

**RESOLUTION NO. 2023-197
AUTHORIZE REFUND FAAD PARK PERMIT FEE-
EVENT CANCELLED**

WHEREAS, Dana Allen, applied for a FAAD Park Permit and paid the \$25.00 permit fee on September 1, 2023 for an event scheduled for September 23, 2023; and

WHEREAS, the event was cancelled a refund of the permit fee was requested; and

WHEREAS, the Township Clerk recommends the \$25 permit fee be refunded to:
Dana Allen.

NOW, THEREFORE, BE IT RESOLVED by the Council of the Township of Florence, County of Burlington, State of New Jersey, that the \$25 fee be hereby refunded to Dana Allen, 13 Laurel Avenue, Florence, NJ 08518

I, NANCY L. ERLSTON, Clerk of the Township of Florence, County of Burlington, State of New Jersey, do hereby certify that the foregoing Resolution is a true copy of the Resolution approved by Township Council at their October 4, 2023 meeting.



Nancy L. Erlston, RMC
Township Clerk

Note: This Resolution refunds the fee for use of the FAAD Building.

FLORENCE TOWNSHIP
APPLICATION FOR USE OF PARKS

APPLICANT:

Group/Organization: _____
Name of Responsible Person: Dana Allen
Address: 13 Laurel Ave
Day Phone Number: 609 284 0606 Email: Danam.Allen@icbud.com
Alternate Contact Person: _____
Day Phone Number: _____ Email: _____

FACILITY REQUESTED:

- John A. Roebling Park a.k.a. FAAD Building & Park + FAAD Park Roebling Park at Riverside Avenue
 - H. Kenneth Wilkie River's Edge Memorial Park Gazebo at H. Kenneth Wilkie River's Edge Memorial Park
 - Gazebo at Clark T. Carey Memorial EMS Volunteers Park at Boat Dock Other _____
- + \$25 fee and \$150 deposit (higher if non-resident)**

** Use of inflatable jumpers, mechanical amusement rides/games, petting zoos, animal rides and anything deemed dangerous by the Township is prohibited**

DAY & TIME OF REQUESTED USE:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday 9-23-23
DATE/S

Hours of use: 12pm - 7pm

Number of people attending event: _____ *

* NOTE: *Florence Township* to be named as an **additional insured** for the day when # is over 25.

If necessary: Name of Insurance Company _____

Detailed description of use: _____

As the authorized representative of the above named group or organization making this application, the undersigned agrees to use the township facilities in accordance with the policies, rules and regulations established by the Township of Florence.

Date: 9-1-23 Signature: Dana Allen

DO NOT WRITE BELOW THIS LINE

Date Received: 9/1/23 Received by: [Signature] Approved: Yes No
Conditions: None

Sent to Police Department Public Works
Sent to Township Council for approval: yes N/A

Notes: Pd. ck # 154 \$25
Pd ck # 156 \$150