



BOROUGH OF GLEN ROCK BLOCK PARTY REQUEST APPLICATION

GENERAL INFORMATION: The Block Party Application must be submitted at least 30 calendar days in advance of the requested block party date.

Date of Application: _____

CONTACT PERSON FOR THE BLOCK PARTY

NAME	
ADDRESS	
TELEPHONE NUMBER	
EMAIL	

BLOCK PARTY INFORMATION

STREET TO BE CLOSED		
	BETWEEN THE FOLLOWING STREETS*	CROSS STREET 1:
	{Cross street intersection must be wholly in Glen Rock}	CROSS STREET 2:
BLOCK PARTY DATES	DATE	
	RAIN DATE	
BLOCK PARTY TIMES	START TIME	
	END TIME	

*Barricades to be delivered to one of these corners

I understand that I will be responsible for the safekeeping of the barricades after the block party until they are picked up by the Department of Public Works and have read the Application Guidelines concerning delivery and pick-up details.

I further certify that I have notified all residents of the block and that none have raised an objection to the closure of the block on the date and times indicated.

Under penalty of law, I hereby certify that all statements on this application are true and correct to the best of my knowledge.

Signature of Contact Person

Date

Will alcohol be present? ☐ No ☐ Yes

If YES, an Alcohol Use Permit must be obtained from the Borough Clerk's Office. See attached application.

Fire Prevention: A fire extinguisher must be outdoors and easily accessible during the duration of the block party.

Extinguisher address and location: _____

APPROVAL PROCESS:

Please submit this application to the Office of the Borough Clerk at least 30 days prior to block party date. Applications will be reviewed by The Glen Rock Police Department and Borough Clerk. Applicants will be notified via email of approval and application will be sent to the Department of Public Works for barricade pick-up to be arranged. Alcohol permit is a separate form and should be submitted at the same time as Block Party Request.

Chief of Police _____

☐ Approved

☐ Denied

Borough Clerk _____

☐ Approved

☐ Denied

FOR OFFICIAL USE ONLY

Upon approval email: ☐ Fire Dept ☐ DPW ☐ GRVAC ☐ Borough Communications Coordinator

BOROUGH OF GLEN ROCK



APPLICATION TO CONSUME ALCOHOLIC BEVERAGES ON PUBLIC PROPERTY

Permission for use of public facilities of the Borough of Glen Rock and the consumption of alcoholic beverages on its public facilities is granted in accordance with the revised Resolution of the Borough Council date July 24, 1996.

APPLICANT'S CONTACT INFORMATION (PLEASE PRINT)

APPLICANT'S NAME (LAST, FIRST)

FACILITY TO BE USED

APPLICANT'S ADDRESS

DATE OF EVENT

EMAIL ADDRESS

HOURS

HOME PHONE NUMBER

CELL PHONE NUMBER

DESCRIPTION OF EVENT

TYPE OF ORGANIZATION (CHECK ONE)

NON – PROFIT ASSOCIATION _____

FOR-PROFIT ORGANIZATION _____

NON-PROFIT CORPORATION _____

NOT-FOR-PROFIT ORGANIZATION _____

INDIVIDUAL _____

OTHER _____

NAME OF ORGANIZATION

ADDRESS OR P.O. BOX

PRINCIPAL OFFICER

ADDRESS

PHONE NUMBER

EMAIL ADDRESS

ONE HARDING PLAZA, GLEN ROCK, NEW JERSEY 07452
OFFICE NUMBER (201) 670-3956 • FAX NUMBER (201) 670-3959

BOROUGH OF GLEN ROCK



CONDITIONS OF APPROVAL:

1. APPLICANT MUST COMPLY WILL ALL LOCAL RULES AND ORDINANCES.
2. ALCOHOLIC BEVERAGES MAY NOT BE SOLD. ALCOHOLIC BEVERAGE MAY NOT BE SOLD OR GIVEN TO MINORS.
3. APPLICANT IS RESPONSIBLE FOR CLEAN-UP OF ALL BOTTLES, CANS, OR LITTER RESULTING FROM THE OCCASION AT TERMINATION OF THE EVENT.
4. THIS PERMIT MAY BE REVOKED AND THE PREMISES CLEARED BY ANY POLICE OFFICER ON DUTY IN THE BOROUGH OF GLEN ROCK IN THE EVENT OF ROWDINESS, DAMAGE TO BOROUGH PROPERTY, OR OTHER VIOLATIONS OF BOROUGH ORDINANCES.
5. A COPY OF THIS PERMIT MUST BE IN THE POSSESSION OF THE APPLICANT AT THE EVENT OR POLICE MAY TERMINATE THE EVENT.

The Borough requires that the application to consume alcoholic beverages on public property be submitted with the block party application at least 30 calendar days prior to block party date.

I HEREBY DECLARE ~~that~~ I HAVE FILLED out the ABOVE INFORMATION HONESTLY AND ACCURATELY.



SIGNATURE

Date

APPROVAL

APPROVED THIS _____ DAY, OF _____ FOR PURPOSES OF THE APPLICATION FOR THE HOURS SO INDICATED AT THE FACILITY ASSIGNED.

BOROUGH CLERK

APPLICANT COPY: _____

POLICE DESK COPY: _____

FILE COPY: _____

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