

APPLICATION FOR SPECIAL EVENT PERMIT

Fill in all information completely

Location: _____ (Map must be attached)

ORGANIZATION

APPLICANT

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY, STATE _____ ZIP _____

CITY, STATE _____ ZIP _____

PHONE NUMBER _____

PHONE NUMBER _____

EMERGENCY CONTACT _____

EMERGENCY PHONE NUMBER _____

Date(s) of Proposed Event _____

Anticipated Number of Participants _____

Hours of Operation: _____

Type of Proposed Event

SOCIAL GATHERING
 SPECIAL APPEARANCE
 PROMOTIONAL ACTIVITY
 FOOTRACE
 BLOCK PARTY
 BICYCLE RACE
 OTHER

Description of EVENT and outline of security, traffic, crowd control, sanitation measures, etc.(attach separate sheet if needed):
Attached to this application:

	MAP
	SCHEDULE OF EVENTS
	OTHER

Applicant's Signature _____

Date _____

I hereby certify that the statements contained herein are true to the best of my knowledge and belief.

I understand that this permit will be issued only for that EVENT listed.

I understand that additional information or permits may be required.

DO NOT WRITE BELOW THIS LINE – DEPARTMENT USE ONLY

Permit Number: _____
 Permit Fee: \$30.00
 Liability Insurance: YES NO N/A
 Expiration date of liability insurance: _____

ROUTING:
 Board of Supervisors
 Fire Marshal
 Director of Public Works
 Township Engineer
 Township Municipal Secretary
 Township Manager

NOTES: _____

APPROVED BY: _____

DATE: _____