



**GUIDE TO
PLANNING EVENTS
AT CCM**

EVENT MANAGEMENT

PLANNING A CAMPUS EVENT

The following information provides an overview of some of the steps to follow when developing an event and an easy-to-use checklist so nothing falls through the cracks. It is understood that some of the details are specific to your particular event. This document serves as a starting point for your event planning.

The key is to

- Plan
- Communicate
- Rehearse
- Execute
- Review

Included with this file are:

- Event Management Checklist
- Parking Space / Lot Reservation Procedures
- Parking Lot Direction Sign Procedures and Template
- Limited Parking Sign Notice Template
- Chartwells Catering Request form
- Plant & Maintenance Work Order Request form
- Fire Permit Application: Open flame (sterno, charcoal or gas grill, candle)
- Fire Permit Application: Use of multi-purpose room
- Fire Permit Application: Temporary structure / tent
- Temporary Food & Drink License Application
- Application for Social Affair Permit (alcohol)
- Procedures for Marketing Your Event
- Media Center services
- Campus Tour Routes
- Contact List

EVENT PLANNING CHECKLIST

Description of event:			
Outside contact (if applicable):			
Date of event:			
Time of event:			
Type of event (VIP, community, political *)		# of Attendees:	
<i>* Notify Ofc of President if elected officials are expected</i>		Date Requested in R25 Event Scheduler:	
Location of event:			
Set up (Date/Time):			
Rehearsal (Date/Time):			
Room Set up:		Date Work Order submitted:	
Do you need?			
Podium		Flags	
Back drop		Risers for video	
Step & Repeat		Coat Racks	
Marketing Pop-Ups		Extra Trash Cans	
Black Pipe & Drape		Other	
Catering Needs			
↓ Contact Chartwells ↓ :		↓ Other Caterer ↓ :	
> P.R. / P.O. #		> P.R. / P.O. #	
Do you need?			
Tablecloths, Bunting		Centerpieces	
Other			
Special Use Permits ↓ Contact Compliance Officer, HR ↓ :			
Do you need?			
Fire Permit (Use of Multipurpose Room)		Fire Permit (Tent)	
Fire Permit (Open Flame)		Application for Social Affair (Alcohol)	
Temp Food & Drink License		Other	
Technical Needs ↓ Contact Media ↓ :			
Computer (Internet/Flash Drive)		Music (Pre-Event)	
PC, MAC, version, size of presentation		Music (During Event)	
Screen		Video Recording of event	
Microphone (on podium/wireless)		Television	
Lighting		Conference Phone	
Other			
Parking:			
Parking Lot(s) selected:		Parking Permits (Contact Public Safety)?	
		Reserve Spaces/Lot (Contact Ofc of President)?	
Post Parking Lot Direction Signs:			
Date Printing Request Submitted:		Date Work Order submitted:	
<u>Do you need?</u>			
Parking Lot Attendant (Temporary Employee)		Date Temp Req Submitted:	
Marketing (Do you Need?):			
Photographs taken at event		Promotional Gifts	
Informational Handouts		CCMemo/Youngtown	
Website Posting		Social Media Posting	
Extra touches:			
Outside Boards (Campus Life)		Thank you notes	
Welcome Slide on Screen		Send Photographs	
Mints, Water (for speakers)		Volunteers to help guide guests	
Reserved Seating signs		Ambassadors	
Other			
See over for tips.			

EVENT PLANNING

Tips:

Check the Master Calendar maintained by the President's Office for any conflicts.

Check the yearly calendar for any holiday conflicts.

Build in a snow date for winter events.

Combine all power point presentations into one slide-show. Confirm screen size.

Ask for presentations in advance to test.

Share work, food, and A/V orders with all 3 entities along with the program agenda.

Confirm that the room set up is ADA compliant.

Label all elements on the room diagram including exits.

Arrive early to your event to check proper set up and run the A/V.

For large set ups, put the room on a 24 hour hold.

Consider special dietary needs of guests.

Confirm if a fire inspection is needed (contact Compliance Officer, HR).

Consider piggy-back scheduling of other events to share the room set up, linens, flowers, etc. when possible.

* Notify the President's Office if legislators are expected to attend the event.

PARKING SPACE / LOT RESERVATION PROCEDURE

If you plan an event on the Randolph campus that involves 10 or more attendees from off-campus during the week (Monday-Friday), include the reservation of parking spaces in your planning process.

- Reserved parking spaces in Lots 1, 2, 3, 4, 7, and 9 may be made available to outside individuals.
- Reserved parking in Lot 6 is limited and will be granted under certain circumstances.
- Parking Lots 5 and 8 are not to be used by outside individuals on Monday through Friday.

Details on the number of spaces are listed below. It is important to notify the President's Office early in the process.

The procedure for reserving parking spaces is as follows. Once the specifics of the event are defined, send an e-mail to the President's Office (president@ccm.edu) identifying the following:

- Event name
- Department sponsoring the event
- Responsible person
- Date of event
- Time of event
- Location of event
- # spaces required
- Parking Lot preferred
- Any special requests or comments

Upon review, the determination or approved/not approved will be made. If approved, the reservation will be forwarded to the Public Safety Department with a copy sent to the requesting individual. The reservation will also be posted on the College "All Events" calendar web page.

The requesting department should follow up with the Public Safety Department about the reserved spaces and how authorized individuals will be permitted access to these spaces. It is suggested that the requesting department post signs on the campus roadways directing the guests to the proper parking lot (see the following page for instructions on parking signage).

If parking for your guests is approved for Lot 6, the requesting department should assume the responsibility for putting signage up in the SCC at least one week before the event informing individuals that the specified lot will not be available.

Unfortunately, it has been the experience that the reserved/taped areas are overrun by other individuals. We have not been able to prevent this from happening. To serve your guests in the event that the reserved areas have been overrun, upon your request the Public Safety Department will send you a pdf of a parking permit for use at the reserved event. This will ensure that your guests will not receive a ticket for lack of decal if these permits are displayed on the vehicle's dashboard.

Here are some guidelines that the college uses for reserved parking.

<u>Location of Event</u>	<u>Recommended Lot</u>	<u>Maximum Spaces</u>
Student Community Center	Lot 7	500 spaces
Learning Resource Center	Lot 7	500 spaces
HPE	Lot 7	500 spaces
Academic Buildings	Lot 7	500 spaces
Henderson Hall	Lot 4	67 spaces

Also note that:

** Parking lots 3 and 9 are areas that can be considered, with 492 and 193 available spaces, respectively.

If you have any questions about this process, please feel free to contact either the President's office or the Public Safety Department.

PARKING DIRECTION SIGNS

Step 1:

Request that the Print Shop design and print Parking Direction Signs (sample below). The Print Shop will insert the title of your event, location, and designated parking area. The font will be enlarged as much as possible so that the signs are easily read while guests are driving on campus. The finished size of the direction signs will be 12" x 18". Request that the Print Shop print the signs on *Never Tear* paper.

Step 2:

Using the Plant & Maintenance Work Order Request, request that the signs be adhered to staked signs and posted prior to the event, and removed following the event.

Sample Parking Direction Sign:



The sample sign is a rectangular white box with a black border. In the top right corner, there is a logo for County College of Morris celebrating 50 years. The logo features a large '50' with a tree silhouette inside the '0', and the text 'CELEBRATING 50 YEARS' and 'COUNTY COLLEGE of MORRIS' below it. Below the logo, the text 'EVENT NAME' is written in large, bold, black, sans-serif capital letters. Underneath that, 'LOCATION' is written in the same font. Below 'LOCATION', 'LOT' is written in the same font. At the bottom of the sign, there is a large, thick, black arrow pointing to the left.

Sample Limited Parking Sign Notice:

NOTICE

**ON _____ DAY, MONTH XX
PARKING LOT #X
WILL HAVE LIMITED
AVAILABILITY**

Please be make alternate parking plans.



SPECIAL FUNCTION ORDER

Date order received by Chartwells

ORGANIZATION HOLDING FUNCTION Name:		Type of Function:	
Address CCM		Date of Function:	Day of Week:
Contact: Dept.	Room(s) Assigned:		
Telephone Number	Food Prepared on _____ or Delivered		
Charge to Acct. #:	Time of: _____		
	Food Setup Time: _____		
	Event Start Time: _____		
	Clean-up Time: _____		

	Number		Number
Persons Guaranteed		Waitresses	
Persons to Prepare For		Bartenders	
Persons at Head Table		Tables	
		Chairs	

MENU

Tableware	China	Paper	Favors	Yes	No
Utensils	Silver	Plastic	Flowers	Yes	No
Linen	Cloth	Paper	Table Numbers	Yes	No
Hors' d'oeuvres	Yes	No	Place Cards	Yes	No
Type of Meal Wine			Candles	Yes	No
Type of Wine Glass			Photographer	Yes	No
Type of Toast Wine			Music	Yes	No
Type of Toast Glass			Projector & Screen	Yes	No
Cake	Yes	No	Blackboard	Yes	No
Signs	Yes	No	Podium	Yes	No
Coat Check	Yes	No	Public Address System	Yes	No
Guest Book	Yes	No	Type of Microphone	Yes	No
Gift Table	Yes	No			

ADDITIONAL COMMENTS

Price Per Person		Payment Terms	Invoice	Cash	Need Client Requisition?	Yes	No
Tax		Bar Arrangements	Cash	Open	Actual Number of Persons		
			Chit	Other	Invoice Number (Acct'g. Dept)		

Gratuity		Chartwells WILL ACCEPT CHANGES IN NUMBER GUARANTEED NO LATER THAN: _____ AM					
TOTAL PER PERSON		Date _____ Hour _____ PM					

No. Guaranteed X Total Per Person							
EXTRAS							
		Chartwells Representative _____ Date _____					
TOTAL		Authorized by: (signature) _____				Date _____	



WORK ORDER REQUEST

Building Name: _____	Room: _____
Requested By: _____	Telephone No: _____
Authorized By: _____	Date Needed: _____
Department: _____	Date: _____

*Note: If request is for an event setup, please provide a diagram, event name, and event times.

Description of work to be done:

Requests should be submitted via email to PMworkorder@ccm.edu

DO NOT WRITE BELOW DOUBLE LINE – FOR PHYSICAL PLANT USE ONLY

W.O.Type

Priority: 1 2 3 4 5

Craft: A E G H L P U X

MSI:	
Charge Back:	
Estimated Material:	
Estimated Labor:	
Due Date:	
WOR No.:	

- | | | |
|----------|---------------------|----------|
| M | Planned | R |
| D | Din | I |
| T | Corrective | X |
| E | Emergency | F |
| V | Vandalism | W |
| P | Preventive Maint. | O |
| Z | Outside Cont. | Z |
| Projects | | Projects |
| A | Single Craft | B |
| C | Multiple Craft | Q |
| | Non-Maint. Work | S |
| | Moving | L |
| | Outside Contractors | Z |

FIRE PERMIT APPLICATION: OPEN FLAME
(STERNO, CHARCOAL OR GAS GRILL, CANDLE)

Complete this application if the event will involve the use of sterno, propane stove/grill, charcoal grill or candle/torch.

Applications are available from the CCM Compliance Officer or copy the sample application found on the next page.

E-mail the completed application to the CCM Compliance Officer at least two (2) weeks prior to the event.

Note: The fee does not apply to CCM.

RANDOLPH FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION

PERMIT APPLICATION - USE OF AN OPEN FLAME, OR FLAME PRODUCING DEVICE AT ANY PUBLIC GATHERING OR PLACE OF ASSEMBLY.

DATE: _____ TYPE: 1 FEE: \$100.00

APPLICANT: _____

ADDRESS: _____

PHONE NO.: BUSINESS: _____ HOME: _____

USE LOCATION: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE NO.: _____

USE DATES AND TIMES: _____

SET UP DATE AND TIME: _____

TYPE OF OPEN FLAME DEVICE:

-- LPG STOVE/GRILL -- CHARCOAL GRILL -- CANDLE/TORCH

-- OTHER (COMPLETE DESCRIPTION) STERNO

SUBMIT APPLICATION AT LEAST 14 DAYS PRIOR TO THE EVENT TO ALLOW TIME FOR REVIEW AND PROCESSING.

I hereby acknowledge that I have read this application and that the information given is correct, and that I am the owner, or duly authorized to act in the owners behalf, and as such agree to comply with all applicable requirements of the N.J. Uniform Fire Code.

SIGNED: _____ TITLE: _____

FIRE PERMIT APPLICATION: USE OF MULTI-PURPOSE ROOM

Complete the Fire Permit Application if the event will use any CCM multi-purpose room with the room layout for any use beyond simple meetings (see the list of such designated multi-purpose rooms). Include with the Fire Permit Application a layout of all areas showing the seating or booth arrangement, room dimensions, table sizes, # of table/chairs, aisle and exit locations. If there will be any food service, include type of heating devices and fuel.

Applications are available from the CCM Compliance Officer or copy the sample application found on the next page.

E-mail completed application to the CCM Compliance Officer at least two (2) weeks prior to the event.

Note: The fee does not apply to CCM.

Designated Multi-Purpose Rooms:

- **Aquatic Facility ***
- Cohen Café
- **Cohen Hall CH 100 ***
- **Cohen Hall CH 124 ***
- **Planetarium, Cohen Hall ***
- **DeMare Hall DH 118 ***
- HPE Gymnasium
- LRC Library
- MTC Experiential Theatre
- SCC Davidson Rooms
- SCC Café
- **Sheffield Hall SH 100 ***

For those rooms listed above in **bold** and noted with an “*” that have fixed seating arrangement, users would only have to complete a Fire Permit Application if:

- They were adding tables, booths, or displays to the room or adjacent hallways
- Selling food or other mercantile use
- Using heating devices (e.g. sterno)

For all other rooms listed above, Fire Permit Applications with the room layout would be required for any use beyond simple meetings.

RANDOLPH FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION

PERMIT APPLICATION - Use in any building of a multi-purpose room for amusement, entertainment or mercantile type purposes.

DATE: _____ TYPE: 1 FEE: \$100.00

APPLICANT NAME: _____

ADDRESS: _____

PHONE: BUS: _____ HOME: _____

LOCATION OF USE: _____

DESCRIPTION OF USE: _____

NUMBER OF PERSONS EXPECTED TO ATTEND: _____

SECURITY PERSONNEL TO BE PRESENT? _____ NUMBER: _____

DATES AND TIMES OF USE: _____

SET UP DATES AND TIMES: _____

CONTACT PERSON: _____ PHONE: _____

NOTE: THIS APPLICATION MUST BE SUBMITTED AT LEAST THREE WEEKS PRIOR TO THE EVENT TO ALLOW FOR PROPER REVIEW BY THIS OFFICE.

THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION:

1. A LAYOUT OF ALL AREAS SHOWING THE SEATING OR BOOTH ARRANGEMENT, EXACT ROOM DIMENSIONS, TABLE SIZES, NUMBER OF TABLES AND CHAIRS, AISLE LOCATIONS AND WIDTHS AND EXIT LOCATIONS.
2. IF A MERCANTILE USE, SUBMIT A LIST OF ITEMS TO BE SOLD.
3. ANY FOOD SERVICE AREAS SHOULD INCLUDE TYPE OF HEATING DEVICES AND FUEL.
4. REQUIRED FEE.

I hereby acknowledge that I have read this application and that the information given is correct, and that I am the owner, or duly authorized to act in the owners behalf, and as such agree to comply with all applicable requirements of the N.J. Uniform Fire Code.

SIGNED: _____ TITLE: _____

FIRE PERMIT APPLICATION: TEMPORARY STRUCTURE / TENT

Complete Fire Permit Application: Temporary Structure/Tent Application if any temporary structure exceeding 120 square feet, any tent or tensioned membrane structure with appurtenances, or any tent or tensioned membrane structure more than 900 square feet or more than 30 feet in any dimension.

Include a site plan of the property showing the location of the structure/tent, a diagram of seating, exits, occupant load and fire extinguishers.

Submit with the application a copy of flame resistance rating certificate.

Any temporary electrical supplies require a Randolph Building department electrical permit and inspection.

Applications are available from the CCM Compliance Officer or copy the sample application found on the next page.

E-mail the completed application to the CCM Compliance Officer at least two (2) weeks prior to the event.

Note: The fee does not apply to CCM.

RANDOLPH FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION

PERMIT APPLICATION- Any temporary structure exceeding 120 square feet, any tent or tensioned membrane structure with appurtenances, any tent or tensioned membrane structure more than 900 square feet or more than 30 feet in any dimension.

DATE: _____ TYPE: 1 FEE: \$100.00
APPLICANT: _____
ADDRESS: _____
PHONE NO.: BUSINESS: _____ HOME: _____
REASON/PURPOSE: _____
LOCATION: _____
TENT PROVIDER NAME: _____
ADDRESS: _____
CONTACT PERSON: _____
TENT(S) DIMENSIONS: _____
TYPE: OPEN SIDES -- _____ CLOSED SIDES -- _____
USE DATES AND TIMES: _____
SET UP DATE AND TIME: _____

APPLICANT MUST PROVIDE THE FOLLOWING WITH THIS APPLICATION:

1. SITE PLAN OF THE PROPERTY SHOWING THE TENT AND DISTANCES FROM PROPERTY LINES, BUILDINGS ETC. TO SCALE.
2. DIAGRAM WITH THE SEATING ARRANGEMENT,EXIT LOCATIONS,EXPECTED OCCUPANT LOAD, FIRE EXTINGUISHERS.
3. COPY OF FLAME RESISTANCE RATING CERTIFICATE FOR EACH SECTION OF TENT OR STRUCTURE.
4. ANY TEMPORARY ELECTRICAL SUPPLIES REQUIRE A BUILDING DEPARTMENT ELECTRICAL PERMIT AND INSPECTION (989-7070).
5. IF ANY COOKING/OPEN FLAME OR TEMPORARY HEATING DEVICES WILL BE USED, YOU MUST PROVIDE DETAILED INFORMATION AS TO TYPE, FUEL,ETC. A PERMIT FROM THE BUREAU OF FIRE PREVENTION IS REQUIRED. A FOOD HANDLERS PERMIT IS REQUIRED FROM THE DEPARTMENT OF HEALTH (973-989-7050)
6. ANY ANIMAL/LIVESTOCK ON SITE REQUIRES DEPARTMENT OF HEALTH APPROVAL/PERMIT (973-989-7050).
7. SIGN OFF FROM THE TOWNSHIP ZONING OFFICER IS REQUIRED AS A PRIOR APPROVAL FOR THE ISSUANCE OF THIS PERMIT.

ZONING OFFICER APPROVAL: _____ DATE: _____

SUBMIT APPLICATION AT LEAST 20 DAYS PRIOR TO THE EVENT TO ALLOW TIME FOR REVIEW AND PROCESSING.

I hereby acknowledge that I have read this application and that the information given is correct, and that I am the owner, or duly authorized to act in the owners behalf, and as such agree to comply with all applicable requirements of the N.J. Uniform Construction Code.

SIGNED: _____ TITLE: _____

TEMPORARY FOOD & DRINK LICENSE APPLICATION

http://www.randolphnj.org/pdf/temp_food_license.pdf

Complete the Temporary Food & Drink License Application if food will be prepared and handled by an entity not licensed within Randolph Township for food handling. (This does not apply to Chartwells and CCM Hospitality/Culinary as they are licensed.)

Applications are available from the CCM Compliance Officer, at the link above, or copy the sample application found on the next page.

E-mail the completed application to the CCM Compliance Officer at least two (2) weeks prior to the event.

Note: The fee does not apply to CCM.



Township of Randolph
Department of Health
502 Millbrook Avenue
Randolph, NJ 07869-3799
Tel: 973.989.7050 • Fax: 973.989.7076
www.randolphnj.org

Temporary Food & Drink License Application (14 days or less)
Fee: \$100.00

NOTE: Pursuant to township ordinance, all generators of recyclable material are required to source separate solid waste and recycle. This means that as a temporary food establishment licensee, you must provide bins for your patrons to deposit commingled bottles and cans. Once full, you may bring the material to our recycling center located at 1345 Sussex Turnpike during normal operating hours.

ORGANIZATION INFORMATION		
Name		Type
Address		
Telephone	Fax	E-Mail
EVENT INFORMATION		
Operating Date(s)		Hours
Building you are utilizing		
Where will food be bought		
Where will food be prepared		

SUPERVISORY PERSONNEL FOR THIS EVENT	FOOD HANDLERS FOR THIS EVENT

TYPE OF FOOD TO BE SERVED OR SOLD	

SUPERVISOR SIGNATURE	
<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 80%;"></div> <div style="border-bottom: 1px solid black; width: 15%;"></div> </div>	
Signature of Supervisor	Date Signed
Print Name	Telephone
Address	

FOR OFFICIAL USE ONLY			
Date Rec'd	Fee Rec'd	Date Issued	License #

Recommendations for Food Handling

The Randolph Township Health Department requests that you study the following recommendations for handling food and insure that all persons connected with the food handling process also study the list and follow the suggestions.

Proper Cooling Practices

- a. All solid and semi-solid cooked foods stored in refrigerators in containers that are no more than 4 inches in depth.
- b. All cooked foods cooled rapidly so that they are cooled to below 70°F within 2 hours.
- c. All foods stored in refrigerators to be at 45°F within 6 hours after removal from cooking or hot-holding devices.

Proper Hot-Holding Practices

- a. Food put into hot-holding devices at temperature at or above 140°F, unless hot-holding is an integral part of post-heating temperature rise of the food.
- b. Foods held in hot-holding devices at temperatures above 140°F.

Adequate Reheating of Cooked Foods

- a. Foods cooked on preceding days, several hours before serving the same day, or left over from previous meals, are reheated to a temperature at the geometric center of at least 165°F if the quantity of food is greater than 3 lbs.
- b. These foods are reheated to a temperature at the geometric center of at least 165°F if less than 3 lbs.

Adequate Cooking of Certain Potentially Hazardous Foods

- a. All poultry products, foods containing poultry (or poultry dressing) cooked to an internal (geometric center) temperature of at least 165°F.
- b. Pork, pork products, and foods containing pork heated to an internal (geometric center) temperature of at least 150°F.
- c. Foods properly thawed before cooking. (Foods of less than 3 lbs. can be cooked while still in the frozen state but others should be thawed first.)

Foods Obtained from Safe Sources

- a. No raw milk purchased or used.
- b. Water from safe, protected and approved sources.
- c. Shellfish from officially approved sources.
- d. Canned goods purchased or otherwise obtained from only approved commercial sources. (No home-canned foods.)
- e. Mushrooms from approved sources; not gathered from fields or woods.
- f. Meat and meat products from officially inspected sources.
- g. No checked or cracked eggs purchased other than the small percentage that might normally be expected to be in cartons.
- h. Only pasteurized, dry, liquid or frozen eggs purchased or used.

Prevention of Cross Contamination

- a. No direct contact of raw foods of animal origin with cooked foods or no drip or aerosols from these raw foods onto cooked foods.
- b. No cooked foods processed on the same equipment or stored in the same containers that have been used for raw foods, or contaminated by thaw water or aerosols without cleaning

thoroughly and sanitizing between such usages, or use separated equipment for cooked and raw foods.

- c. No worker handling foods that are cooked or that will receive no further heating after touching raw foods of animal origin unless the worker thoroughly washes (generates lather) his hands between the operations.
- d. No grinding of raw pork and then of beef, lamb or other meats in the same grinder without washing and sanitizing between uses.

Prevention of Contamination by Workers

- a. Managers trained and demonstrate proficiency in knowledge of foodborne disease prevention.
- b. Workers who have diseases that can be transmitted by foods or who have symptoms (diarrhea, fever, rhinorrhea, jaundice, sore throat) or diseases (colds or sinusitis) that promote the spread of foodborne pathogens or who are infected with certain pathogens (Shigella spp., Salmonella typhi, or others designated by the Health Officer) that can be transmitted by foods, are either sent home or restricted to non-food-contact activities, depending upon the nature of the disease or infection.
- c. No infected lesions (boils and other pus-containing lesions) on workers who touch foods which will not be subsequently heated.
- d. Workers wash hands thoroughly (generate lather) after visiting the toilet, smoking, coughing, sneezing, blowing or picking nose, or touching sores or bandages.
- e. Workers do not touch cooked foods with hands.
- f. Adequate facilities (lavatory with hot water, soap and single service towels) in food preparation area for hand-washing.
- g. Adequate toilet facilities for workers & approved sewage disposal.

Prevention of Contamination from Other Sources

- a. Kitchen equipment (such as slicers, grinders, cutting boards, preparation and carving knives, storage pots, or containers) and preparation utensils effectively washed, rinsed and disinfected.
- b. No cross-connections between sewer lines or auxiliary (unapproved) water lines and drinking or food-preparation water lines.
- c. No storing of high-acid (pH 4.5 or lower) foods in containers or conveying them in pipes of alloys that contain toxic materials such as antimony, cadmium, copper, lead or zinc.
- d. No packaging of foods in materials through which toxic materials could migrate to the foods.
- e. No addition of chemicals or food ingredients that produce toxic reactions in man to foods to levels exceeding culinary requirements during preparation or in known hazardous levels.
- f. All poisonous substances properly labeled.
- g. No poisonous substances stored in the same room as foods.
- h. Approved pesticides used and applied in a manner that precludes contamination of foods.
- i. Stored foods not subjected to sewage drippage, overflow, or backflow, or other exposure to water or moisture.

APPLICATION FOR SOCIAL AFFAIR PERMIT (ALCOHOL)

http://www.nj.gov/oag/abc/downloads/social_affair_permit.pdf

The Social Affair Permit (Alcohol) Application is required if alcohol will be served on the campus and money is exchanged either for the alcohol or for entry either at or before the event.

Applications are available from the Public Safety Office, at the link above, or copy the sample application found on the next page.

E-mail the completed application to the CCM Public Safety Office at least three (3) weeks prior to the event.

The fee is \$100.

NOTE: If alcohol will be available and NO money is exchanging hands, the Public Safety Office must still be notified by e-mail of the event 2 weeks to discuss supervision of alcohol consumption.



STATE OF NEW JERSEY
 DEPARTMENT OF LAW AND PUBLIC SAFETY
 DIVISION OF ALCOHOLIC BEVERAGE CONTROL
 P.O. BOX 087, 140 EAST FRONT STREET
 TRENTON, NJ 08625-0087

**APPLICATION FOR
 SOCIAL AFFAIR PERMIT [SA]**

APPLICATION MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO THE EVENT

Applications must be accompanied by a fee of \$100.00 PER DAY for Civic, Religious, or Educational Organizations; \$150.00 PER DAY for all other NON-PROFIT organizations, in the form of a check or money order payable to the DIVISION OF ALCOHOLIC BEVERAGE CONTROL.

NOTICE: ORGANIZATIONS MAKING APPLICATION FOR THE FIRST TIME, MUST SUBMIT PROOF OF NON-PROFIT STATUS IN NEW JERSEY. COMBINATIONS OF CERTIFICATE OF INCORPORATION, CHARTER OR BY-LAWS, FEDERAL TAX EXEMPT CERTIFICATE, FINANCIAL RECORDS AND MEMBERSHIP LIST (NAMES AND ADDRESSES INCLUDED) ARE ACCEPTABLE FORMS OF PROOF. THE DIVISION OF ALCOHOLIC BEVERAGE CONTROL RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION IF DOCUMENTATION SUBMITTED IS NOT SUFFICIENT.

Pursuant to **N.J.S.A.** 33: 1-74 and **N.J.A.C.** 13:2-5.1, the undersigned makes application for a Special Permit to sell, dispense and serve alcoholic beverages for consumption at an affair as stated herein:

Organization Information

1. Name of Organization: _____
 Address: _____
2. Does organization hold a liquor license? Yes No If yes, _____ - _____ - _____
(CLUB LICENSE'S ONLY)
3. Has organization held a special permit for Social Affair during the past 3 years? Yes No If no, supply proof of non-profit status from **NOTICE** paragraph above. Previous Permit No: _____
4. Contact _____ Phone Number: _____
5. E-mail address _____
6. Mailing address _____

Premises Information

7. Location of premises where affair will be held: **(Describe Specifically)**
 Name of premises _____
 Address of premises _____
8. Is the above named premises licensed? Yes No If yes, _____ - _____ - _____
9. Are the premises where the affair is to be held owned by a municipality, county or state? Yes No
 If yes, state the name of owner _____
 For what purposes are premises used? _____
 Does the premise conduct mercantile business? Yes No If yes, what is sold? _____

Event Information

10. What date(s) will affair be held and between what hours alcoholic beverages will be dispensed (Dates **must be consecutive** to be on one application):

MM/DD/YY	START	END
/ /	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>
/ /	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>
/ /	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>

Rain Date (only **one** rain date): _____

11. What is the specific fundraising event being held? _____
12. How is a charge assessed? Ticket Contribution Other: _____
(SPECIFY OTHER)
13. Who is the recipient of the proceeds? _____

14. Check the types of alcoholic beverages to be dispensed if permit is granted:
 Wine Distilled Spirits Malt Alcoholic Beverages
15. What are cup sizes for alcoholic beverages? Wine _____ Beer _____ Spirits _____
16. How many people are expected to attend your event on a daily basis? _____
17. What is the approximate age group of the attendees? _____
18. Will persons under the legal age to consume alcohol be in attendance? Yes No
19. Explain in detail the security plans for the event. The plan should include the number of people checking for ID's, plans to prevent pass-offs to minors, the type of security at the event, the limit of alcoholic beverages per transaction, and any other relevant information pertaining to the event. *Please attach another sheet if necessary.*

20. Please use the space below or attach a detailed sketch of the area to be licensed. The sketch should include entrances and exits, ID checking area(s), location of where alcoholic beverages will be dispensed and any other relevant information pertaining to the event. **No permit will be issued if a sketch is not attached.**

Event Organizer Information

- Is the event being handled by a promoter, Production Company, or other entities? Yes No If yes, attach contract.
- Company Name _____
- Company Contact _____
- Phone Number _____ - _____ - _____ x _____ Title _____

NO PERMIT WILL BE GRANTED UNLESS WRITTEN APPROVALS FOR BELOW ARE OBTAINED
ORIGINAL SIGNATURES ONLY

If a Special Permit is granted, applicant agrees that alcoholic beverages will not be sold or served to anyone under the legal age, nor will such persons be permitted to consume alcoholic beverages at aforesaid affair and certifies that all conditions set forth in said Permit, all rules and regulations pertaining thereto and all ordinances and/or resolutions of the municipality where aforesaid affair is to be held will be complied with; and that permission is hereby given the Director of the Division of Alcoholic Beverage Control, Division of Taxation, and their duly authorized investigators and agents, and to any local peace officer to investigate the sale of alcoholic beverages at the social affair for which this application is made.

Gambling, mock gambling and gambling paraphernalia are not permitted on the premises licensed by the Special Permit unless otherwise approved by the Legalized Games of Chance Commission (973) 273-8000. **I HEREBY CERTIFY THAT THIS ORGANIZATION HAS NOT EXCEEDED ITS LIMIT OF 12 SPECIAL PERMITS DURING THIS CALENDAR YEAR.**

(Signature of Authorized Officer and Title)

(Name of Organization)

Date of Signature _____

.....
I hereby certify that there is no objection to the granting of a Special Permit to above applicant to sell alcoholic beverages at the affair to be held on aforesaid date and premises, subject to, however, the following Special Conditions (if any):

(Signature of Chief of Police)

(Municipality where affair is to be held)

Date of Signature _____

.....
I hereby certify that the License Issuing Authority of this municipality has no objection to the granting of a Special Permit herein applied for and consents thereto. I further certify that the issuance of said Permit is not contrary to any local ordinance, resolution, regulation or policy which would prohibit same.

(Signature of Clerk)

(Municipality where affair is to be held)

Date of Signature: _____

.....
The following consent is to be signed by the person so authorized of the premises where the affair is to be held.

I hereby certify that I am the person in charge of the premises upon which the herein affair will be held, that I am fully authorized to and do hereby certify that there are no objections to the sale and service of alcoholic beverages upon such premises at such affair. **I HEREBY CERTIFY THAT THIS PREMISE HAS NOT EXCEEDED ITS LIMIT OF 25 SPECIAL PERMITS DURING THIS CALENDAR YEAR.**

(Signature and Title)

Date of Signature _____

NOTE: THE DIVISION MUST BE NOTIFIED FOR CANCELLATION OR RESCHEDULING PRIOR TO THE DATE OF THE EVENT.

Issuance of the Special Permit will allow the organization to purchase alcoholic beverages for resale at the affair specified in the application from any licensed wholesaler or retailer. All advertising, tickets, etc., for the affair which contain reference to alcoholic beverages must include this Permit Number.

Rev. 01/13

MARKETING YOUR EVENT

The Office of Marketing and Public Relations is the department to contact for informational handouts, posting the event on the website and/or in the CCMemo; posting the event on social media; and requesting assistance with the taking of photographs at your event.

Folders with marketing materials are available by request from the Office of Marketing and Public Relations. There are 5 different compositions of marketing materials geared for specific audiences. The categories available are:

- Trustees/Politicians
- Business Groups
- Facilities Rentals
- Community
- Parents

Contact the Office of Marketing and Public Relations to request these packets.

Note: The college is in the process of creating a storehouse of promotional items to be given to visitors. More information will follow once the storehouse is established.

The Media Center is the department to contact for any audio-visual or other media needs, and requesting video recording of your event.

ALEX DE CROCE MEDIA CENTER

<https://www.ccm.edu/media/>

The Media Center and Television Studio is located on the upper floor of the Learning Resource Center. Services are available for members of the college community as well as the local community.

SERVICES FOR CCM FACULTY & STAFF

Recording of Campus Events

Full nonlinear audio/video editing

Audio/video duplication

Project assistance/enhancement

- Interactive video conferencing
- Equipment recommendation/consultation
- Class projects
- Incorporation of video into PowerPoint presentations
- Obtaining release forms for videotaping of guests ([ReleaseForm](#))
- Taping programs off air for instruction ([OffAirTapingForm](#))

Interactive Classrooms for audio & video conferencing

- Cohen Hall CH156

CAMPUS TOURS

Below is a suggested route for providing your guests with a tour of campus.

Start: Henderson Hall

Student Community Center, 2nd floor: Enrollment Management, Student Life/Athletics

Meet outside by amphitheater: tour of MTC and Dragonetti Theater

Engineering Labs, Sheffield Hall, 1st Floor: Engineering Technology Labs and Mac Labs

Nursing Labs with simulators, Cohen Hall CH 168

Biology/Chemistry - IMA Lab, SH256: Instrumental Methods of Analysis

Biology Lab, SH253: A&P

Chemistry Lab, SH 206: Forensics

Learning Resource Center:

Accessibility Services, 1st Floor LRC

LRC Gallery, Emphasize regional art

Library, 2nd Floor

Media Center, 2nd Floor

Include the following depending on time and/or the purpose of the visit.

Planetarium, Cohen Hall CH 207

Career Services & Cooperative Education, Cohen Hall CH 203

Fine Art & Design Studios, DeMare Hall

Photography Studio, DH 264

Ceramics Studio, DH 200

Design Studio, DH 201

Sewing Lab, DH 207

Art Studios, DH 216/272

Health & Physical Education Building

Aquatics Center, AC 140

Gymnasium, HPE 200

Dance Studio, HPE 229

Fitness Center, HPE 201

Landscape & Horticultural Technologies building: LEED Gold Certified, greenhouses, rain water harvesting cistern, solar panels, vegetative roof

Information Systems, 675: Network, Servers, Generator

Command Center, 675

CONTACTS

Audio Visual Services

..... ext. 5275avdept@ccm.edu

Chartwells

Holly Tighe..... ext. 5158chartwells@ccm.edu
<https://new.dineoncampus.com/ccm/catering-files>

Compliance Officer

Dawn Latincsics, CSP..... ext. 5551dlatincsics@ccm.edu

Marketing & Public Relations

Kathleen Brunet Eagan..... ext. 5052kbeagan@ccm.edu
Alison Ognibene..... ext. 5050aognibene@ccm.edu

Media Center

Joe Schilp ext. 5288jschilp@ccm.edu

Plant & Maintenance

..... ext. 5501pmworkorder@ccm.edu

President's Office

Denise Bell..... ext. 5029dbell@ccm.edu
Joanne Hugues..... ext. 5030jhugues@ccm.edu

Public Safety ext. 5550publicsafety@ccm.edu

Room Reservations (R25)

Cheryl Smarth..... ext. 5070csmarth@ccm.edu

Solution Center ext. 5600solutioncenter@ccm.edu

Special Events

Colleen McArdle..... ext. 5054cmcardle@ccm.edu