



***Saturday, December 2, 2023, at 5:00 p.m.***

**2023 Application**

***Application Deadline: Wednesday, November 22, 2023***

Applicant/Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Type of Unit**

Please check all that apply: ☐ Marching Band ☐ Float ☐ Truck ☐ Car

☐ Walking ☐ Animals ☐ Other (Please list) \_\_\_\_\_

Length of space for the entry needed: \_\_\_\_\_ Feet

Number of vehicles in unit \_\_\_\_\_ Number of participants in unit \_\_\_\_\_

Does unit have sound or music: ☐ Yes ☐ No

***Entry Description:*** \_\_\_\_\_

***By signing the application, I agree that if our unit is accepted, all involved will abide by the rules and regulations enclosed as established by the City of Ventnor Parade Committee.***

\_\_\_\_\_  
***Responsible Party***

\_\_\_\_\_  
***Date***

Mailing & Contact Information:

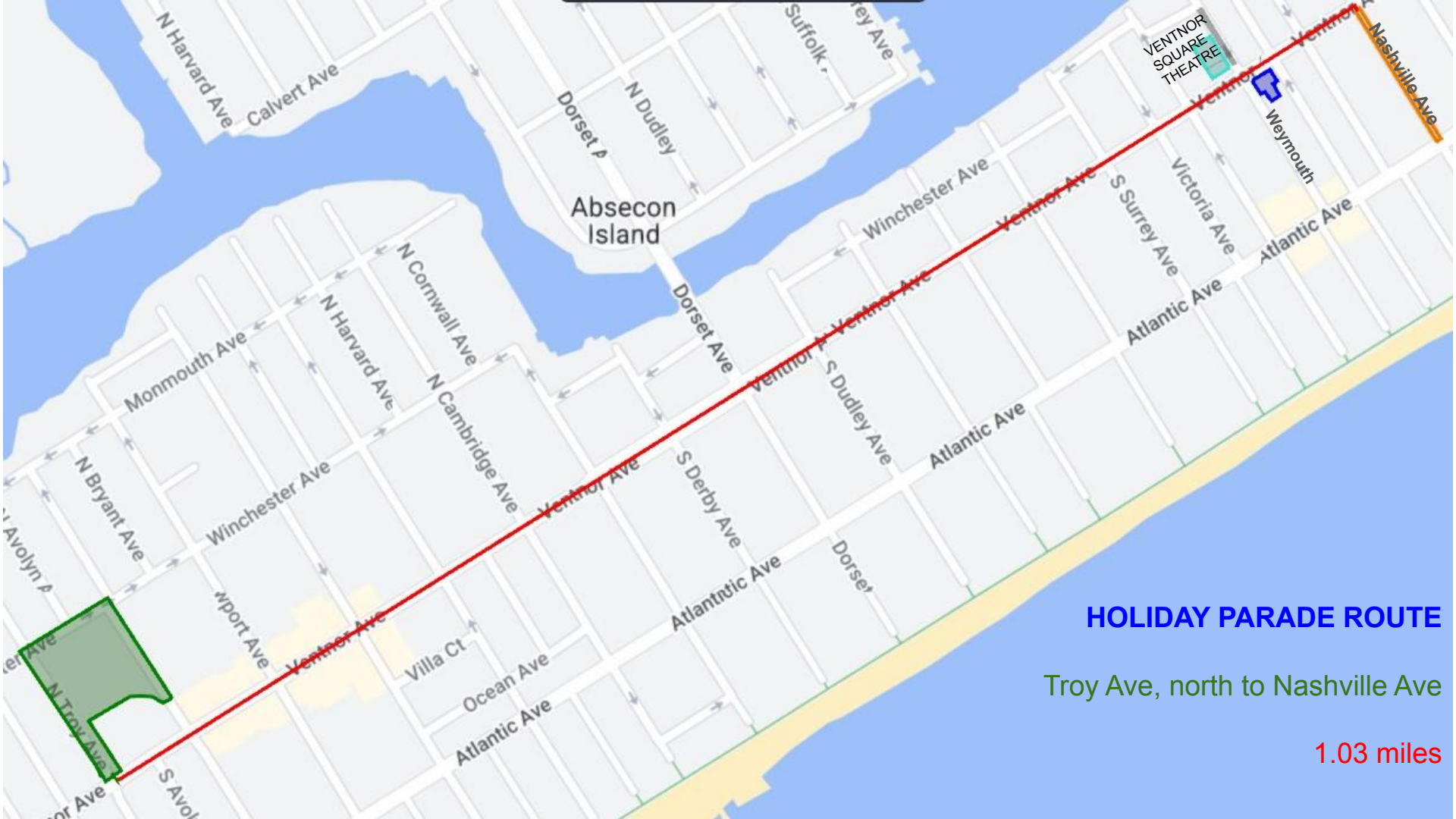
City of Ventnor, 6201 Atlantic Avenue, 2<sup>nd</sup> Floor, Ventnor City, NJ 08406  
ATTN: Special Events - Holiday Parade

Phone: Shelley D'Orazio (267) 980-7632

Facebook: Ventnor City Twilight Parade

Email: [SpecialEvents@VentnorCity.org](mailto:SpecialEvents@VentnorCity.org) or [oem@police.ventnorcit.org](mailto:oem@police.ventnorcit.org)

**APPLICATION MAY BE SCANNED AND EMAILED**



**HOLIDAY PARADE ROUTE**

Troy Ave, north to Nashville Ave

1.03 miles



Dear Convertible Owner,

If you have an attractive convertible and would like one of the dignitaries to ride with you - please fill out this form.

### **Parade to be held in VENTNOR on Saturday, December 2, 2023**

The parade starts at 5:00 p.m. sharp. Entries should be in place by 4:00 p.m.

If you wish to participate in the parade, please provide the following requested information and return this letter to the address at the bottom.

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_

Telephone Number\_\_\_\_\_

Vehicle: Make\_\_\_\_\_ Model\_\_\_\_\_ Year\_\_\_\_\_

*Please provide copies of Insurance, Registration, & a valid Driver's License*

Thanks so much,

The Ventnor Parade Committee

Please return to: Ventnor Holiday Parade  
Office of Special Events  
Ventnor City Hall – 2<sup>nd</sup> Floor  
6201 Atlantic Avenue  
Ventnor NJ 08406

# **2023 Ventnor City**

## **Holiday Parade**

**Saturday, December 2, 2023 @ 5:00 p.m.**

### **Rules and Regulations**

#### **General Information**

1. The main parade formation/staging area located at Troy & Ventnor Avenue in Ventnor, NJ.
2. The parade will start on Ventnor Avenue at New Haven Avenue and end at Nashville Avenue. Route Map is attached.
3. All entries **MUST** submit a completed application and have permission to participate in parade. All applications must be postmarked no later than November 22, 2023.
4. The Holiday Parade Committee approves all entries to the Parade and participants agree to all rules set forth in this document.
5. Approved entries will receive parade day instructions and your spot in the lineup.
6. All units must reflect a holiday theme and should not be predominately commercial in nature.
7. No materials of any sort (candy, toys, leaflets) are to be thrown or otherwise distributed from the floats without Parade committee approval. Violation of this rule could mean dismissal from Parade and exclusion from next years' Parade. You may have walkers hand out candy/items.
8. **No individuals on a float may take any action which encourages spectators along the parade route to approach or come close to the floats.**
9. Units shall not exceed 13' in height. No unit other than the float/boat designated by the Parade Committee as the "Official Santa Float" may have individuals dressed as Santa or Santa like figures or representation.
10. **MAXIMUM SPEED LIMIT ON PARADE ROUTE IS 5 MPH.**
11. All units must be kept always moving. Please remember that unless directed by Parade Official or Police Officer there is to be NO Stopping.
12. It is your responsibility to arrange pick up of all float riders, band members, walkers, etc. from THE DISBANDING AREA at NASHVILLE AVENUE between VENTNOR and ATLANTIC AVENUES.
13. The individual signing on behalf of the organization accepts responsibility to distribute the rules and regulations to all individuals and entities who participate in the parade.
14. **Proof of insurance shall be provided upon receipt of application. Applicants shall at their own cost and expense furnish a policy or policies in the amount:** General Liability including Products & Completed Operations Insurance with a minimum combined single limit of liability per occurrence for bodily injury and property damage of *one million (\$1,000,000) dollars\** with a minimum annual aggregate of *two million (\$2,000,000) dollars\**. Auto Liability, minimum 100,000-300,000-100,000 and Workers Comp, statutory minimum limits 100,000-500,000-100,000. *One million (\$1,000,000) dollars is requested for higher hazard exposures. These limits apply to the Employers Liability Section of the Workers Comp Act. Also, the City must be named as an additional insured. It is the applicant's responsibility to provide the required certificate of insurance when it is required from a third party vendor.* <https://gatherguard.com/>

## **ANIMALS**

1. Any unit with animals must make arrangement with walking individuals associated with their unit. Droppings may not be disposed at disbanding area. All animals must be on a leash at all times.

## **FLOATS**

1. In general floats should be covered on all exposed parts. Floats should be decorated to make both sides equally appealing.
2. All floats should send a description or sketch of float with the application. Theme should not be totally commercial but display a holiday theme.
3. No float should be over 13' in height and no part of frame when decorated and loaded can be lower than 6" off ground.
4. All props and structures on deck must be fire proof, be of sound construction, and generally professional in appearance,
5. Each float must be equipped with a minimum One Ten Pound ABC Type Fire Extinguisher.
6. Floats may bear the name of organization/business. All signs should be high quality and easily readable to spectators.
7. **No individual on a float may take any action which encourages spectators along the parade route to approach or come close to the floats.**
8. **MAXIMUM SPEED LIMIT ON PARADE ROUTE IS 5 MPH for all vehicles.**

**Many thanks for the support by Ventnor City Police Department, Office of Emergency Management, Office of Special Events, Ventnor City Fire Department, and Ventnor City Public Works.**

## INDEMNITY AND HOLD HARMLESS AGREEMENT

Date: \_\_\_\_\_

Name (PRINT): \_\_\_\_\_

agrees to release, indemnify, and hold harmless the **CITY OF VENTNOR**, and/or the Atlantic County Municipal Joint Insurance Fund, and their agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees in case it shall be necessary to file an action, arising out of performance of the work herein or the use of municipal facilities which is (1) for bodily injury, illness or death, or for property damage, including loss of use, and (2) caused in whole or in part by **City of Ventnor** negligent act or omission, or that of a subcontractor, or that of anyone employed by them or for whose acts contractor or subcontractor may be liable.

### Indemnification:

USER shall indemnify, save harmless and defend the MUNICIPALITY, its elected and appointed officials, its employees, agents, volunteers and others working on behalf of the MUNICIPALITY, 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, including all suits or actions of every kind or description brought against the MUNICIPALITY, 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), participants, or members of the public, or through any 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 USER will abide by all local, state, and federal health directives and CDC guidelines regarding COVID while utilizing the facility for their activities. Failure to abide by these health guidelines will result in the immediate removal of violators and, if violations continue, the revocation of permission for the use of Ventnor's facilities and premises by the transgressing contractor/vendor/permitted organization. The City of Ventnor its officials, employees, agents, and volunteers shall be indemnified and held harmless regarding any claim for damage, loss, or injury resulting from such violations.

## Use of Facilities Agreement

**City of Ventnor** a Municipality of the State of New Jersey, hereinafter referred to as "**MUNICIPALITY**", hereby agrees to allow the participant, hereinafter referred to as "**USER**", to use the facilities listed below: Name and Location of FACILITY(IES): **Ventnor Avenue from Troy to Nashville Avenue** hereinafter referred to as "**FACILITY(IES)**" for: (state purpose) for the **Ventnor Twilight Holiday Parade** on the following date and time: **Saturday, December 2, 2023 at 5:00 p.m.**

The above **USER** shall inspect the described **FACILITY (IES)** prior to the use of the **FACILITY (IES)** and report any defective, hazardous, or dangerous conditions found at the **FACILITY (IES)** to **VCPD – Dispatch at 609-822-2101** at **MUNICIPALITY**, and **USER** shall immediately cease the use of the **FACILITY(IES)** until such defective, hazardous, or dangerous conditions are remedied. After the use of the **FACILITY(IES)**, **USER** shall immediately report to the **MUNICIPALITY** any and all defects, hazards, damages, or dangerous conditions upon or adjacent to the **FACILITY(IES)**.

### Indemnification:

**USER** shall indemnify, save harmless and defend the **MUNICIPALITY**, its elected and appointed officials, its employees, agents, volunteers and others working on behalf of the **MUNICIPALITY**, 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, including all suits or actions of every kind or description brought against the **MUNICIPALITY**, 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)**, participants, or members of the public, or through any 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**.

### Insurance:

Notwithstanding the indemnification and defense obligations of the **USER**, the **USER** shall purchase and maintain such insurance and as is appropriate for the type of use and hazards present and as well 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)**, 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 **MUNICIPALITY** 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*, **USER** shall provide the **MUNICIPALITY** 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 **MUNICIPALITY** has been designated as an "Additional Insured" where required. On or before the renewal date of said policy, **USER** shall be required to provide the **MUNICIPALITY** with a Certificate of Insurance indicating the continuation of insurance coverage and designating the **MUNICIPALITY** as an "Additional Insured" for the duration of this agreement. The schedule of insurance and the limits of liability for the insurance shall provide coverage for not less than the amounts listed in the attached schedule or greater where required by law. The City of Ventnor, its officials, employees, agents, and volunteers shall be indemnified and held harmless regarding any claim for damage, loss, or injury resulting from such violations.

## Media Release

You have my permission to video or photograph myself and/or my child while participating in activities sponsored by the City of Ventnor and for these videos or photographs to be used for the advertisement and promotion of the City of Ventnor.

### **Event Name: VENTNOR TWILIGHT HOLIDAY PARADE**

Location: Ventnor Avenue from New Haven to Nashville Avenue, VENTNOR NJ 08406

Date & Time: Saturday, December 2, 2023 at 5pm step off

Signature: \_\_\_\_\_

(Authorized Signature)

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Waiver and Release**

By signing this waiver and release with regard to my application for participating in the Holiday Parade in the City of Ventnor, to which this signed form is attached, I declare that I have full authority to represent the entity specifically named on the application.

I, for myself, my organization, any heirs, successors, assigns, personal representatives, or next of kin, hereby release and hold harmless the City of Ventnor, NJ, their Officers, officials, agents, employees, or any other sponsoring agencies, owners of premises used for the event with respect to any and all injury, disability, death, including any wage replacement current or future. All costs will be the sole responsibility of the organization sponsoring or otherwise organizing the event.

I have requested a waiver of the requirement to produce insurance. By signing below, I certify that neither I nor the organization I represent is required by New Jersey law to have worker's compensation in effect.

I have read this release. I fully understand its terms and sign it freely without inducement intending to be bound hereby.

VENTNOR CITY HOLIDAY PARADE, DECEMBER 2, 2023

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EVENT NAME and DATE(S) of EVENT

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Authorized Signature / Date

City Representative / Date

Waive and Release NJ Work Comp and Employers Liability

# INVOICE

Participant Name: \_\_\_\_\_

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

City, ST ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

INVOICE #	DATE
	December 2, 2023

## BILL TO

City of Ventnor  
HOLIDAY PARADE  
6201 Atlantic Avenue  
Ventnor NJ 08406  
609-823-7900  
[OEM@Police.VentnorCity.org](mailto:OEM@Police.VentnorCity.org)

DESCRIPTION	AMOUNT
Participation in Holiday Parade  Marching Band Name: _____  Other: _____	
Thank you for your participation!	<b>TOTAL</b>



# CITY OF VENTNOR CITY

6201 ATLANTIC AVENUE

VENTNOR, NJ 08406

TEL (609)823-7917 FAX (609)822-0214

## PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES,  
PACKING LISTS, CORRESPONDENCE, ETC.

NO.

ORDER DATE:

REQUISITION NO:

DELIVERY DATE:

STATE CONTRACT:

F. O. B. TERMS:

## PAYMENT RECORD

CHECK NO.

DATE PAID

NOTICE: TAX ID #21-6001326 - TAX EXEMPT

S H I P T O	CITY OF VENTNOR CITY 6201 ATLANTIC AVENUE VENTNOR, NJ 08406 P(609)823-7917 F(609)822-0214
V E N D O R	VENDOR #:

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
			TOTAL	

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p><b>X</b></p> <p>VENDOR SIGN HERE</p> <p>OFFICIAL POSITION DATE</p> <p>TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p>DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO: CITY OF VENTNOR CITY Finance Dept 6201 ATLANTIC AVENUE VENTNOR, NJ 08406</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p>Qualified Purchasing Agent</p> <p>Chief Finance Officer</p> <p>Commissioner</p>

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*