding any claim for damage, loss, or injury resulting from such violations. Signed by an authorized representative of the **USER** on this _____, 20_____.

Print Name

Date

USER SIGNATURE

Waiver and Release

By signing this waiver and release with regard to my participation in the Ventnor City Holiday Parade, to which this signed form is attached, I declare that I have full authority to represent the entity specifically named on the application.

I, for myself, my organization, any heirs, successors, assigns, personal representatives, or next of kin, hereby release and hold harmless the City of Ventnor, NJ, their Officers, officials, agents, employees, or any other sponsoring agencies, owners of premises used for the event with respect to any and all injury, disability, death, including any wage replacement current or future. All costs will be the sole responsibility of the organization sponsoring or otherwise organizing the event.

I have requested a waiver of the requirement to produce general liability and worker's compensation insurance.

By signing below, I certify that neither I nor the organization I represent have general liability and worker's compensation in effect.

I have read this release. I fully understand its terms and sign it freely without inducement intending to be bound hereby.

VENTNOR CITY HOLIDAY PARADE – SATURDAY, DECEMBER 4, 2021 (MAKE UP DATE SUNDAY, DECEMBER 5, 2021 5PM TO 8PM)

EVENT NAME and DATE(S) of EVENT					
Authorized Signature / Date	Print Name - User				
Authorized Signature / Date	City Representative				

Waive and Release

NJ General Liability and Work Comp and Employers Liability

Schedule of Insurance*

Notwithstanding the indemnification and defense obligations of the **USER**, the **USER** shall provide at its own cost and expense proof of the following insurance to the "**MUNICIPALITY**":

General Liability including Products & Completed Operations Insurance with a minimum combined single limit of liability per occurrence for bodily injury and property damage of *one million* (\$1,000,000) dollars* with a minimum annual aggregate of *two million* (\$2,000,000) dollars*.

Auto Liability, minimum 100,000-300,000-100,000 and

Workers Comp, statutory minimum limits 100,000-500,000-100,000. One million (\$1,000,000) dollars is requested for higher hazard exposures.

These limits apply to the Employers Liability Section of the Workers Comp Act.

MUNICIPALITY shall be named as an "Additional Insured".

Failure by the **USER** to supply such written evidence of required insurance and to maintain same for the duration of this agreement shall result in default of this agreement and **USER** shall be prohibited from using said FACILITY (IES).

The insurance companies for the above coverage must be licensed by the State of New Jersey and acceptable to the **MUNICIPALITY**. The **USER** shall take no action to cancel or materially change any of the insurance required under this Contract without the **MUNICIPALITY**'s prior approval. The maintenance of insurance under this section shall not relieve the **USER** of any liability greater than the limits or scope of the applicable insurance coverage.

* Above insurance schedule to be prepared in consultation with your Risk Management Consultant as recommended within the JIF Certificate of Insurance Guidelines. Depending on the use of your **FACILITY(IES)**, your RMC may recommend that "Liquor Liability or Host Liquor Liability" coverage be provided by USER. For certain uses, it may be recommended that coverage for "Spectators" and/or "Athletic Participants" be required or that Sports Accident coverage be maintained by the **USER**.

TULIP Liability Protection

The Joint Insurance Fund strongly recommends that whenever a municipal location or facility is rented for a special event, the renter (or "tenant user") be required to show proof of liability coverage that will protect the municipality from a third-party lawsuit if a damaging incident occurs at the event.

Many renters can obtain this coverage through their existing insurance (with a rider, if necessary), and only need to give the municipality proof of this coverage. In these cases it is important that your municipality be named as an "Additional Insured" and you receive a copy of the "Additional Insured" endorsement along with the Certificate of Insurance. Your Risk Management Consultant can help you obtain these documents if necessary.

For the situations where no other liability insurance is available, the JIF makes it easy for renters to purchase a *Tenant User Liability Insurance Policy* (*TULIP*) in an online process that automatically names your municipality as an "*Additional Insured*" and forwards proof of the coverage to the *Municipal Clerk* via a Certificate of Insurance. These Certificates of Insurance prove invaluable defending cases against our members where we seek coverage from a third party to respond to liability claims.

All renters/users of municipal facilities should also be required to complete an "Application for Use of Facilities" and a "Use of Facilities Agreement" in accordance with your local policies and procedures. We have attached sample copies of both for your convenience or you can use those that have been adopted by your municipality.

<u>Instructions for Obtaining Insurance for Use of Facilities</u>

All users of municipal facilities must provide evidence of insurance in addition to completing an "Application for Use of Facilities" and a "Use of Facilities Agreement". In order to facilitate the purchase of special event insurance our municipality allows you to do so on-line by using your own credit card. You may obtain a quote without obligation to purchase by following the instructions below:

1. Visit the TULIP website at:

https://tulip.onebeaconentertainment.com/e/tulip/apply.aspx

- 2. For the Venue Name: Ventnor Facility Code is 4990-534.
- 3. Follow the site's remaining instructions. When you have paid for the coverage using your credit card our municipality will automatically receive the proof of insurance we require.
- 4. In the event you need to cancel coverage you may do so up until the day prior to the event and you will receive a full refund of the premium paid.
- 5. If further assistance is required please call the TULIP help desk at 800-507-8414 Monday through Friday between 8:30 A.M. and 8:00 P.M. Eastern Time.

QTY/UNI T

CITY OF VENTNOR CITY 6201 ATLANTIC AVENUE VENTNOR, NJ 08406 TEL (609)823-7917 FAX (609)822-0214

S H I P T O	CITY OF VENTNOR CITY 6201 ATLANTIC AVENUE VENTNOR, NJ 08406 P(609)823-7917 F(609)822-0214
V E N D O R	VENDOR #:

DESCRI PTI ON

PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.

NO.

ACCOUNT NO.

ORDER DATE: REQUISITION NO: DELIVERY DATE: STATE CONTRACT: F.O.B. TERMS:

	PAYMENT	RECORD
CHECK NO.		
DATE PAID)	

NOTICE: TAX ID #21-6001326 - TAX EXEMPT

UNIT PRICE TOTAL COST

			TOTAL	
CLAIMANT'S CERTIFICATION & DECLARATION	l off	CER'S CERTIFICATION	APPROVAL T	O PURCHASE
I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.	I, having certify th have been rendered; based on s	knowledge of the facts, at the materials and supplies received or the services said certification being signed delivery slips or other procedures.	DO NOT ACCEPT THIS IS SIGNED BELOW.	ORDER UNLESS IT
X VENDOR SIGN HERE	DEPT. HEAD DATE VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:		Chief Finance Office	r
OFFICIAL POSITION DATE TAX ID NO. OR SOCIAL SECURITY NO.	CITY OF VENTNOR CITY Finance Dept 6201 ATLANTIC AVENUE VENTNOR, NJ 08406 Commissioner			

	INVOICE
INVOICE #	DATE
	December 4, 2021
	INVOICE #

BILL TO

City of Ventnor
HOLIDAY PARADE
6201 Atlantic Avenue
Ventnor NJ 08406
609-823-7900
OEM@Police.VentnorCity.org

DESCRIPTION		AMOUNT
Participation in Holiday Parade		
Marching Band Name:		
Other:		
Thank you for your business!	TOTAL	



Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	I Name (as snown on your income tax return). Name is required on this line, do not leave this line blank.								
	2 Business name/disregarded entity name, if different from above								
on page 3.						4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
ns e	single-member LLC		Exer	npt payee	code	(if any)			
ty p	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partne	rship) ▶	_			_			
Print or type. See Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification of the single-member of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its own	owner of the LLC gle-member LLC	is cod	mption fro e (if any)	m FA	TCA rep	orting		
eci	☐ Other (see instructions) ▶		(Appli	es to account	s mainta	ined outsid	e the U.S.)		
Sp	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's nar	ne and a	ddress (op	tiona	l)			
See									
0,	6 City, state, and ZIP code								
	7 List account number(s) here (optional)								
В.	The second to differ the New York (TIM)								
Par		Coolel	security	numbor					
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to aup withholding. For individuals, this is generally your social security number (SSN). However, to	0.0	Security	number	7		$\overline{}$		
reside	ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other		-	-	-				
	es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>]		$\perp \perp \perp$		
TIN, la		or Emplo	vor ident	lification					
	If the account is in more than one name, see the instructions for line 1. Also see What Name per To Give the Requester for guidelines on whose number to enter.	ana Emplo		er identification number					
7 407776	or re and the requester for guidelines on whose hamber to onton		-			ı			
Davi	t II Certification				Ш		$\bot\bot$		
Par									
	r penalties of perjury, I certify that:								
2. I ar Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for not subject to backup withholding because: (a) I am exempt from backup withholding, or (bruce (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding; and) I have not bee	n notifie	d by the	Inter				
3. I ar	n a U.S. citizen or other U.S. person (defined below); and								
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	na is correct.							

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tay return. For real estate transactions, item 2 does not apply. For mortgage interest paid

acquisition	or abandonment of secured p	operty, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.
Sign Here	Signature of U.S. person ►	Date▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)

- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.