

**RESOLUTION NO. 2022-166
AUTHORIZE REFUND FAAD PARK PERMIT FEE-
EVENT CANCELED**

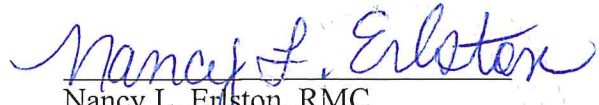
WHEREAS, Kamlesh Patel, applied for a FAAD Park Permit through the Township Clerk's Office for July 24, 2022 and paid the \$25.00 permit fee; and

WHEREAS, Mr. Patel canceled the event and has requested a refund; and

WHEREAS, the Township Clerk recommends the \$25 permit fee be refunded to: Kamlesh Patel (see Schedule "A" attached).

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 Kamlesh Patel, 606 Seaman Drive, 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 August 10, 2022 meeting.


Nancy L. Erlston, RMC
Township Clerk

Note: This Resolution refunds the fee for use of the FAAD Building, due to the event being canceled.

FLORENCE TOWNSHIP
APPLICATION FOR USE OF PARKS

APPLICANT:

Group/Organization: _____
Name of Responsible Person: KAMLESH PATEL
Address: 606 Seaman Dr Florence NY 08518
Day Phone Number: 267 979 4654 Night Phone Number: _____
Alternate Contact Person: Krist Patel
Day Phone Number: 609 721 2917 Night Phone Number: _____

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 07/23/22
Hours of use: 11 AM to 7 PM DATE/S

Number of people attending event: 25 *

* 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: 07-01-22 Signature: [Signature]

DO NOT WRITE BELOW THIS LINE

Date Received: 7/5/2022 Received by: _____ Approved: Yes ☒ No ☐
Conditions: None
Sent to Police Department ☒ Public Works ☒
Sent to Township Council for approval: yes ☐ N/A ☒

Notes: Cash \$25 7/5/2022
Deposit Cash \$150 7/5/2022