**Township of Lower Alsace Public Gathering Ordinance**

**Event Name and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of the event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application Date: (45 days prior to Event)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event Sponsor Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Last

**Sponsor Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street

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 City State Zip

Home Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Property Owner Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Last

**Property Owner Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

Business Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Person in charge on the day of event:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Last

**Person in charge on the day of event Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street

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 City State Zip

Home Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the Sponsor(s) is (are) a partnership or joint venture, all partners and parties to the joint venture shall sign as applicant. If the Sponsor(s) is (are) a corporation, a copy of the Articles of Incorporation and a corporate resolution authorizing the application shall be made part of the application. If the Sponsor is a non-profit present a copy of the IRS Determination letter. Provide a Certificate of Insurance with the Township named as additional insured. See insurance minimum requirements at the end of this application.\*

Event Set up Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_\_am/pm

Tear Down Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_\_am/pm

Number of persons expected:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (include all staff, volunteers, vendors and any others involved.)

Is this event open to the public? ⬜ Yes or ⬜ No Will an admission fee be charged? ⬜ Yes or ⬜ No

 If yes, what is the amount? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the organization be providing sanitary waste disposal facilities? ⬜ Yes ⬜ No

 If yes, list the provider’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the organization be providing trash and recycling bins? ⬜ Yes ⬜ No

 If yes, list the name of the recycling material hauler: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If yes, list the name of the trash material hauler: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the sponsor organization or food vendors require any additional permits or licenses by the State and County statutes or ordinances? (ex. Department of Agriculture, Small Games of Chance License, One Day Alcohol permit, etc.) ⬜ Yes ⬜ No

If yes please provide a copy of all food and beverage vendor licenses

Does the organization plan to advertise for this event? ⬜ Yes ⬜ No

If yes, provide examples of all proposed advertising

Provide a description of all services requested from the Township: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List or provide any supplemental information that the Township shall find reasonably necessary, under the particular circumstances of the Public Gathering application, to determine whether to approve or conditionally approve a Public Gathering permit.

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Please attach a map that details the proposed site and / or route of the Public Gathering together showing the location to the extend applicable for the following:

1. Amplification devices to be used outdoors and the purpose;
2. Areas for spectators or persons attending the event;
3. All structures existing and to be constructed;
4. Proposed transportation and parking facilities;
5. Sanitary and waste disposal facilities and providers thereof;
6. Location of recycling bins, name of recycling materials hauler and name of receiving facility;
7. On-site medical facilities and providers thereof;
8. Facilities for food and beverage storage, preparation and service;
9. Camping facilities or other temporary overnight accommodations for individuals;
10. Proposed event and directional signage;
11. Lighting and other utility services;
12. Show start and finish areas for parades and athletic events;
13. Show the emergency access for emergency fire and medical equipment and vehicles;
14. Show the location of and fully describe pyrotechnic / firework / explosion / flame displays together with a fire safety plan;
15. The location and a brief description of all food and other vendors known at the time of the application.

**Security:** Please describe your means to implement a plan to provide for adequate traffic control and crowd control.

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**Medical Services:** Please demonstrate how you will provide sufficient medical services to the Public Gathering including the use of the Lower Alsace Ambulance Association as the first responder

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**Parking Facilities:** Please submit on your map a means to provide adequate parking facilities appropriate to the anticipated number of persons in attendance. For on-site parking there shall also be provided adequate ingress and egress to and from parking areas to facilitate the movement of vehicles at any time to or from the parking areas and to permit access for emergency vehicles.

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**Fire and Life Safety**: Please demonstrate that a plan, and a means to implement the plan, exists

to provide fire and life safety personnel and facilities appropriate to the anticipated number of persons in attendance. There shall also be provided adequate ingress and egress to and from such facilitates to permit access for emergency vehicles, including fire fighting vehicles.

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**Illumination Plan:** Please demonstrate that, if any part of the Public Gathering shall occur

before dawn or after sundown, there shall be sufficient illumination for the safety of guests, including, particularly, sufficient illumination at ingress and egress points.

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**\*Insurance Specifications**

The event sponsor at its expense, shall carry and maintain in full force at all times during the term of the approved event:

Certificates of Insurance issued by an insurance company licensed to do business in Pennsylvania, evidencing Comprehensive General Liability, or Special Event Public Liability, in an amount of at least $1,000,000.00 (One-Million Dollars) for personal injury and property damage shall be required.  In the case of events that create the possibility of special hazards, such as fireworks displays, the Township Manager, in consultation with the Township Solicitor and the Township insurance consultant, may require insurance with higher policy limits that set forth above.  A copy of the policy or a certificate of insurance, along with all necessary endorsements, must be filed with the Township no less than 20 days before the date of the event.  All such Certificates of Insurance shall list the Township as an additional insured.

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**THIS SPACE FOR TOWNSHIP USE ONLY**

Reviewed By:

Lower Alsace Ambulance :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_

Central Berks Chief: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_

Lower Alsace Emergency Management Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_

Traffic Control Required: \_\_\_ YES \_\_\_ NO Signs Required: \_\_\_ YES \_\_\_ NO

Barricades Required: \_\_\_ YES \_\_\_ NO Police Dept Assist.: \_\_\_ YES \_\_\_ NO

Comments:

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Approved by Township Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_