



**EASTTOWN TOWNSHIP
CHESTER COUNTY, PENNSYLVANIA**

**566 Beaumont Road
Devon, PA 19333
610-687-3000
610-687-9666 (Fax)**

**APPLICATION FOR
SPECIAL EVENT**

PART 1 – INSTRUCTIONS

- Review Chapter 382 Special Events of the Code of the Township of Easttown, available online at www.easttown.org or for purchase and/or review at the Township Building.
- At least thirty (30) calendar days prior to the desired Event date, submit four (4) sets of this Application with 4 copies all supporting documentation including, but not limited to:
 - Site plan/map of the entire area where the Event will take place. This site plan/map shall include locations of all Event activities, structures, and infrastructure proposed to be located.
 - Schedule of Event activities by time, date, and location.
 - Certificate of Insurance for commercial general liability with combined single limits of liability for bodily injury and property damage of not less than \$1,000,000.00 for each occurrence and a general aggregate of 3,000,000. The Certificate of Insurance must name Easttown Township, its officers, and employees as additional insured.
- Should the Township determine that its Support Services are required for the Event, estimated costs will be provided to the Applicant at the time this Permit is issued. No later than ten (10) calendar days prior to the Event date, the Applicant shall secure in the form of a cash escrow or bond with the Township the Support Services costs according to the following schedule:
 - Estimated cost less than \$2,500 secured at 25%
 - Estimated cost between \$2,501 and \$7,500 secured at 50%
 - Estimated cost more than \$7,501 secured at 100%
- Please note there is no Administrative Fee for this Application.

PART 2 – SPECIAL EVENT NAME

Event Name:

PART 3 – SPECIAL EVENT ORGANIZATION INFORMATION (entity responsible for all costs)

Applicant / Permit Holder Name:

Organization Name (if different from above):

Applicant / Permit Holder Street Address, City, State, and Zip Code (if P.O. Box, include street address also):

Telephone Number:

Email Address:

Fax Number:

PART 4 – SPECIAL EVENT SAFETY/EMERGENCY CONTACT INFORMATION (must be at event)

Primary Safety/Emergency Contact Name:	Mobile Phone Number:
Secondary Safety/Emergency Contact Name:	Mobile Phone Number:
Tertiary Safety/Emergency Contact Name:	Mobile Phone Number:
Quaternary Safety/Emergency Contact Name:	Mobile Phone Number:
Quinary Safety/Emergency Contact Name:	Mobile Phone Number:

PART 5 – SPECIAL EVENT DETAILS

Event Description:
Event Location(s):
Event Start Time and Date (including set up):
Event End Time and Date (including breakdown):
Estimated Attendance:

PART 6 – STREET CLOSURES (complete if applicable and as shown on site plan/map)

Street Name:	Location (from/to):	Time (from/to):
Street Name:	Location (from/to):	Time (from/to):
Street Name:	Location (from/to):	Time (from/to):
Street Name:	Location (from/to):	Time (from/to):
Street Name:	Location (from/to):	Time (from/to):
Street Name:	Location (from/to):	Time (from/to):

PART 7 – LIVE MUSIC/AMPLIFIED SOUND DETAILS (complete if applicable)

Description of Music/Amplified Sound:

Hours and Date(s) of Music/Amplified Sound:

Sound Level at Property Lines:

PART 8 – STRUCTURE DETAILS (complete as applicable and as shown on site plan/map)

Type	Size	Quantity	Square Feet

PART 9 – VENDOR DETAILS

Describe the Type of Vendors Participating:

PART 10 – LIABILITY INSURANCE

Insurance Provider Name:

Insurance Provider Street Address, City, State, and Zip Code (if P.O. Box, include street address also):

Insurance Provider Agent Name:

Insurance Provider Agent Street Address, City, State, and Zip Code (if P.O. Box, include street address also):

Insurance Policy Number:

PART 11 – CERTIFICATION

- I am an officer or official of the Organization applying for the Special Event Permit, or
- have the authority to make this Application on behalf of the Organization applying for the Special Event Permit (attach delegation of signatory authority),

Acknowledge that the information provided in this Application, including any plans and specifications, is true and correct to the best of my knowledge and belief.

Name (type or print legibly)	Official Title
Street Address	City, State, Zip
Phone Number	E-Mail Address
Signature	Date

PART 12 – TOWNSHIP ACTION

Estimated Support Services Cost:	\$ _____
Required Security 10 Days Prior to Event:	\$ _____ <input type="checkbox"/> Cash Escrow <input type="checkbox"/> Bond Received by: _____ Date: _____

Application Status:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Permit Number:	Township Manager's Signature:	Date:
---------------------	---	----------------	-------------------------------	-------

The following standard conditions shall apply to the Special Event Permit upon issuance by the Township:

- The Applicant and participants are responsible for applying for any other permits or licenses, complying with federal or state law or meeting any other requirements of the Township's Codes and Ordinances that may be applicable.
- Liability insurance as submitted with this Application shall be maintained throughout the duration for the Event.
- All required permits, licenses, security deposits, fees, insurance policies or any other conditions of the approval, so indicated on this Permit shall be obtained no later than ten (10) days prior to the Event.
- The Applicant shall be responsible to the Township for damages sustained to Township property caused by participants in the Event. Such additional costs and expenses shall be paid to the Township by the Applicant sponsor within five (5) days of receipt of a bill.
- The Applicant shall be responsible to the Township for damages sustained to Township property caused by participants in the Event.
- The Applicant shall be responsible for the cost of any Support Services required, at the sole discretion of the Township, to address specific unanticipated circumstances occurring at the Event related to larger crowd numbers than projected by the Applicant, or where the nature of the Event is not consistent with this Permit. Such additional costs and expenses shall be paid to the Township by the Applicant within five (5) days of receipt of a bill.

PART 13 – SPECIAL CONDITIONS OF PERMIT