

# Wildwood Business Improvement District

## Byrne Plaza Application Form

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### **Welcome & Introduction:**

Thank you for expressing an interest in hosting an event at Byrne Plaza in Downtown Wildwood-By-The-Sea. Byrne Plaza is managed by the Wildwood Business Improvement District, Management Corporation (WBID). WBID is a private, non-profit corporation that was created, and is run by, property and business owners in Downtown Wildwood.

Byrne Plaza was made possible by the cooperation and financial support of the County of Cape May Open Space and Recreation Program, The Byrne Fund for Wildwood, Inc., Crest Savings Bank, the Greater Wildwood Tourism Improvement and Development Authority (GWTIDA), the City of Wildwood and WBID.

### **Use Policy:**

Byrne Plaza was created to be an actively managed downtown event space for the specific purpose of bringing commerce to Downtown Wildwood to enhance and promote business retention and development. Therefore, event applications will be evaluated based on the criteria of whether or not the Board of Directors of WBID believes that the event will be beneficial to the business community in Downtown Wildwood.

Currently, WBID hosts a full schedule of events in Byrne Plaza that includes Saturday Morning Farmers Market, Free Tuesday Night Family Movies, Five Fabulous Days of Fitness (Monday through Friday Mornings), Free Concerts on Thursday Nights and a series of Friday evening events.

WBID invites experienced event promoters with a proven track record of successfully planning, producing and managing special events to host your event at Byrne Plaza. Special consideration and preference will be given to event promoters who are looking to promote multiple events through-out the year at Byrne Plaza.

### **Application Process:**

WBID requires all organizations, corporations, and/or individuals planning to use our facilities to complete an application and include a \$250 fully refundable deposit. **This application must be fully completed, signed, and forwarded to WBID 150 days in advance of the event. The deposit will be returned as long as the event is produced as detailed in this application.**

All costs and fees associated with a Special Event will be the responsibility of the promotor. There is currently not a user fee for the use of the Plaza.

All applications will have a 90, 60 and 30-day review. Some may require a 14 day and 7-day review prior to their event.

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# Wildwood Business Improvement District Byrne Plaza Event Application Check List

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Please use this check list to ensure a complete application package is submitted and all items are completed within the timeline provided:

- 1) Does your application include a detailed description of the event and a \$250 check payable to WBID?
- 2) Does your application include a preliminary site plan (Schedule C)? *Site Plan may be updated but must be finalized within 30 days of event.*
- 3) Does your application include your Certificate of Liability Insurance, naming WBID as “additionally insured”?
- 4) Does your application include a fully executed Hold Harmless Agreement?
- 5) Does your application include a Vendor List including contact information (Schedule B)? *Vendor List may be updated but must be finalized within 90 days of event.*
- 6) Does your application include Copy of ABC / Social Affairs Permit and/or Special Event License and any other required permits and licenses?
- 7) Does your application include your detailed Event Promotion Plan (Schedule A)? *Promotion Plan may be updated but must be finalized within 90 days of event.*
- 8) Does your application include a copy of program schedule/timeline/description of events? *Program Schedule may be updated but must be finalized within 90 days of event.*

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Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Type of Event (*check one*)

Festival  1Day  multi-day

Craft Show  1Day  multi-day

Ceremony / Celebration / Demonstration

Other: \_\_\_\_\_

## SECTION 1 – ORGANIZATION INFORMATION

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1) Name of Organization: \_\_\_\_\_

2) Address of Organization: \_\_\_\_\_

3) Purpose of Organization: \_\_\_\_\_

4) How many members are in your organization: \_\_\_\_\_

5) Is your organization tax exempt: (please circle) YES NO Is this a non-profit event YES NO

6) NJ Registered Charitable Organization#: \_\_\_\_\_ Tax ID#: \_\_\_\_\_

7) Organizer(s) Contact Information:

Name of Event <b>Chairperson / Organizer</b>	
Title	Cell Phone
Address / City / State / Zip	
Email	

Name of <b>Event Chairperson / Organizer</b>	
Title	Cell Phone
Address / City / State / Zip	
Email	

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## SECTION 2 – APPLICATION AUTHORIZATION

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I, \_\_\_\_\_, the undersigned state that I am the duly  
**Name of Applicant**

authorized representative of the \_\_\_\_\_  
**Name of Organization**

in addition, the information provided in this application is correct to the best of my knowledge. I understand that some of the information is preliminary in nature and I will provide updated information as it becomes available. I further agree to abide by changes made to the proposed event as indicated when so granted.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

# Wildwood Business Improvement District Byrne Plaza Application Form

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## SECTION 3 – EVENT INFORMATION

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1) Official Name of Event: \_\_\_\_\_

2) Location of Event: \_\_\_\_\_

3) Purpose of Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) Will the event be held for the sole purpose of advertising any product, goods, or event: YES NO

5) If yes, describe in detail: \_\_\_\_\_

\_\_\_\_\_

6) Will alcohol be served or sold by event organizers or others: YES NO

A) Do you have a ABC/Social Affairs Permit: YES NO

B) Are you requesting approval for open display of alcohol: YES NO

C) Designated Hours for open display of alcohol: \_\_\_\_\_

D) Designated Location of open display of alcohol: \_\_\_\_\_

E) Do you own a City of Wildwood Liquor License: YES NO

F) If no, have you ever applied for a special event license before: YES NO

G) Have you applied for the special event license for this event: YES NO

E) Other Conditions: \_\_\_\_\_

7) Describe Event Activities: \_\_\_\_\_

\_\_\_\_\_

8) Rain Date or Delayed Starting Time: \_\_\_\_\_

9) Describe how you plan to handle trash during event & clean up / trash removal after event:

\_\_\_\_\_

a) Dumpster Company (*name/address/contact person/phone*): \_\_\_\_\_

\_\_\_\_\_

# Wildwood Business Improvement District Byrne Plaza Application Form

## SECTION 3 – EVENT INFORMATION CONTINUE

10) Schedule Details: *(Include a copy of program schedule/timeline/description of events)*

	1 <sup>st</sup> Day	2 <sup>nd</sup> Day	3 <sup>rd</sup> Day	4 <sup>th</sup> Day
Day of the Week (SU,M,TU,W,TH,F,SA)				
Date (MM/DD/YY)				
Set-Up (00:00AM/PM)				
Event Starts (00:00 AM/PM)				
Event Ends (00:00 AM/PM)				
Clean-Up (00:00 AM/PM)				

11) Will the event require site to remain in place overnight, or will the site be broken down each night *(partially or completely)* Explain: \_\_\_\_\_  
\_\_\_\_\_

12) Describe how you plan to provide security for the event: \_\_\_\_\_  
\_\_\_\_\_

a) Private Security Company *(name/address/contact person/phone)*: \_\_\_\_\_  
\_\_\_\_\_

13) If an event management company is contracted to handle the event, please provide the following information:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Portion/s of event that the company is responsible for: \_\_\_\_\_

**ALL EVENTS MUST SUBMIT A DETAILED SITE PLAN (Schedule C)**

Site plan should include port-a-pots, vendors, electrical hook-ups, road closings, etc.

## SECTION 4 – INSURANCE REQUIREMENTS

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1) Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Limits of Liability: \_\_\_\_\_

Events are required to provide the Wildwood Business Improvement District with a Certificate of Insurance indicating the continuation of insurance coverage and designating the Wildwood Business Improvement District as an “Additionally Insured.”

**A copy of the Additional Insured Endorsement page(s) must be provided with the certificate.**

### CERTIFICATE OF INSURANCE

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**Individuals** – Block Parties or any other oriented parties

**Non-Profit/Charitable Groups** – Civic Groups, Social Groups, Support Groups or any other group that does not gain profits.

**Commercial Rental** – Any organization that is for profit (i.e. Associations, Corporations, Partnerships, etc. ...)

#### I. INDIVIDUALS

- A. General Liability Limit \$100,000  
Evidence that the individual has personal liability insurance in force is required to use any WBID property or facility. This would be in the form of Homeowners, Condo, or Tenant’s policy where the personal liability coverage is included along with other coverage for the individual. A copy of the policy needs to be kept on file with the Special Event Application as evidence of coverage.

#### II. NON-PROFIT/CHARITABLE GROUPS

- A. General Liability Limit \$300,000  
Combine Single Limit of Liability for Bodily Injury and Property Damage.
- B. Wildwood Business Improvement District named as “**Additional Insured**” with Endorsement
- C. Executed Hold Harmless Agreement required with Special Event Application. The Special Event shall not be allowed to occur or use the WBID facilities until it has obtained the insurance required under this contract. All coverage shall be with insurance carriers licensed and admitted to do business in the State of New Jersey and acceptable to the WBID. If the organization/individual contracts with a vendor, evidence of adequate insurance coverage will need to be secured from them.

#### III. COMMERCIAL (FOR PROFIT) GROUPS

- A. Commercial General Liability Limit \$1,000,000  
Combine Single Limit of Liability for Bodily Injury and Property Damage.
- B. Wildwood Business Improvement District named as “**Additional Insured**” with Endorsement
- C. Executed Hold Harmless Agreement required with Special Event Application. The Special Event shall not be allowed to occur or use the WBID facilities until it has obtained the insurance required under this contract. All coverage shall be with insurance carriers licensed and admitted to do business in the State of New Jersey and acceptable to the WBID. If the organization/individual contracts with a vendor, evidence of adequate insurance coverage will need to be secured from the vendor.

# HOLD HARMLESS

**NAME OF ORGANIZATION/USER** \_\_\_\_\_

will be referred to as **USER** from this point forward. **USER** shall indemnify, save harmless and defend the **Wildwood Business Improvement District**, its elected and appointed officials, its employees, agents, volunteers and others working on behalf of the **Wildwood Business Improvement District**, 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 / Equipment, including all suits or actions of every kind or description brought against the **Wildwood Business Improvement District**, 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) / EQUIPMENT, 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 above **USER** shall inspect the described FACILITY (IES) / EQUIPMENT prior to the use of the FACILITY (IES) / EQUIPMENT and report any defective, hazardous or dangerous conditions found at the FACILITY (IES) / EQUIPMENT to An Appointed Recreation Supervisor and/or Public Works Supervisor at (609) 522-2955 or (609) 522-4646, and **USER** shall immediately cease the use of the FACILITY (IES) / EQUIPMENT until such defective, hazardous or dangerous conditions are remedied. After the use of the FACILITY(IES) / EQUIPMENT, **USER** shall immediately report to the **Wildwood Business Improvement District** any and all defects, hazards, damages or dangerous conditions upon or adjacent to the FACILITY(IES) / EQUIPMENT.

**INSURANCE**

Notwithstanding the indemnification and defense obligations of the **USER**, **USER** shall purchase and maintain such insurance described in the attached schedule and as is appropriate for the type of use and hazards present and as will 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) / EQUIPMENT, 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 **Wildwood Business Improvement District** 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 or Special Event Application, **USER** shall provide the **WBID** 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 **Wildwood Business Improvement District** has been designated as an “Additional Insured” where required. The **USER** shall also provide the Additional Insured Endorsement page(s) to be included with the Certificate

Signed by an authorized representative of the **USER** and the **Wildwood Business Improvement District** on

this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
**USER (SIGNATURE)**

\_\_\_\_\_  
**WBID REPRESENTATIVE**

\_\_\_\_\_  
**USER (PRINT NAME)**

\_\_\_\_\_  
**WBID REPRESENTATIVE (PRINT)**



# Wildwood Business Improvement District Byrne Plaza Application Form

## FESTIVAL 1 DAY OR MULTIPLE DAYS

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1) Location (*list any street closing*): \_\_\_\_\_  
\_\_\_\_\_

2) Number of Non-Food Vendor Spaces: \_\_\_\_\_ Number of Food Vendor Spaces: \_\_\_\_\_

3) List of Vendors and Contact Numbers (Schedule A) –fully updated list must be turned in 30 days prior to event.

***(NOTE: Food Vendors must meet the requirements of the Cape May County Board of Health)***

4) Promotion Plan to include print, radio, billboards, social media, etc. (Schedule B)

5) Location of Stages / Performance Areas (*site plan*): \_\_\_\_\_  
\_\_\_\_\_

6) Type of Entertainment / Music: \_\_\_\_\_  
\_\_\_\_\_

\*Attach a program schedule–may submit draft version–final version must be turned in 90 days prior to event

7) Are Vendor fees charged in addition to the city fee:      YES    NO      Amount: \$ \_\_\_\_\_

8) Purpose of the fees and beneficiary: \_\_\_\_\_

9) Special Guests (*i.e., Mascot, Politician, Musician, Controversial, Actor, Actress, etc.*):  
\_\_\_\_\_

10) These items are **PROHIBITED** in the Festival Area:

- Driving on the sidewalks or grass area of the Plaza without permission is strictly prohibited.
- Any Glass Bottles and Glass Containers served at festival sites.
- Any type of Back Packs.
- Any type of Coolers.





# Wildwood Business Improvement District Byrne Plaza Application Form

## SCHEDULE C SITE PLAN

EVENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

### PLAZA LAYOUT

