

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

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

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: _____

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.

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

- a) Amplification devices to be used outdoors and the purpose;
- b) Areas for spectators or persons attending the event;
- c) All structures existing and to be constructed;
- d) Proposed transportation and parking facilities;
- e) Sanitary and waste disposal facilities and providers thereof;
- f) Location of recycling bins, name of recycling materials hauler and name of receiving facility;
- g) On-site medical facilities and providers thereof;
- h) Facilities for food and beverage storage, preparation and service;
- i) Camping facilities or other temporary overnight accommodations for individuals;
- j) Proposed event and directional signage;
- k) Lighting and other utility services;
- l) Show start and finish areas for parades and athletic events;
- m) Show the emergency access for emergency fire and medical equipment and vehicles;
- n) Show the location of and fully describe pyrotechnic / firework / explosion / flame displays together with a fire safety plan;
- o) 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.

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 – See Attached Ambulance Rate sheet.

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.

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 facilities to permit access for emergency vehicles, including fire fighting vehicles.

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.

***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.

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:

Approved by Township Manager: _____ DATE: _____



Central Berks Regional Police Department

2147 Perkiomen Avenue, Reading, PA 19606

610-779-1100 (Office) 610-779-7135 (Fax)

POLICE SERVICES REQUEST FORM

DATE REQUESTED: _____

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTOR: _____ ("Requestor")

NAME OF BUSINESS: _____

MAILING ADDRESS: _____

TELEPHONE: _____ **EMAIL:** _____

NAME OF THE EVENT AND BRIEF DESCRIPTION FOR WHICH POLICE SERVICES ARE REQUESTED (include the date(s), time(s), and location of the Event):

NUMBER OF OFFICERS REQUESTED: _____

The Requestor requests that the Central Berks Regional Police Department ("Police Department") provide Police Services at the Event and for the benefit of the Requestor.

The Requestor acknowledges the following:

1. The fee for Police Services shall be: Seventy-Five Dollars (\$70.00) per hour for each Police Officer. There is a three (3) hour minimum (\$210.00 per officer). If the date of service should fall on a federal holiday, a holiday overtime rate of \$175/per hour will be charged, and the 3-hour minimum still applies.
2. The Police Department shall issue an Invoice after the Event for the amount due. Payment is due from the Requestor within thirty (30) days of the Event. Payments shall be made payable to "Central Berks Regional Police Department";
3. For the purpose of performing such Police Services, every Police Officer shall have all of the powers and authority conferred upon them while they are engaged in performing Police Services for the Police Department. While performing Police Services the Police Officers remain under the direction of the Chief of Police and the Police Department.

Requestor Signature

Title



Lower Alsace Ambulance Association

750 N. 25th St.
Reading, PA 19606



Providing Emergency Medical Services to the Residents of Central Berks County Since 1987

Event Standby Rates

The following are the rates for EMS Stand by services as provided by LAEMS:

Basic Life Support (BLS) \$75.00 /hour

A transport capable ambulance with 2 EMS providers certified to at least the Emergency Medical Technician (EMT) level. Includes basic medical and first aid equipment including but not limited to bandaging and splinting supplies, AED, oxygen etc.

Intermediate Advanced Life Support (IALS) \$100.00 /hour

A transport capable ambulance with 2 EMS providers at least one of whom is certified to the Advanced Emergency Medical Technician (AEMT) level includes all equipment and supplies at BLS level plus IV access, IV fluids, some emergency medications etc.

Advanced Life Support (ALS) \$125.00 /hour

A transport capable ambulance with 2 EMS providers at least one of whom is certified to the Paramedic level includes all equipment and supplies at BLS and IALS levels plus advanced emergency medications, procedures, cardiac monitoring, airway management, etc.

******LAEMS reserves the right to determine the level of service to be provided based upon the event and anticipated attendance. These rates are subject to change without notice. ******

Phone (610) 779-0190

www.laems555.org

Fax (610) 779-9143

Lower Alsace EMS Stand-by Request Form

Name of Event: _____

Date of Event: ____ / ____ / ____

Start Time: _____

End Time: _____

Description of Event: _____

Number of Expected Attendees: _____

Number of Resources Requested: *(LA EMS Personnel will make the final determination based on the needs of the event)*

_____ **Advanced Life Support**

_____ **Intermediate Advanced Life Support**

_____ **Basic Life Support**

**See price sheet for description of service levels **

Name of Organization : _____

Organizer Contact Person: _____

Contact Phone #: _____

Contact E-Mail: _____

Signature: _____

Date: _____