



Doylestown Township

425 Wells Road, Doylestown PA 18901

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Email: info@doylestownpa.org

Website: www.doylestownrec.com (onsite events)

www.doylestownpa.org (offsite events)

SPECIAL EVENT PERMIT APPLICATION

Complete all questions and return application form with all required and supplemental attachments to Doylestown Township at least 60 days prior to the event.

Park System Events: \$25 application fee plus fees as outlined in the Township's fee schedule.

All Other Events: \$150 or \$250 if including fireworks. Other fees may apply

Office Use: Event Name _____ Date: _____ Approved: Yes No

1: APPLICANT INFORMATION - The Primary Contact is the person who is to be contacted regarding the application or event.

Primary Contact Name:		
Primary Contact Address:		
City:	State	Zip:
Primary Contact Phone (d):	Phone (c):	Phone (f):
Primary Contact Email:		

Event Name:	Type of Event:	
Are you representing a Host Organization? <input type="checkbox"/> Yes, if so list name, address and phone below <input type="checkbox"/> No	Is this organization non-profit? <input type="checkbox"/> No <input type="checkbox"/> Yes Is this organization private? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Organization's Name:	Purpose of Event	
Organization's Address:		
Organization Contact Person:	Email:	
Organization's Phone (d):	Phone (c):	Phone (f):

2: GENERAL EVENT INFORMATION

Township Park System: Central Park Turk Park Sauerman Park Other (specify) _____

Offsite Location (specify): _____

Event Type: (check all applicable)	<input type="checkbox"/> Walk	<input type="checkbox"/> Bike Tour	<input type="checkbox"/> Sporting Event/Tournament	<input type="checkbox"/> Wedding	<input type="checkbox"/> Concert	<input type="checkbox"/> Festival/Fair
	<input type="checkbox"/> Run	<input type="checkbox"/> Bike Race	<input type="checkbox"/> Rally/Demonstration	<input type="checkbox"/> Block Party	<input type="checkbox"/> Exhibition	<input type="checkbox"/> Parade
	<input type="checkbox"/> Fireworks <input type="checkbox"/> Other (describe): _____					

Date of Event (primary date):		Rain Date (not guaranteed for park events):	
Event Duration: Dates the event will be in operation	Starting Date:		Ending Date:
	Day: _____	Date: ____/____/20____	Day: _____

Attendance (all inclusive): Include event organizers, staff, volunteers, participants, spectators, etc.		Hours of Operation: Actual event hours. If event lasts more than two days attach additional hours of operation with application.	
Total Attendance Estimate:		Start	End
Anticipated Vehicles:		Day 1	____:____ <input type="checkbox"/> am <input type="checkbox"/> pm
Parking Shuttle:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Day 2	____:____ <input type="checkbox"/> am <input type="checkbox"/> pm
Site Arrival: The start time represents arrival on the site for setup and preparation. If same as actual event start, enter starting date and time of event as above.	Starting Date: ____/____/____		Time: ____:____ <input type="checkbox"/> am <input type="checkbox"/> pm
Site Departure: The ending time represents departure from the site following dismantle and clean up. If same as actual event end, enter ending date and time as above.	Ending Date: ____/____/____		Time: ____:____ <input type="checkbox"/> am <input type="checkbox"/> pm

Will an registration/entry fee be charged: No Yes If Yes, how much: \$ _____

Is this Event: Charitable For Profit Private Other (describe) _____

3. EVENT DESCRIPTION

Is this a fixed or moving event (i.e., run, bike ride, etc.)? Fixed Moving, if so specify dispersing area and route and diagram

Event Description (provide a description of the proposed event including activities, entertainers, vendors, facilities. etc.)

4. SITE PLAN / DIAGRAM

Attachment Required (all events require a site map of affected areas): **Fixed** - show placement of the following features as applicable. **Moving** - show placement of the following features applicable. Must show full route/course and start/finish points.

- Check-in / Gate(s) and/or Entrance(s)
- Comfort Stations (portable toilets)
- Stages or other performance areas
- Dumpsters, trash and recycling containers
- Tents and/or Trailers

- Command Center / Headquarters
- Vendor booths
- Money rooms
- Fencing
- Food & Beverage Concessions

- Street crossings and barricades
- Security/emergency
- First Aid / Medical Station(s)
- Sign/Banner placement
- Other event components not listed
- Fire Extinguishers

• **Other** (*specify*):

Attachment Required

Route - If this is a moving event or will cross any roadways please provide a detailed route description from start (dispersing area) to finish.

Dispersing area: _____ Finish Location: _____

5. EVENT FEATURES

Event Features/Amenities (*check all that apply*):

Park System: Requires coordination with the Director of Parks and Recreation.

Offsite: Requires coordination with the Code Enforcement Director.

Note: Prior to submission contact the appropriate department(s) relative to supplemental requirements.

<input type="checkbox"/> Twp. Park Facilities (1)	<input type="checkbox"/> Temporary Signs (2)	<input type="checkbox"/> Amplified Sound (1, 2)
<input type="checkbox"/> Street Closing/Crossing (4)	<input type="checkbox"/> Portable Toilets (1, 2)	<input type="checkbox"/> Raffles (<i>requires Small Games of Chance permit</i>)
<input type="checkbox"/> Temp. Electric/Generator (2)	<input type="checkbox"/> Emer. Medical Service (3)	<input type="checkbox"/> Fireworks (3)
<input type="checkbox"/> Tent/Other Rental Equipment (1, 2)	<input type="checkbox"/> Security (4)	<input type="checkbox"/> Inflatable Apparatus (1, 2)
<input type="checkbox"/> Food Concessions (1, 2, 6)	<input type="checkbox"/> Showmobile (1)	<input type="checkbox"/> Staging/Construction (1,2,5)
<input type="checkbox"/> Street Closing/Crossing (4)		<input type="checkbox"/> Carnival Rides/Games (1,2)
<input type="checkbox"/> Other (<i>specify</i>):		<input type="checkbox"/> Other (<i>specify</i>):

Event Features Key – Must follow up with:

1 - P&R Department

2 - Code Enforcement Office

3 - Fire Marshal

4 - Police Department

5 - Director of Operations (Public Works)

6 - Bucks County Board of Health

6. TENTS / TEMPORARY STRUCTURES

Tents/temporary structures require a waiver (from the P&R Dept.) for all special events within the park system. Tent and/or temporary structures must be shown on all site plans. Flame retardant certification is required for all temporary membrane structures (tents, inflatable's, etc.)

Number of Tents: _____ Dimensions of Tents: _____

Number of Temporary Structures: _____ Dimensions of Temporary Structures: _____

Name/Address of Supplier: _____

Emergency Contact: _____ Phone: _____ Day of: _____

7. COMFORT STATIONS / PORTA POTTIES

- *The applicant is responsible for addressing the needs for their individual events.*
- *All Park System events will require a minimum of one (1) accessible unit for every 150 people. Park system restrooms are intended to meet the needs of general park users and are not intended to serve as supplemental facilities.*
- *Offsite/private events must provide portable restroom facilities at your event unless you can substantiate the sufficient availability of both accessible and non-accessible facilities in the immediate area of the offsite event site that will be available to the public during your event.*
- *Ten percent (10%) of restroom facilities must meet local, state, and federal accessibility requirements. No less than one (1) accessible restroom should be placed in each location designated for restrooms facilities and located on a level area not to exceed a 2% cross-slope in any direction. If a single restroom unit is placed in a location, it must be accessible. An accessible route to each portable restroom must be provided. The number of portable toilets can be determined based on your estimated peak time attendance. Your portable sanitation service contractor will help you in planning properly for any event.*

Number of Units: _____ Delivery on site (date/time): _____ Removal from site (date/time): _____

Cleaning Schedule (if multiple days): _____

Name/Address of Supplier: _____

Emergency Contact: _____ Phone : _____ Day of: _____

8. ELECTRICAL SERVICE / EXTENDED HOURS OF OPERATION

If the event requires electrical power or occurs during darkness or in a dark structure, lighting, emergency lighting and illuminated exit signage will be required.

- *Electrical permit application required for 120v circuits and generators.*
- *Show location of generators and fixtures.*
- *Indicate type of fixture on plan, i.e., Exit sign, emergency illumination, power to vendor's tents.*
- *All electrical installations to comply with the PA UCC, NEC 2008 and must be inspected by a PA Dept. of L&I certified 3rd party electrical inspector. A list of inspectors is available on the Township website under Code Enforcement Guidelines.*
- *Temporary lighting that affects neighboring properties is to be shielded.*

How will electrical service be supplied: Generator Public Utilities Both

Power and lighting Plan - A written description of the proposed power sources and lighting details must be indicated on site plan.

Attach an Electrical Permit if required.

9. FOOD/HEALTH SAFETY

The applicant may allow concessionaires to be present in conjunction with the event.

- *All food vendors are to have a permit, if required, from Bucks County Health Department. Indicate location of each food vendor on the site plan and provide a copy of their Health Department Permit.*

Attached Not Applicable

- *20 foot separation is required between membrane structures that contain open flames (cooking).*
- *Adequate drinking water is to be available. Indicate how this is provided.*
- *Animal exhibits and petting zoos require a Health Department permit, provide copies with the application. Indicate location of required hand washing stations on site plan. Who is responsible for ensuring hand washing stations remain operative?*

13. PARKING & TRAFFIC CONTROL

The Township may require staffing of uniformed/non-uniformed police officers to be on-duty throughout the event. The applicant will be responsible for the cost incurred for these services.

- Patron parking at Township facilities shall be limited to areas designated for parking only. In situations where sufficient parking is not available, the event organizer is required to provide a plan to transport/shuttle participants from an off-site area to the event.
- Event organizers will be required to provide adequate volunteers (wearing proper safety equipment) for the purpose of directing patron parking.
- Event organizers shall be required to submit a parking plan for all vehicles associated with the event and participant parking.

Required for Park System events – please describe your Event Safety/Security Plan.

14. TRASH & RECYCLING

- Required (All events):** The applicant shall be responsible for leaving the facility in an “as good or better condition” than the site was found prior to the start of the event.
- Doylestown Township requires that recyclables generated at the event (i.e., aluminum cans, glass, cardboard, etc.) be recycled.
- The applicant is responsible for the removal of all trash, litter, debris, etc. associated with the event. The applicant must make arrangements to supply an adequate number of trash and recycling receptacles and to remove trash and other event debris from the park/facility immediately upon conclusion of the event.
- Failure to perform adequate clean up and/or should damage occur to Township property or facilities, funds will be held back from the posted security deposit and/or the applicant will be billed at full cost recovery rates for supplies, cleanup, repair.
- Placement of all dumpsters must be approved by the township prior to placement.

Please describe your plan for cleanup and removal of waste during and after your event: _____

We will provide: _____ Number of Trash Receptacles _____ Number of Dumpsters _____ Number of Recycling Containers

Sanitation Service: Yes No Company Name: _____ Phone: _____

Equipment Setup: Date: _____ Time: _____ Equipment Pickup: Date: _____ Time: _____

15. MITIGATION OF IMPACT

Neighborhood Impact (required for all events):

The event organizers are required to include mitigation measures for negative consequences imposed on others by the event. Event notification must reflect the date(s), day(s), time(s), location(s), type of activities taking place at the event and any potential impact such as traffic delay. Where applicable, notification must give detour or alternate route information if normal access is affected.

- A draft sample of the notice and proposed list of recipients must be attached to the application.
- No event should unduly impact the surrounding neighbors for an extended period of time.
- Formal approval of the event must be received from the Township prior to start of any promotion or advertisement of the event.
- **Road Races in/around Central Park:** Organizers are required to provide written notice delivered directly to surrounding neighbors and must include organization/event name, type of event, date, time of event, route and anticipated time/nature of impact and contact information - Electronic notification and/or event flyers are not acceptable. A draft sample of the notification (i.e., letter, postcard, etc.) and proposed list of recipients **must** be attached to the application.

Required for all Park System events:

- Marketing/media plan. _____
- Notification plan for neighboring residential properties. _____
- A copy of the notification letter must be enclosed with this application. included To be forwarded no later than ____/____/____

16. WEATHER

Weather can play a major role in the success, failure or safety at an event. Adequate advance planning is essential.

Required for all Park System events:

- Provide a brief description of your rain policy relative to this event.

- Specify preparations in place for bad weather? For example vehicle towing from temporary parking should mud develop. Give details.

- Rain dates may be requested for Township Park use but are not guaranteed. Dates can only be held as long as no other application is received. Securing a guaranteed rain date the applicant will incur additional fees.
- The applicant is responsible to notify all applicable township officials, vendors, contractors, etc. of cancellation/postponement. If Township personnel and/or equipment is dispatched due to lack of notification, the applicant will be held responsible for all additional costs.

17. SUPPORT STAFF

You may request and/or the Township may require staffing of uniformed/non-uniformed staff to be on-duty throughout the event. The applicant will be responsible for the cost incurred for these services.

Required (Park System events):

- No staff support is requested however, it is understood and acknowledged that support staff **may be required** and will be at the applicant's expense. Check if applicable.

- I am requesting Township support staff. Yes No

Describe: _____

- I am requesting Police support Yes No

Describe: _____

18. INSURANCE

- 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
- The certificate must name "Doylestown Township" as an "additional insured".
- The applicant may also be required to include other affiliated organizations, required by the township, as "additional insured": This may include but is not limited to Doylestown Fire Department or other organizations whose assistance may be required.
- 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: (_____) _____ Email: _____

19. PLANNING MEETING

Required (all events): One or more planning meetings with the Township Officials are required. The meeting attendees, depending upon the size and type of special event, should be from the following, as appropriate for the event:

- | | | |
|---|------------------------------|-------------------------------------|
| ➤ Promoter/Sponsor | ➤ Fire Department | ➤ Bucks County Health Department. |
| ➤ Twp. Emergency Management Coordinator | ➤ Fire Police | ➤ Twp. Director of Code Enforcement |
| ➤ Law Enforcement | ➤ Fire Marshal | ➤ Twp. Public Works Department |
| | ➤ Emergency Medical Services | ➤ County/State Officials |

At this meeting: The Incident Commander / Event Coordinator for the event will be appointed. This individual coordinates the event and serves as the ultimate decision maker. The following will also be appointed/identified:

- | | | |
|----------------------|-----------------------------------|-----------------------------|
| ➤ Incident Commander | ➤ Chief Security Officer | ➤ Safety Officer |
| ➤ Chief Fire Officer | ➤ Chief Emergency Medical Officer | ➤ And others as appropriate |
| ➤ | ➤ | |

The Incident Command System ground rules to be followed are NIMS/ICS

20. Fees & Charges

The Doylestown Township Fee Schedule can be downloaded at either www.doylestownpa.org or www.doylestownrec.com

Park System events (any Township park or other municipally owned property)

- Application fee - \$25 due at time of application submission
- Use fees as established and in accordance with the published Doylestown Township Fee Schedule. Due upon receipt of invoice
- Security Deposit – Determined by the nature and scope of the event (minimum of \$500)
- Police Support fees will be invoiced separately by the Police Department.
- Other fees as applicable.

Offsite Events (all other events)

- Fees as established and in accordance with the published Doylestown Township Fee Schedule. Due at time of application.
- Electrical Permit application as required
- Other fees as applicable

21. SUBMISSION CHECKLIST

Site Plan – document attached

Route – diagram attached (I.e., run, walk, road crossings etc.)

Parking Plan – document attached

Security Plan – document attached

Insurance Certificate – document attached

Other (as required)

22. AFFIDAVIT OF APPLICANT

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 and/Park System use. I understand that this application is made subject to the rules and regulations established by the Township of Doylestown. Applicant agrees to comply with all other requirements of the Township, County, State, Federal Government, and any other applicable entity, which may pertain to the use of the Event Venue and the conduct of the Event. I agree to abide by these rules and further certify that I on behalf of the Host Organization am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of/to the Event to the Township of Doylestown.

I further certify that I will comply with all Local, County, State and Federal disability access requirements applicable to the event. Compliance with the Township's permit requirements does not exempt the applicant from any additional requirements that may be imposed by Local, County, State or Federal Laws.

Print Name of Applicant/Host Organization: _____

Signature of Applicant: _____ Date: _____

23. HOLD HARMLESS AGREEMENT

The Special Event applicant or president or designee of the sponsoring organization(s) (*hereafter called "permittee"*) agrees to reimburse the Township of Doylestown (*hereafter called "Township"*) for all loss incurred by it in repairing or replacing damage to Township property proximately caused by the permittee, its officers, employees, agents, monitors, or any persons attending or forming the event who were, or should have been, under the permittee's control.

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 judgment 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: _____

DEPARTMENTAL REVIEW (office use only)

Parks & Recreation

Recommended for Approval: No Yes N/A

Staff Support Required: No Yes

Additional Cost Required: No Yes \$ _____

Comments: _____

Signature: _____ Date: _____

Code Enforcement

Recommended for Approval: No Yes N/A

Staff Support Required: No Yes

Additional Cost Required: No Yes \$ _____

Comments: _____

Signature: _____ Date: _____

Police

Recommended for Approval: No Yes N/A

Staff Support Required: No Yes

Additional Cost Required: No Yes \$ _____

Comments: _____

Signature: _____ Date: _____

Fire Marshal

Recommended for Approval: No Yes N/A

Staff Support Required: No Yes

Site Inspection Required: No Yes

Additional Cost Required: No Yes \$ _____

Comments: _____

Signature: _____ Date: _____

Public Works

Recommended for Approval: No Yes N/A

Staff Support Required: No Yes

Additional Cost Required: No Yes \$ _____

Comments: _____

Signature: _____ Date: _____

Other _____

Recommended for Approval: No Yes N/A

Staff Support Required: No Yes

Additional Cost Required: No Yes \$ _____

Comments: _____

Signature: _____ Date: _____