



TOWNSHIP OF FAIRFIELD

230 FAIRFIELD ROAD, FAIRFIELD, NJ 07004

PHONE: 973-882-2700 DEPT. EXT. 2501

FAX: 973-882-0365

MUNICIPAL CLERK/VITAL STATISTICS

APPLICATION FOR LICENSE - OMNIBUS

1. Name of applicant: _____
2. Permanent home address: _____

3. Home phone number: _____
4. Cell phone number: _____
5. Social Security # : _____
6. Driver's License - State and # : _____
7. Name of Secondary Contact: _____
8. Cell phone number: _____
9. Name and address of establishment where event will be held or amusement ride(s) will be located:

10. Describe, in detail, the event or amusement ride(s) you wish to license:

11. Time period for event or that amusement ride(s) will be on site:
Set-up date: _____ Break-down date: _____
Dates of event: _____ Time of Event: _____
12. Attach a copy of your certificate of liability insurance.
13. For a license for amusement rides, attach a copy of your state license of the rides.
14. Has the applicant ever been convicted of a violation of any municipal ordinance, state or federal law _____

** All application approvals are subject to Police Department, Fire Prevention, and Building Department approvals and receipt of **\$200.00 fee**. Applicants must obtain any other permits that are required prior to license being issued. If other permits are necessary, additional fees will be required accordingly.