

**BOROUGH OF CARTERET**

**APPLICATION TO RESERVE**  
**THOMAS J. DEVERIN COMMUNITY CENTER – 100 COOKE AVE.**

Application Information:

Name: \_\_\_\_\_ Proof of identification/residence \_\_\_\_\_

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

Day Phone Number \_\_\_\_\_ Night Phone \_\_\_\_\_ FAX Number \_\_\_\_\_  
Event Date: \_\_\_\_\_ Day of Week \_\_\_\_\_ Start \_\_\_\_\_ End \_\_\_\_\_

Organization's Name (If applicable) _____ Must be a registered nonprofit organization with tax ID # _____		
Organization's Address _____	City _____	Organization's Phone Number _____
Event Date: _____	Day of Week _____	Start _____ End _____

If multiple dates list here: \_\_\_\_\_

What type of event are you having? \_\_\_\_\_  
Is this event open to the public? \_\_\_\_\_  
If open to the public, how will it be advertised? \_\_\_\_\_  
Is this event a benefit to the community? \_\_\_\_\_ yes \_\_\_\_\_ no - If yes how? \_\_\_\_\_  
Is this event an educational workshop or seminar? \_\_\_\_\_ yes \_\_\_\_\_ no  
Is this event a planning meeting for an upcoming community service event? \_\_\_\_\_ yes \_\_\_\_\_ no  
Is this a private social function either by membership or private invitation? \_\_\_\_\_ yes \_\_\_\_\_ no  
What is the maximum number of people you expect to attend? \_\_\_\_\_  
Will Food be at the event? \_\_\_\_\_ yes \_\_\_\_\_ no if so must be supplied by a licensed caterer only.  
Will you need to use the kitchen? \_\_\_\_\_ Yes \_\_\_\_\_ no  
Will money be charged or exchanged? Registration? Tickets? Raffle? Donations? \_\_\_\_\_ yes \_\_\_\_\_ no

**ALCOHOLIC BEVERAGES STRICTLY PROHIBITED IN OUR FACILITIES** \_\_\_\_\_ Initial

**NO SMOKING PERMITTED IN OUR FACILITIES** \_\_\_\_\_ Initial

It is expected that users of the hall will cooperate fully with rules and regulations of center.

If food is catered the caterer must be licensed through Carteret Health Department.

and hold a Current Food Handler's Certificate. \_\_\_\_\_ Initial

In case of emergency or for reasons beyond the Borough of Carteret's control,  
The Borough reserves the right to cancel the scheduled use without liability. \_\_\_\_\_ Initial

You are responsible for clean up after event. Keep recyclable items together (cans, plastics, glass)  
You must bring your own large plastic garbage bags. \_\_\_\_\_ Initial

**I hereby attest the foregoing information is true and correct, and that should any of the information be found to be false or should any conduct by myself, participants or guests not be as described in the application; or should any applicable Borough, State Federal Rules Regulations, Codes or Laws be violated, said reservation will be deemed null and void and any activity associated with this reservation will immediately cease.**

I also agree that I will be financially responsible for any costs incurred by the Borough for damages to Borough's property that was a direct cause of my event. \_\_\_\_\_ Initial

**(MAXIMUM PERMITTED OCCUPANCY OF THIS SPACE IS  
(STANDING-CHAIRS ONLY 500 - TABLES AND CHAIRS 287)  
A NOTICE OF VIOLATION OR PENALTIES SHALL BE ASSESSED IF THE MAXIMUM PERMITTED OCCUPANCY  
PER N.J.A.C. 5:70-2.12(b) 3 IS EXCEEDED**

The users agree to hold harmless the Borough of Carteret, it's officers, employees, agents, and volunteers from all actions, liabilities, claims, damage to personals or property, losses, costs, penalties, obligations, errors or omissions that may be asserted or claimed by any person, organization or entity arising out of or in connection with the activities conducted by the applicant, whether there is concurrent passive or active negligence on the part of the Borough Personnel. This shall be a continuing release and shall remain in effect until revoked in writing.

IF YOU HAVE TO CANCEL YOUR EVENT PLEASE CONTACT THE OFFICE ON AGING AT 732-541-3890. \_\_\_\_\_ Initial

Please refer all questions regarding this Application to Office on Aging at 61 Cooke Avenue, Carteret, New Jersey. Telephone Number - 732-541-3890

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

\_\_\_\_\_  
Reservationists Signature Date

Application fee (includes \$100.00 refundable deposit):  
Application Fee \_\_\_\_\_ Date \_\_\_\_\_

Refundable deposit returned if Hall is cleaned after affair.

**RETURNED SECURITY DEPOSIT** DATE \_\_\_\_\_  
\_\_\_\_\_  
Signature