



# City of Ventnor

# SPECIAL EVENTS & RECREATION APPLICATION

Mayor Lance B. Landgraf, Jr.

Commissioner Maria Mento

Commissioner Tim Kriebel

City of Ventnor

Ventnor City, New Jersey



## Guidelines:

Please be sure to complete the sections of this application that apply. Incomplete applications will result in delays in the review process and could result in a denied Application. All proposed activities and events are subject to the approval of the City of Ventnor City. The city and applicable reviewing offices will not consider your event for approval if the application is incomplete. You will be notified if the application is approved.

Prior to the issuance of an approved Event Permit, costs incurred are the sole expense and risk of the event organizer/promoter.

Do not assume that all aspects of the event will be approved. You may be asked to amend your plan(s) or event(s) based on, but not limited to; the availability of services, scheduling of other events and/or the need to maintain order and safety in and around the event.

Therefore, you are encouraged not to make any arrangements for your event until written approval from the city has been received.

This application should be typed/printed clearly, signed, and returned to:

**Office of Special Events or Recreation Department**  
**Donna Peterson, Coordinator**  
**City of Ventnor – City Hall**  
**6201 Atlantic Avenue – 2<sup>nd</sup> Floor Special Events/Recreation**  
**Ventnor City NJ 08406**  
**609-823-7919 or 609-823-7950**  
[OEM@Police.VentnorCity.org](mailto:OEM@Police.VentnorCity.org)

**Applications MUST be received at least 45 days prior to event.** All applications will be reviewed either by the Safety Committee or the Recreation Board at their scheduled monthly meeting. You may be required to present a summary of the event at a meeting if applicable to your event. You will be contacted with a date and time for appearance.

Please ensure you complete any necessary secondary permit requirements needed at this time; additional fees may be required:

- Police Detail Application (Jobs 4 Blue 877-425-8330)
- Fire Permit Application
- Street Closings Application
- Film/TV Production Application
- 4-Wheel Drive Application

**Completion of this application DOES NOT guarantee the approval of the event.**

The insurance certificate should read as follows:

City of Ventnor  
City Hall  
6201 Atlantic Avenue  
Ventnor, NJ 08406

**The name and date(s) of your event MUST be on your insurance certificate.**



# City of Ventnor City

## Schedule of Required Insurance

Notwithstanding the Indemnification and Defense obligations of the User, the User shall provide at its own cost and expense proof of the following insurance to the City of Ventnor City:

General Liability including Products and Completed Operations insurance with a minimum liability limits of:

\$1,000,000 per Occurrence / \$2,000,000 Aggregate

General Liability to include the City of Ventnor City as an “Additional Insured”

Workers Compensation

N.J. Statutory Limits and Employers Liability

The Certificate of Insurance will be required for Automobile Insurance if a vehicle(s) is used in any way (other than basic transportation) during the use of Ventnor’s facilities, properties, or venue.

Higher limits or additional coverage may be required for high hazard exposures or activities.

The User shall provide Ventnor City with a Certificate of Insurance as proof of required coverage and evidence of Ventnor City’s Additional Insured status.

Failure of User to supply such written evidence of insurance and to maintain same for the duration of this Agreement shall result in default of this Agreement and User shall be prohibited from using said facility(ies)

Insurance Companies used for the above coverages must be licensed by the State of New Jersey and acceptable to the City. The User shall take no action to cancel or materially change any of the insurance required under this contract without Ventnor City’s prior approval. The maintenance of insurance under this section shall not relieve the User of any liability greater than the limits or scope of the applicable insurance coverage.

**You may use the following link to apply for insurance: <https://gatherguard.com/>**



## **ALCOHOL IS PROHIBITED at private events on city property.**

- Glass bottle drinks are PROHIBITED on the beach or at ski beach.
- Fireworks are PROHIBITED, includes sparklers (unless approved by Fire Department, and secondary permit is issued).
- Balloons of any kind are PROHIBITED
- Activity on Dunes are PROHIBITED and protected under DEP.
- All pre-event determined fees and costs shall be paid upon receipt of application but no later than 45 days prior to the event. Any costs determined after the event needs to be settled immediately upon receipt of the invoice or security deposit will be forfeited.
- **Proof of insurance shall be provided upon receipt of application but no later than 30 calendar days prior to the event. Applicants shall at their own cost and expense furnish a policy or policies in the amount specified by the City's Risk Manager, sample attached. 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/>**
- Premises shall be left in as good a condition as received with reasonable wear and tear expected. **All trash MUST be removed by the applicant or security deposit will be forfeited.** Applicant accepts responsibility for any damages which might occur during the period of use. City property shall not be removed from the premises. The City reserves the right to invoice the applicant post-event for return of premises to as good a condition as received with reasonable wear and tear expected.
- Applicant must promptly reimburse the City for any damages of any kind to City property, outside of reasonable wear and tear, which may result from the use by the applicant of the City's premises under the permission granted herein.
- The City reserves the right to invoice the Applicant post event for City services, materials, and equipment or any other costs incurred by the City.
- Applicant shall comply with all laws, rules and regulations of the federal, state, and local governments governing operations and conduct on City property. Applicant will also comply with all requirements of this application and any issued permits.
- The noise level shall not exceed the maximum applicable permitted levels or time restrictions as permitted by Local and State law. For reference, see Ventnor City Code (Maximum permissible sound levels.)
- The Permittee, its agents, employees, officers, and assignees assume all liability for any injury to persons or damage to public or private property caused, directly or indirectly, by the permitted event. Furthermore, the Permittee, its agents, employees, officers and assignees agree to defend, indemnify, and hold harmless the City of Ventnor City, its agents, representatives, employees and officers against any and all claims, damages, losses, and expenses (including by not limited to attorney fees, court costs, and cost of appellate proceedings), related to , arising out of, or alleged to have resulted from the acts, errors, mistakes, or omissions of the Permittee, its agents, employees, contractors, subcontractors, customers, invitees, guests or other persons doing business with the applicant, in connection with the Special Event described in the application and or permit.
- Applicant agrees that the information in this application is true and correct to the best of their knowledge. Applicant certifies that they have read, understand, and agree to abide by the rules and regulations governing the proposed Special Event. Any misrepresentation or deviation from the final permit conditions may result in immediate revocation of the permit, halting of the event, and probationary use of City property in the future.
- Cancellation of a permit or permit application must be submitted in writing. **Permit fees and application fees are non-refundable if the event is cancelled due to any circumstance.** Applicant is liable for City incurred expenses for events which are cancelled. Failure to use the dates approved on the permit shall be considered grounds for cancellation of your Event. Please contact the Office of Special Events or Recreation Department to reschedule your Event.
- Applicant agrees to **inform** the Office of Special Events or Recreation Department of **any changes** to this application **at least fifteen (15) business days prior** to the date of the Event.
- NO PAN HANDLING OF ANY KIND: VENTNOR CITY ORDINANCE Chapter 171
- **The applicant, by signing authorizes a full background investigation and reference checks.**



# Special Event or Recreation Application

Date Application Submitted: \_\_\_\_\_

1. Name of Event: \_\_\_\_\_

2. Detailed description of event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Type of Event: (i.e. run, walk, party, tournament, etc.) \_\_\_\_\_

4. Location of Event: \_\_\_\_\_

\_\_\_\_\_

5. Event Date(s): Provide the dates/times the event will take place. (if event exceeds 3 days please write in additional dates)

	Date mm/dd/year	Day of Week	Start Time	AM/PM	End Time	AM/PM	Anticipated Participants	Anticipated Spectators
Day 1								
Day 2								
Day 3								

6. Event Setup/Breakdown: Indicate if "Not Applicable" for this event:  Not Applicable

Setup:				Breakdown:			
Date mm/dd/year	Day of Week	Start Time	AM/PM	Date mm/dd/year	Day of Week	Start Time	AM/PM

7. Rain or Shine Event?  Yes  No

Rain Date(s) & Time(s): \_\_\_\_\_

\_\_\_\_\_



8. Contact Information:

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

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

Mobile/Cell Phone: \_\_\_\_\_ Landline Phone: \_\_\_\_\_

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

Relationship to group/organization seeking to hold event: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

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

Mobile/Cell Phone: \_\_\_\_\_ Landline Phone: \_\_\_\_\_

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

Day of Event – On site contact:

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

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

Mobile/Cell Phone: \_\_\_\_\_

9. Has this event been held in the past? \_\_\_\_\_ YES \_\_\_\_\_ NO

Date of last event? \_\_\_\_\_

How many times has this event occurred? \_\_\_\_\_

Where was this event last held? \_\_\_\_\_

10. Will this event be advertised or broadcasted? \_\_\_\_\_ YES \_\_\_\_\_ NO

11. Do you grant permission to the City of Ventnor to take photographs at your event for promotional purposes? \_\_\_\_\_ YES \_\_\_\_\_ NO



Please indicate whether the following items pertain to your event:

YES	NO	DESCRIPTION:	NOTES:
		Food Concession and/or food preparation area:	Specify Method: <input type="checkbox"/> Gas <input type="checkbox"/> Electric Other: _____
		Generators: Name of Provider: _____	Size: _____ Number to be used: _____ Type of fuel: _____
		First Aid Facility(ies): Location _____	Ambulance: Yes _____ No _____
		Set up of tables and/or chairs	How many: _____
		Fencing, barrier, or barricades	How many: _____
		Tents and/or Canopies (May require additional permit application Fire Bureau)	Dimension: _____
		Vehicles and/or Trailers for beach access (May require additional permit application and approval)	# of Vehicles _____ only use Suffolk Ave ramp for beach access
		Trash cans and/or Dumpsters, How Many: _____ <b>All trash MUST be removed by the applicant or security deposit will be forfeited.</b>	Location: _____
		Portable Toilets, If yes, please indicate location & Company name:	# of units: _____ _____
		Stage(s)	Dimensions: _____
		Entertainment	Describe: _____
		Inflatables: <b>ADDITIONAL PAPERWORK REQUIRED</b> Company: _____	<b>Insurance required by company providing equipment</b>
		Amplified Sound – (must end by 10:00 p.m.) If yes, please indicate: START TIME: _____ and END TIME: _____	City of Ventnor Ordinance requires that noise levels not exceed 70 decibels between 7:00 am and 10:00 pm in a residential or commercial zone
		DRONE: FAA License # _____	if YES applicant MUST supply FAA license & Insurance
		Swimming, only at protected beaches during 10am and 6pm when lifeguards are present.	Beaches are unprotected after 6pm

**AFFIDAVIT OF APPLICANT:**

Everything that I have stated on this application is correct to the best of my knowledge. I have read, understand, and agree to abide by the policies, rules, and regulations listed on this form as they pertain to the requested usage. By signing this application, the applicant agrees to follow all rules and regulations. The permit, if granted, is not transferable and is revocable at any time at the absolute discretion of the City of Ventnor. All programs and facilities of the City of Ventnor are open to all citizens regardless of race, sex, age, color, religion, nationality, origin, or handicap.

**The Application by signing authorizes a full background investigation and/or reference check.**

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

NAME OF APPLICANT: \_\_\_\_\_  
 (Print Name)

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



**AGREEMENTS**  
for  
**INDEMNITY, USE OF FACILITIES, MEDIA, AND HOLD HARMLESS**

**HOLD HARMLESS**

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.

**Use of Facilities**

**City of Ventnor** a Municipality of the State of New Jersey, hereinafter referred to as "**MUNICIPALITY**", hereby agrees to allow the applicant, hereinafter referred to as "**USER**", to use the facilities listed below hereinafter referred to as "**FACILITY(IES)**" for the below event on the below dates and times. 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 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:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Date & Time of Event:** \_\_\_\_\_

Signed by an authorized representative of the **USER** on

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

\_\_\_\_\_  
**USER SIGNATURE**

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

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

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

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





# CITY OF VENTNOR RECREATION FORM

Child's Name: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Primary E-Mail: \_\_\_\_\_

Primary Emergency Contact Name: \_\_\_\_\_

Primary Emergency Contact Phone Number: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_

Secondary Emergency Contact Number: \_\_\_\_\_

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

Allergies/Medical Conditions: \_\_\_\_\_

## LIABILITY RELEASE

As parent or legal guardian of the above-named child, I hereby give my permission for him/ her to participate in the Ventnor Recreation Program. To the best of my knowledge, my child is physically able to participate, and I understand that the City of Ventnor, and the Ventnor Recreation Department, do not provide medical liability insurance coverage in case of injury. I hereby release and hold harmless the City of Ventnor and the Ventnor Recreation Department, and its employees, and the officers, staff, members, and other volunteers of the Ventnor Recreation Program from any liability, medical or otherwise, resulting from my child's participation in the program, except in cases of gross negligence.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



# Inter-Departmental Acknowledgement:

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

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

Time of Event: \_\_\_\_\_

Department:	Signature:	Date:
Special Events		
Emergency Management		
Recreation		
Police		
Fire / EMS		
Bureau of Fire Prevention/Inspections		
Public Works / Water-Sewer (if applicable)		
Beach Patrol (if applicable)		

Notes: \_\_\_\_\_  
 \_\_\_\_\_

FEES to be collected: \_\_\_\_\_  
 \_\_\_\_\_

**Official use only:**

\_\_\_ APPROVED to issue permit      \_\_\_ DENIED

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

Security Deposit:      \_\_\_ Approved to return to applicant      \_\_\_ FORFIETED

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

Notes: \_\_\_\_\_  
 \_\_\_\_\_



# SPECIAL EVENTS & RECREATION FEES

(per Ventnor Code 114 & 170)

## All checks made payable to: City of Ventnor

\*Multiple events: 1<sup>st</sup> date \$Event Fee / Additional dates TBD based on event and location – Refundable Security Deposit \$500

### Section 1:

EVENT TYPE	DESCRIPTION	FEE	APPLICATION MUST BE SUBMITTED
Type A	1-99 attendees'	<b>\$25</b>	45 days prior to event
Type B	100-299 attendees'	<b>\$50</b>	60 days prior to event
Type C	300-499 attendees'	<b>\$100</b>	90 days (3 months) prior to event
Type D	500 or more attendees'	<b>\$200</b>	120 days (4 months) prior to event

### Section 2: SPECIAL EVENTS

EVENT TYPE	DESCRIPTION	FEE	SECURITY DEPOSIT
Beach Party	Various locations (Birthday's etc.)	\$250	\$250
Ski Beach*	Dorset & Burk Avenues in Ventnor Heights on bay	\$250	\$500
Beach*	Concert, etc. / Various locations	\$250	\$500
Boardwalk	Used for runs/walks	\$100	\$250
Fishing Pier	Used for runs/walks/weddings	\$100	\$250
Gazebo	Newport Avenue beach area	\$50	\$150
Wedding	Archway, chairs, tent	\$75	\$150
Health/Wellness	Screenings	\$25	n/a
Religious	Services (Various Locations)	\$25	\$100

### Section 3: RECREATION

EVENT TYPE	DESCRIPTION	FEE	SECURITY DEPOSIT
Beach*	Surfing / Athletic / Various locations	\$250	\$500
Basketball Court	Somerset Ave	\$200	\$400
Tennis Court	Somerset Ave (Plus hourly court fee \$10.00 MDW to LDW)	\$200	\$400
Pickleball Courts	Somerset Ave (Plus hourly court fee \$10.00 MDW to LDW)	\$200	\$400
Sport Courts bldg.	Tennis/Pickleball support building (access)	\$50	n/a
Volleyball Courts	Suffolk Ave or Cambridge Ave	\$200	\$400
Health/Wellness	Fitness (*per date see above)	\$25*	n/a*
Ball Fields	Per game	\$100	\$200
Ball Fields w/ lights	Per game	\$150	\$300
Tournaments	Fee based on number of games and days	TBD	\$300

Total:

Section 1: \$ \_\_\_\_\_ + Section 2: \$ \_\_\_\_\_ + Section 3: \$ \_\_\_\_\_

+ Security Deposit: \$ \_\_\_\_\_ + **\$25.00** Application fee required =

**TOTAL AMOUNT DUE:**

\$ \_\_\_\_\_

**Refundable Security Deposit:** Security deposit to be refunded if area where the event is held is left clean, no damage occurred, no rules or regulations were violated, and all trash MUST be removed by the applicant or security deposit will be FORFEITED. All events require a security deposit, see above rates.

**All checks made payable to: City of Ventnor**



## Special Event or Recreation Fees: (If Applicable)

Name:	Fee:	Notes:
<b>STAFF</b>		
<b><u>PUBLIC SAFETY:</u></b>		
Police (Per Contract Rate)	\$100 / hour (apx.)	Jobs 4 Blue 877-425-8330
OEM	\$75 / hour	
Fire / EMS	\$75 / hour each	(2-man crew)
Fire Bureau Inspectors	\$75 / hour each	
Lifeguards	\$75 per guard	Flat Rate
Dispatchers	\$65 / hour (apx.)	Per contract rate
<b><u>PUBLIC WORKS:</u></b>		
Recreation	\$55 / hour	
Public Works	\$55 / hour	
Water & Sewer	\$55 / hour	
Sign Shop	\$55 / hour	
<b><u>BUILDING DEPT:</u></b>		
Code Enforcement	\$55 / hour	
Inspections / Licenses	\$55 / hour	
<b>EQUIPMENT</b>		
<b><u>PUBLIC WORKS:</u></b>		
Dumpster	ACUA Rate	Dumpster & Tip Fee
Trash Cans / Recycle Cans	\$20	per can
Motor broom	\$80	per vehicle
Front end loader	\$60	per vehicle
Bucket Truck	\$65	per vehicle
Lift Truck	\$65	per vehicle
Beach Tractor	\$75	per vehicle
Dump Truck	\$50	per vehicle
Pickup Truck	\$30	per vehicle
Weed Whacker / Blower	\$10	per vehicle
Mower	\$50	per vehicle
Barricades / Cones	\$10	per item
Water / Hydrant	\$100	per area
Bathrooms	\$50	per site
Bike racks	\$50	per item
Lining of Fields	\$50	per event per field
<b><u>PUBLIC SAFETY:</u></b>		
Police Vehicle	\$75	per vehicle / per day
Ambulance	\$100	per vehicle / per day
First Responder Vehicle	\$75	per vehicle / per day
Rescue Truck – All Wheel Drive	\$75	per vehicle / per day
Engine – 1000 gpm pump	\$600	per day
High Wheel Vehicle	\$150	per vehicle / per day
Lifeguard Boat	\$45	per vehicle / per day
ATV	\$60	per vehicle / per day
Jet ski	\$55	per vehicle / per day
Message board	\$100	per sign

\*Certain events may require additional resources, fees may apply.





**CITY OF VENTNOR CITY**  
**6201 ATLANTIC AVENUE**  
**VENTNOR, NJ 08406**  
**Phone: (609)823-7917**  
**Fax: (609)822-0214**

## Purchase Order

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

NO.

ORDER DATE:  
 DELIVERY DATE:  
 REQUISITION #:  
 F.O.B. TERMS:  
 VENDOR ACCT NUM:  
 VENDOR PHONE #:  
 VENDOR FAX #:

### SHIP TO

VENTNOR CITY Police Department  
 6201 Atlantic Avenue  
 Ventnor, NJ 08406  
 609-822-2101

### VENDOR

Vendor #:

### PAYMENT RECORD

CHECK NO.

DATE PAID

NOTICE: TAX EXEMPT - TAX ID: 21-6001326

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL

#### CLAIMANT'S CERTIFICATION & DECLARATION

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.

\_\_\_\_\_  
 VENDOR SIGN HERE

\_\_\_\_\_  
 OFFICIAL POSITION DATE

\_\_\_\_\_  
 TAX ID NO. OR SOCIAL SECURITY NO.

#### OFFICER'S CERTIFICATION

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.

\_\_\_\_\_  
 DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:  
 CITY OF VENTNOR CITY  
 Finance Dept  
 6201 ATLANTIC AVENUE  
 VENTNOR, NJ 08406

#### APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW