

APPLICANT & SPONSORING ORGANIZATION INFORMATION

TYPE OF ORGANIZATION: Non-Profit (tax exempt) Non-Profit (not tax exempt) Commercial/Private (for profit)
 Other (specify): _____

SPONSORING ORGANIZATION: _____

CHIEF OFFICER OF ORGANIZATION (Name): _____ PHONE: _____

APPLICANT/CONTACT (Name): _____ Email: _____

ADDRESS: _____

PHONE (day): (____) _____ PHONE (eve): (____) _____ FAX #: (____) _____

- Please list any **professional event organizer** or **event service provider** hired by the applicant that is authorized to work on your behalf to produce this event.

NAME: _____

ADDRESS: _____

PHONE (day): (____) _____ PHONE (eve): (____) _____ FAX #: (____) _____

- Please identify contact person "on site" day of event (Note: This person must be in attendance for the duration of the event and immediately available to Township officials).

NAME: _____ PAGER/CELLULAR #: (____) _____

REQUIRED ➔ Attach a written communication on from the Chief Officer of the organization which authorizes the applicant or professional event organizer to apply for this Special Event Permit on their behalf.

EVENT INFORMATION

TYPE OF EVENT: Run Bike Tour Concert Sporting Event/Tournament Fair/Festival
 Walk Bike Race Parade Other (specify): _____

EVENT TITLE: _____

REQUESTED DATE(S): _____ ALTERNATE DATE(S): _____

ACTUAL EVENT HOURS: _____ am/pm - _____ am/pm SETUP/ASSEMBLY DATE: _____ START TIME: _____ am/pm

LOCATION/STAGING AREA: _____

- Please describe the scope of the setup/assembly work (provide specific details): _____

TAKE DOWN/DISMANTLE DATE: _____ COMPLETION DATE: _____ TIME: _____ am/pm

OVERALL EVENT DESCRIPTION (continued)

- YES NO
- Will items or services be sold at the event? **If YES**, please describe: _____

- Does this event involve a moving route of any kind along streets, sidewalks, etc.? **If YES**, attach a detailed map of the proposed route, indicate direction of travel, and provide a written narrative explaining route.
- Does this event involve the closure of any streets, sidewalks, etc. roadways? **If YES**, List street(s) requiring closure as a result of this event. Include street name(s), date and time of closing and reopening:

- Does this event involve a fixed venue site? **If YES**, attach a detailed layout diagram of the proposed site.

In addition, to the route map and/or site diagram required above, please attach a diagram showing the overall lay-out and setup locations for the following items:

1) Food Concession and/or Food Preparation areas

Describe how food will be served at the event:: _____

If food will be cooked on site please specify method:

Gas/Propane Electric Charcoal Other (specify): _____

2) Portable Toilet Facilities. Facilities located within the parks are sufficient to accommodate regular park usage; At a minimum, one (1) porta-potty will be required for any approved activity event. If only one is required, it must be handicap accessible.

Number of standard portable toilets to be supplied: _____ **REQUIRED** ➔ One (1) for every 200 people

Number of ADA Accessible toilets to be supplied: _____ **REQUIRED** ➔ 10% of total portable toilets

3) Trash and Recycling Receptacles and Management

You must properly dispose of waste and garbage throughout the term of your event and immediately upon conclusion of the event the area must be returned to a clean, pre-event condition. The Township does not provide sanitation services for special events. Please describe in detail your waste management and clean-up plan for your event:

Number of trash receptacles to be supplied: _____ Number of recycling receptacles to be supplied: _____

Number of dumpsters w/ lids: _____ **REQUIRED** ➔ 1 for every 400 people

4) Please address/describe each of the following areas as they apply to your proposed activity/event

- Tables and Chairs
- Fencing, Barriers and/or Barricades
- Generator Locations and/or Source of Electricity
- Booths, Exhibits, Displays or Enclosures
- Vehicles and/or trailers
- Other Related Event Components Not Covered Above
- Scaffolding, Bleachers, Platforms, Stages, Grandstands, other Structures

SAFETY / SECURITY / ACCESSIBILITY

Please describe your procedures for both Crowd Control and Internal Security. Township Police may require a police presence on site throughout the event at the applicant's expense. Private security services will not be considered/approved.:

Please describe your Accessibility Plan for access at your event by individuals with disabilities: _____

REQUIRED ➔ It is the applicant's responsibility to comply with all City, County, State and Federal Disability Access Requirements as established by the Americans with Disabilities Act (ADA)

Please indicate your arrangements for providing **First Aid Staffing and Equipment**?

- Ambulance(s) # _____ Provided by: _____ Location: _____
- Emergency Medical Technicians # _____ Provided by: _____ Location: _____
- First Aid Stations # _____ Provided by: _____ Location: _____
- Other # _____ Provided by: _____ Location: _____

YES NO

Is this a night event? If YES, please describe how the event and the surrounding area will be illuminated to ensure safety of the participants and spectators:

PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

- Please provide a detailed description of your **PARKING** and/or **TRANSPORTATION/SHUTTLE** plans: _____

- Please describe your plan for **HANDICAP ACCESSIBLE PARKING**:

- Please describe your plan to notify all nearby residents, businesses, etc. impacted by the event: _____

ENTERTAINMENT / ATTRACTIONS / RELATED ACTIVITIES

- YES** **NO**
 Will **musical entertainment** be provided at your event? **If YES**, please indicate:
of stages: _____ # of Bands: _____ Type of music: _____

- Will **amplified sound** be used? **If YES**, please indicate: Start Time: _____ am / pm - Finish Time: _____ am / pm
Please describe the sound equipment that will be used for your event: _____

- Will **sound checks** be conducted prior to the event? **If YES**,: Start Time: _____ am / pm - Finish Time: _____ am / pm
- Any inflatables, hot air balloons or similar devices? **If YES**, please describe: _____

- Any Signs, Banners, decorations, Special lighting? **If YES**, please describe and give location: _____

- Any Tents or Canopies? **If YES**, please indicate size, number and location (all tents over 10X20 will require a tent waiver): _____

- Any fireworks, rockets, or other pyrotechnics be on site? **If YES**, please describe. Approval will be at the sole discretion of the township and will require supplemental permits and fees): _____

PROMOTION / ADVERTISING / MARKETING

- YES** **NO**
 Will this event be promoted, advertised or marketed in any manner? **If YES**, please describe: _____

- Will there be any live media coverage during the event? **If YES**, please explain: _____

- Applicant acknowledges and agrees to allow the Township to publish the Contact Person and media referral telephone numbers in conjunction with regular Township events:
- Refer all public inquiries and/or media inquiries to:
- Name: _____ Phone: _____

TOWNSHIP SUPPORT / SPECIAL REQUESTS

- YES** **NO**
 Township staff support is requested? **If YES**, please describe needs (attach separate request if needed):

- Use of Township equipment is requested? **If YES**, please describe needs (attach separate request if needed):

- Waiver of Township requirements (other than fees) is requested? **If YES**, please specify in detail:

- Other special requests? **If YES**, please specify in detail:

REQUIRED ➔ If determined that Township services are required to support activities in conjunction with this event, all associated costs will be reimbursable in full to Doylestown Township.

INSURANCE REQUIREMENTS

Before final permit approval will be granted, the applicant must provide an original and current certificate of general liability insurance including bodily injury and property damage in the amount of \$1,000,000 per occurrence and aggregate of \$2,000,000 naming Doylestown Township as an **"additional insured"**. Insurance coverage must be maintained for the duration of the event.

The Township of Doylestown reserves the right to request a copy of the entire insurance policy.

Name of Insurance Carrier: _____ Agent's Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Business Phone: (_____) _____ Policy Number: _____ Policy Type: _____

AFFIDAVIT OF APPLICANT

ADVANCE CANCELLATION NOTICE REQUIRED: If this event is cancelled, notify the Director of Parks & Recreation at 215-348-9915 at least 72 hours prior to the scheduled event. Otherwise, Township personnel and equipment may be needlessly dispatched and approvals of future permit applications can be jeopardized.

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief, that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event as set forth by Doylestown Township and I understand that this application is made subject to the rules and regulations established by the Doylestown Township Board of Supervisors. I agree to abide by these rules, and further certify that I, on behalf of the organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any cost and fees that may be incurred by or on behalf of the event to the Township of Doylestown.

I, through the signing of this application, indemnify, hold harmless, and defend the Township of Doylestown and its agents, officials and employees from all suits and actions, including reasonable attorneys' fees and all costs of litigation and judgement of every name and description against the Township as a result of loss, damage, or injury to any person or property by reason of any action or omission by the event organizer.

Name of Applicant (print): _____ Title: _____
Signature of Applicant: _____ Date: _____