



Newtown Township
100 Municipal Drive
Newtown, PA 18940
215-968-2800 x241
Fax 215-968-5931

SPECIAL EVENT PERMIT

Application must be submitted with a non-refundable filing fee of \$30.00

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): _____ E- mail _____

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 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: _____

EVENT DATE(S): _____ ALTERNATE DATE(S): _____

LOCATION/STAGING AREA: _____

ACTUAL EVENT HOURS: _____ am/pm - _____ am/pm

SETUP/ASSEMBLY DATE: _____ START TIME: _____ am/pm

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

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

FEES / PROCEEDS / REPORTING

YES **NO**

Is your organization a “Tax Exempt”, nonprofit organization? If **YES**, you must provide with this application proof of your organization IRS 501 C tax exempt status.

EVENT INFORMATION

Please provide a **DETAILED DESCRIPTION** of your event. Include details regarding all components of the event (attach additional sheet if necessary).

OVERALL EVENT INFORMATION (continued)

YES **NO**

Will items or services be sold at the event? If **YES**, please describe: _____

sidewalks etc? If

Does this event involve a moving route of any kind along streets,

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, roadways etc. If **YES**, list streets(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

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 dumpsters w/ lids: _____ REQUIRED-One (1) for every 400 people
Number of trash receptacles to be supplied: _____
Number of recycling receptacles to be supplied: _____

- | | | |
|---|-----|--|
| 4) First Aid Facilities and Ambulance Location | 9) | Booths, Exhibits, Displays or Enclosures |
| 5) Tables and Chairs | 10) | Vehicles and/or Trailers |
| 6) Fencing, Barriers and/or Barricades | 11) | Other Related Event Components Not Covered by Above |
| 7) Generator Locations and/or Source of Electricity | 12) | Scaffolding, Bleachers, Platforms, Stages, Grandstands or other Structures |
| 8) Canopies or Tent Locations | | |

SAFETY / SECURITY / ACCESSIBILITY

Please describe your procedures for both Crowd Control and Internal Security (the Township may require a police presence on site throughout the event at the applicant's expense):

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

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

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**, please indicate:

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:

Any fireworks, rockets or other pyrotechnics on site? If **YES**, please describe:

PROMOTION / ADVERTISING / MARKETING

YES **NO**

Will this event be promoted, advertised or marketed in any manner? If **YES**, please describe:

YES **NO**

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

YES **NO**

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):

YES **NO**

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

YES **NO**

Waiver of associated fees is requested? If **YES**, please specify in detail (attach separate request if needed):

YES **NO**

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

REQUIRED: If Township services are required to support activities in conjunction with this event, all associated costs will be reimbursable in full to Newtown 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 Newtown Township as an “**additional insured**”. Insurance coverage must be maintained for the duration of the event.

The Township of Newtown 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 Codes Dept. 215-968-2000 x 241 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 Newtown Township and I understand this application is made subject to the rules and regulations established by the Newtown 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 Newtown.

I, through the signing of this application, indemnify, hold harmless, and defend the Township of Newtown 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: _____