



CHERRY BLOSSOM CENTER PERMIT APPLICATION

Essex County Branch Brook Park

Site Fee	\$650.00 (4-hour minimum) additional hours prorated
Organization Meeting Fee Non-Profit (ex; board meeting, staff meeting)	\$150.00 (2-Hour Minimum) additional hours prorated
Additional Setup Fee	\$50.00 per hour

Available Rental Hours:
Monday through Friday evenings only: 4:00 pm to 9:00 pm
Saturday 10:00 am to 9:00 pm
Sunday 11:00am to 8:00pm

Closed on Holidays

A 50% DEPOSIT MUST BE SUBMITTED UPON APPROVAL OF YOUR APPLICATION OR DATE CAN BE FORFETIED.

CERTIFIED CHECK, MONEY ORDER, CASH, OR CREDIT CARD.

Personal checks will not be accepted.

Please make payable to: Essex County Department of Parks
(NO REFUNDS)

Set up is permitted two (2) hours prior to the event's start. If you need additional setup all applicable fees will apply. The permittee is responsible for the setup and cleanup of all party décor and refuse; it is not the responsibility of the attendant to remove personal items from the facility for you after usage. Attendant will be responsible for sweeping, mopping, table setup, maintaining restrooms, and removal of refuse to dumpsters.

Miscellaneous:

Requests must be received at least 1 month prior to the event date. (Allow up to two weeks for approvals.) All requests are made by submitting a completed permit application.

Possession of alcoholic beverages is permitted. (Separate application, and insurance is required, which will be reviewed by department and Risk Management for approvals)

All persons or organizations that are granted a permit must provide adequate supervision, crews for cleaning up and monitoring all aspects of safety, both for the participants and the general public. Failure to do so may result in the denial of all future permits.

Final Payment is due at least 21 days prior to your event.

We are a Smoke free facility.



CHERRY BLOSSOM CENTER PERMIT RULES AND GUIDELINES

Initial
each item

- _____ All applicable fees and documents must be received **before** a permit is issued and the site occupied.
- _____ Permittee is responsible to leave the site clean and in its original condition. All furniture must remain within the building.
- _____ Lit candles are prohibited, however sternos and electric warmers are allowed.
- _____ Decorations and signs are limited to tables and chairs only, not walls or ceilings.
- _____ **Confetti, glitter, fog machines, and sparklers are prohibited.**
- _____ Pets and other animals are not permitted inside the building.
- _____ No Inflatables of any sort are permitted, this includes ball pits.
- _____ No Cooking of any food is permitted on site. Warming stations are available for use.
- _____ Access to the kitchen is limited to ice maker & refrigerator.
- _____ Any cancellations of event must be made at least 2 weeks prior to event date. A credit will be given to use for a future date up to one year from the date of cancellation. If a cancellation is made same day of event no credit or refund will be given.
- _____ Parking is permitted in designated areas only, not on grassy lawns or walkways.
- _____ If alcoholic beverages are not approved and are brought into the room without filing an application and insurance with the permit office, the Sheriff will be notified and event will be stopped, a fine and funds will be forfeited.

The applicant by his or her signature certifies that: The attached rules and guidelines for permit approval for the Cherry Blossom Center under the Essex County Park System have been read, are understood, and will be fully complied with by applicant. That the individual and/or organization requesting a permit, agree that while using the facilities made available by the Essex County Park System that they will not discriminate on the basis of disability, race, color, religion, sex, national origin, age or handicap. Violations to these guidelines will be the basis for denial or revocation of a permit and may result in a fine.

Signature

Date



CHERRY BLOSSOM CENTER PERMIT APPLICATION

Organization Name: _____
 Contact Person Name: _____
 Contact Mailing Address: _____ City: _____ State: _____ Zip Code: _____
 Contact Cell#: _____ Email: _____
 Name/Purpose of Event: _____ Event Date: _____
 Estimated Attendance: _____

Max Occupancy is 120

Alcohol Serving: YES, or NO (circle one) *A separate application and Insurance are required*

ROOM RENTAL TIMELINE

Set-up Time _____ (am/pm) on _____ (Month/Day/Year)
 Event Start _____ (am/pm)
 Event End _____ (am/pm)
 Cleanup completed by _____ (am/pm)

All persons or organizations who are granted a permit must provide adequate supervision, crews for cleaning up and monitoring all aspects of safety, both for the participants and the general public. Failure to do so may result in denial of all future permits. The applicant by his or her signature certifies that: All the information given is complete and correct, and that no false or misleading information, or false statements have been given. Giving false information or making false statements, in connection with this permit application may constitute a criminal violation. Violations will be the basis for denial or revocation of a permit and may result in criminal prosecution. The attached rules and regulations for permit approval and all rules and regulations governing the use of the Essex County Park System have been read, are understood, and will be fully complied with by applicant. That the individual and/or organization requesting a permit, agree that while using the facilities made available by the Essex County Park System that they will not discriminate on the basis of disability, race, color religion, sex, national origin, age or handicap.

Applicant's Signature: _____ Date: _____

Acknowledgement of Policy, Fees and Guidelines-

I acknowledge that I have read and understand the rules and regulations provided with this document.

Applicant
 Signature: _____ Date: _____

*Return application to: County of Essex Parks, Recreation & Cultural Affairs,
 c/o Permit Unit, 155 Prospect Avenue – West Orange NJ 07052
 Email: Permits@parks.essexcountynj.org*

DO NOT WRITE BELOW THIS LINE

Date Received: _____ Cash: _____ Check #: _____ \$ Amount: _____
 Bank: _____ Deposit Date: _____