

LOWER SAUCON TOWNSHIP SPECIAL EVENT APPLICATION

1. Type of organization:
 Non-Profit (tax exempt) Not-for-Profit Commercial/Private Other
2. Sponsoring organization _____
3. Name of Chief Officer of organization _____
4. Name of Applicant/Event Coordinator _____
- a. Address _____
- b. Home phone (_____) _____ - _____
- c. Cell phone number (_____) _____ - _____
- d. Fax number (_____) _____ - _____
- e. E-mail address _____
5. Type of event: (Choose one)
 run/walk; bike tour/bike race; concert; parade; sporting event;
 fair/festival; campout craft show wedding ceremony/pictures other
6. Event title _____
7. Event dates _____
8. Purpose of Event _____

9. Location of event _____
10. Set-up dates & times _____
11. Breakdown dates & times _____
12. Hours of event _____
13. Estimated number of people participating _____
14. Estimated number of spectators _____
15. Estimated number of parking spaces needed _____
16. Will you require road closure? Yes No
17. Do you anticipate traffic interruptions? Yes No
18. Will you require police assistance? Yes No
19. Will staging be used? Yes No
- a. Is it prefabricated? Yes No
20. Will tents or canopies be erected? Yes No
21. Will food be sold? Yes No
- a. How will food be cooked and prepared? _____
24. Will retail merchandise be sold? Yes No
25. Will fees be charged to participants? Yes No
26. Number of portable toilets needed (1 for every 200 people) _____
27. Number of ADA portable toilets needed (10% of total portable toilets) _____
28. Describe your waste management and clean-up plan

29. On map of park, show where the following will be located:
- a. Location and # of first aid facilities and ambulance location
- b. Location and # of any fences and barriers that will be used
- c. Location and # of any generators that will be used
- d. Location and # of canopies and tents that will be used
- e. Location and # of any booths, exhibits, displays or enclosures that will be used

- f. Location and # of any vehicles and/or trailers that will be used
- e. Location and # of any scaffolding, bleachers, platforms, stages, grandstands and other structures that will be used
- f. Location and # of other related event components not covered above

30. Please describe your procedures for crowd control and internal security

31. Please describe your accessibility plan for persons with disabilities

32. Please describe your arrangements for first aid staffing and equipment

33. Please provide a detailed description of your parking and transportation shuttle plan

34. Please describe your plan for handicapped accessible parking

- | | | |
|--|------------------------------|-----------------------------|
| 35. Will musical entertainment be provided at the event? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 36. Will amplified sound be used? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 37. Will sound checks be conducted prior to the event? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 38. Will any inflatables, hot air balloons or similar devices be used? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 39. Will any signs, banners, decorations or special lighting be used? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 40. Will any fireworks, rockets, or other pyrotechnics be on site? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 41. Will any township equipment be needed for the event? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Date

Signature

OFFICE USE ONLY

Distribution

- Public Works
- Police Dept.
- Zoning
- Fire/EMC

Action

- Approved by P & R Board _____
- Approved by Township Council _____

FEE/SECURITY DEPOSIT/INSURANCE REQUIRED

Rec'd

- | | |
|---|--------------------------|
| • A non-refundable application fee of \$25 must be included with this application | <input type="checkbox"/> |
| • A refundable \$250 security/damage deposit is required for all events | <input type="checkbox"/> |
| • Insurance | |
| a. Individual – proof of insurance with minimum \$100,000 liability coverage | <input type="checkbox"/> |
| b. Individual with Outside Vendor(s) – proof of insurance with comprehensive general liability coverage not less than \$1,000,000 combined single limit | <input type="checkbox"/> |
| c. Business Use – proof of insurance with comprehensive general liability coverage or Named Operation and Location with not less than \$1,000,000 combined single limit | <input type="checkbox"/> |
| • Release and Waiver | <input type="checkbox"/> |