Applicant Information

Name:		
Mailin	g Address:	
Cell Ph	none: Other Phone:	
Email:		
Are yo	ou the owner of the preserved farmland listed above?	
	Yes No	
	please provide the name of the property owner below and submit the notarized affid	avit on page 6:
Is ther	re a commercial farm located on the preserved farmland?	
	Yes	
include	No ercial Farm" means the same as that term is defined in section 3 of P.L.1983,c.31(C.4:1C-3), except that "com a farm that qualifies for farmland assessment pursuant to the "Farmland Assessment Act of 1964" P.L.1 used entirely on a woodland management plan or a forest stewardship plan pursuant to section 3 of P.L.19	964, c.48 (C54:4-23.1et
Are yo	ou the operator/farmer of the commercial farm that is located on the preserved farm	and?
	Yes No	
What i	is the value of the agriculture or horticultural products produced on the preserved fa	rmland?
	Less than \$10,000 annually \$10,000 or more annually	
	hereby attest that the value of the agricultural or hort ced on the preserved farm referenced in this application meets the minimum require	
 Name		 Date

As required by the Law, the Occupied Area, including parking, buildings, temporary structures, event space, etc., is required to be the lesser of 10 acres or 10% of the preserved farmland acreage.

Special Occasion Event Description

(Attach additional sheets of paper as necessary)

For Events with <u>less than</u> 250 total attendees (including staff/vendors):						
Milestones	Cultural/Social Events					
with less than 250 to	otal attendees:					
	Milestones					

For Events with <u>250 or more</u> total attendees (including staff/vendors)

(Note: Only six (6) SOEs with 250 or more guests are permitted within the calendar year) Number of Events Number of Events anticipated as: Weddings _____Milestones ____Cultural/Social Events ____ List all dates of proposed Special Occasion Events with 250 or more total attendees: (Attach additional sheets of paper as necessary) For Events held by or for Nonprofit Entities: (Note: If the event has fewer than 100 total attendees AND the permittee does not charge for/receives no compensation for hosting the event other than reimbursement for out-of-pocket expenses not to exceed \$1,000, then the event shall not count towards the 26 event limitation.) Number of Events meeting Non-Profit Criteria_____ List all dates of the proposed Nonprofit Events including the Name of the Nonprofit entity: (Attach additional sheets of paper as necessary) **Ouestions for All Proposed Special Occasion Events** Are you using an existing permanent structure? If yes, explain which one(s) below and include the approximate year the structure was built. (Note: permanent structures built less than 5 years prior cannot be used for SOEs) □ Yes \square No

(Note: to	emporary structures can only be installed/remain between April 1st and November 30th.)
	Yes No
	lectricity and water be extended to the occupied area? If yes, please explain below. o public utilities, including gas and sewer lines, can be extended for SOEs, only electric and water service may be extended.)
	Yes No
Will b	athrooms be provided? If yes, please explain below.
	Yes No
will be applice bevera	coholic beverages be served at the planned SOE's? If yes, list dates of events that alcoholic beverages served or indicate whether it will be served at all events. In signifying yes, it is acknowledged by the ant that all necessary permits and approvals should be obtained for the proposed service of alcoholic ges pursuant to local, state, Division of Alcoholic Beverage Control, and federal law and any applicable law and policy.
	Yes No
in exist	bod be provided? If yes, please describe the type of retail food establishments, such as food trucks, caterers ting building, etc. In signifying "yes", the applicant agrees that they shall comply with all entities wielding ction for the proposed service of food to include the County Board of Health.
	Yes No

Application Certification

I certify and attest the statements and information presented in this application are accurate and true the best of my knowledge.

I understand that prior written approval is required for me to hold SOEs on preserved farmland.

I understand that if my application to hold SOEs is approved, I am required to submit a certification at the end of each calendar year with information on the events that were approved. This certification will include a descriptive list and dates of the SOEs held, the number of attendees at each event, and other information requested by the easement holder.

I understand that if the easement holder does not respond to my application within 90 days of receiving a complete application, my request to hold SOEs will be deemed automatically approved.

I affirm my obligation to comply with all applicable rules, regulations, statutes, and law as may be required by local, state, and federal authority with regard to all proposed activities arising out of or related to this application to be carried out on the applicant's land.

Signature			Date				
Print Name and Title							
Notarized Affidavit (Required if applicant is not the owner of the preserved farmland.)							
Affidavit							
STATE OF NEW JERSEY							
COUNTY OF		SS.:					
I CERTIFY that on	,20,						
satisfaction, that this person:	_ personally came	before me	and acknowledged	under oath, to my			
(a) is the owner of the present(b) authorizes the operatorfarmland;(c) signed this Affidavit as	or identified above	to file this ap	• •				
Signature			Date	-			
Print Name and Title							