



Municipal Building
59 South White Horse Pike
Berlin, New Jersey 08009

Phone: (856) 767-7777
www.berlinnj.org

BERLIN COMMUNITY CENTER BANQUET FACILITY APPLICATION

Name of Organization: _____

Name of Applicant: _____

Address: _____

Telephone No: Daytime: _____ Evening: _____

Date(s) of Use: _____

Times of Use: Set-Up: _____ Function: _____ To: _____ Clean-up: _____

Reason for Use: _____

Will alcohol be served: Yes _____ No _____ (Beer & Wine Only).* Subject to compliance with State Laws.

Will admission be charged: Yes _____ No _____

Will Rides, Mechanical Devices, Inflatables be present: Yes _____ No _____

(If yes, must present Certificate of Insurance from operator naming you as an additional insured)

Anticipated # of Participants: _____ Anticipated # of Berlin Residents _____

General Information – For additional Rules and Regulations see attached

- Please note that there is no public address system available.
- Your organization must supply its own utensils, trash bags and tablecloths, as none are available.
- An attendant is provided to maintain the facility (trash, cleanup, etc.)
- The attendant is not permitted to assist in the preparation or serving of the food.
- The attendant is not responsible for the set-up of tables/chairs/decorations.
- There is to be no smoking within the building.
- No lewd or inappropriate behavior permitted at anytime.

As the applicant, I will be in attendance at the function during its duration and take full responsibility for all activities taking place. To the fullest extent permitted by Law, _____ agrees to defend, pay on behalf of, indemnify, and hold harmless the Borough of Berlin, its elected and appointed officials, its agents, employees and volunteers and others working on behalf of the Borough of Berlin against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the Borough of Berlin, its elected and appointed officials, its agents, employees, volunteers or others working on behalf of the Borough of Berlin, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this contract.

Applicant's Signature

Approved By: _____ Date: _____

Amount Due: _____ Due Date: _____

Refunds for cancellations will only be made thirty (30) days prior to event.