

EAST LAMPETER TOWNSHIP  
2250 Old Philadelphia Pike  
Lancaster, PA 17602

APPLICATION FOR PERMIT FOR AN EVENT ON PUBLIC PROPERTY

This application form is to be submitted by organizations applying for a permit to use public property to conduct an event as required by Ordinance No. 315 adopted by the Board of Supervisors on November 9, 2015. Events such as media productions, circuses, carnivals, recreational activities, athletic events and the like are required to apply for a permit at least thirty (30) days prior to the date of the event. It is unlawful for any person to hold or conduct any event, within the Township without first having obtained a permit.

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

Organization phone number: \_\_\_\_\_

Type of Organization (please make a selection):  Purely Public Charity  Volunteer Fire Co  
 Governmental Body  Ambulance Assoc.  Other (specify) \_\_\_\_\_

Type of Event (please make a selection):

Media Production  Circus  Carnival  Recreational Activity  
 Athletic Event  Festival  Artisan or Craft Exhibition  
 Road Activity  Concert  
 Other (specify) \_\_\_\_\_

Please provide a full description of the Event, including the purpose of the Event including the nature of the activity of activities taking place during the event, including any potentially dangerous or hazardous activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested Date(s) for Event: \_\_\_\_\_

Requested Time of Event: from \_\_\_\_\_ to \_\_\_\_\_

Estimated number of persons participating in event: \_\_\_\_\_

Please provide a statement describing the use of any Public Property or Resources or any public highway, including a description of any necessary traffic control plan: \_\_\_\_\_

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Will the event include the use of alcoholic beverages or any other substance that would be likely to cause intoxication? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

If the answer is Yes to the above question, please explain: \_\_\_\_\_

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Please provide a description of the safeguards to be taken to protect adjacent properties from the effects of the Event, including noise control, crowd control, air pollutants, and provisions for the disposition of waste or other rubbish which results from the Event: \_\_\_\_\_

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Proof of the availability of a policy of liability insurance covering the event, naming the Township as an additional insured, in the amount of \$2,000,000, must be submitted with this application.

Please describe any assistance which the applicant is requesting from the Township in order to conduct the event: \_\_\_\_\_

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If the Township Manager determines that there is a need for additional safety personnel as a result of the event, the applicant will be notified of the cost of this additional safety personnel with a statement outlining the personnel required and the purpose(s) for which the safety personnel are required. The applicant will have five (5) days to pay the Township for these safety costs. A permit will not be issued until these costs are paid by the applicant.

List the name, address, driver's license number, date of birth and phone number for the organization's responsible person who will be present at the event and who will be responsible for adherence to all Township requirements for the event.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone / Cell Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number or State identification Card Number: \_\_\_\_\_

Business Affiliation (if any): \_\_\_\_\_

Event Location: (please describe as completely and with as much detail as possible including property address(es) if applicable):

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A map depicting the precise location of the event must also be included with this application.

Non Refundable Application Fee = \$50

(exemption from this application fee is provided for events by or for the benefit of a governmental body, volunteer fire company or ambulance association and for any event which is operated in a manner in which substantially all of the net proceeds will be distributed to or are for the benefit of a purely public charity or for a public or private school. Any organization wishing to claim an exemption from this fee must provide clear documentation indicating that the applicant is eligible for an exemption)

Fee Exemption requested: \_\_\_\_\_ Yes (must provide documentation to justify exemption request)  
: \_\_\_\_\_ No

Date Fee Paid: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

I certify that all of the information submitted with this application is true and correct to the best of my knowledge.

This permit must be available for inspection at all times during the event.

Safety Personnel Fee: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

Date Safety Personnel Fee paid (if applicable) : \_\_\_\_\_

Date Permit Approved: \_\_\_\_\_

Date Permit Denied: \_\_\_\_\_

Reason for Permit Denial: \_\_\_\_\_

Signature: \_\_\_\_\_

Township Manager

cc: Chief of Police