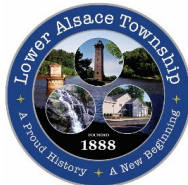


1200 Carsonia Avenue  
Reading PA 19606  
Phone (610) 779-6400  
Fax (610) 370-0797



Permit Number: \_\_\_\_\_

## Rev Jan 2024

PART A: TO BE COMPLETED BY APPLICANT / SPONSOR	
Name of Property Owner:	Address:
Phone No.:                      Mobile Phone No.:	Email Address:
Name of Applicant/Sponsor:	Address:
Phone No.:                      Mobile Phone No.:	Email Address:
Person in Charge of Event on Day of Event:	Address:
Phone No.:                      Mobile Phone No.:	Email Address:

**EVENT INFORMATION**

Location of Event: \_\_\_\_\_ Number of Attendees Expected: \_\_\_\_\_

Event Date: \_\_\_\_\_ Set Up Date: \_\_\_\_\_ Time: \_\_\_\_\_ Tear Down Date: \_\_\_\_\_ Time: \_\_\_\_\_  
*(For additional dates, rain dates, etc., attach schedule/listing)*

Event Open to Public: ☐ Yes ☐ No      Admission Fee Charged: ☐ Yes ☐ No      If Yes, Amount: \$\_\_\_\_\_

Sanitary Waste Disposal being provided: ☐ Yes ☐ No      If Yes, List Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Trash Bins/Waste Removal being provided: ☐ Yes ☐ No      If Yes, List Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Recycling Bins/Removal being provided: ☐ Yes ☐ No      If Yes, List Provider Name : \_\_\_\_\_ Phone: \_\_\_\_\_

Organization advertising event: ☐ Yes ☐ No      If Yes, List all Proposed advertising: \_\_\_\_\_

Does the sponsor organization or food vendors require any additional permits or licenses by the State and County per their statutes or ordinances: (i.e., Department of Agriculture, Small Game of Chance License, One Day Alcohol Permit, etc.)? : ☐ Yes ☐ No

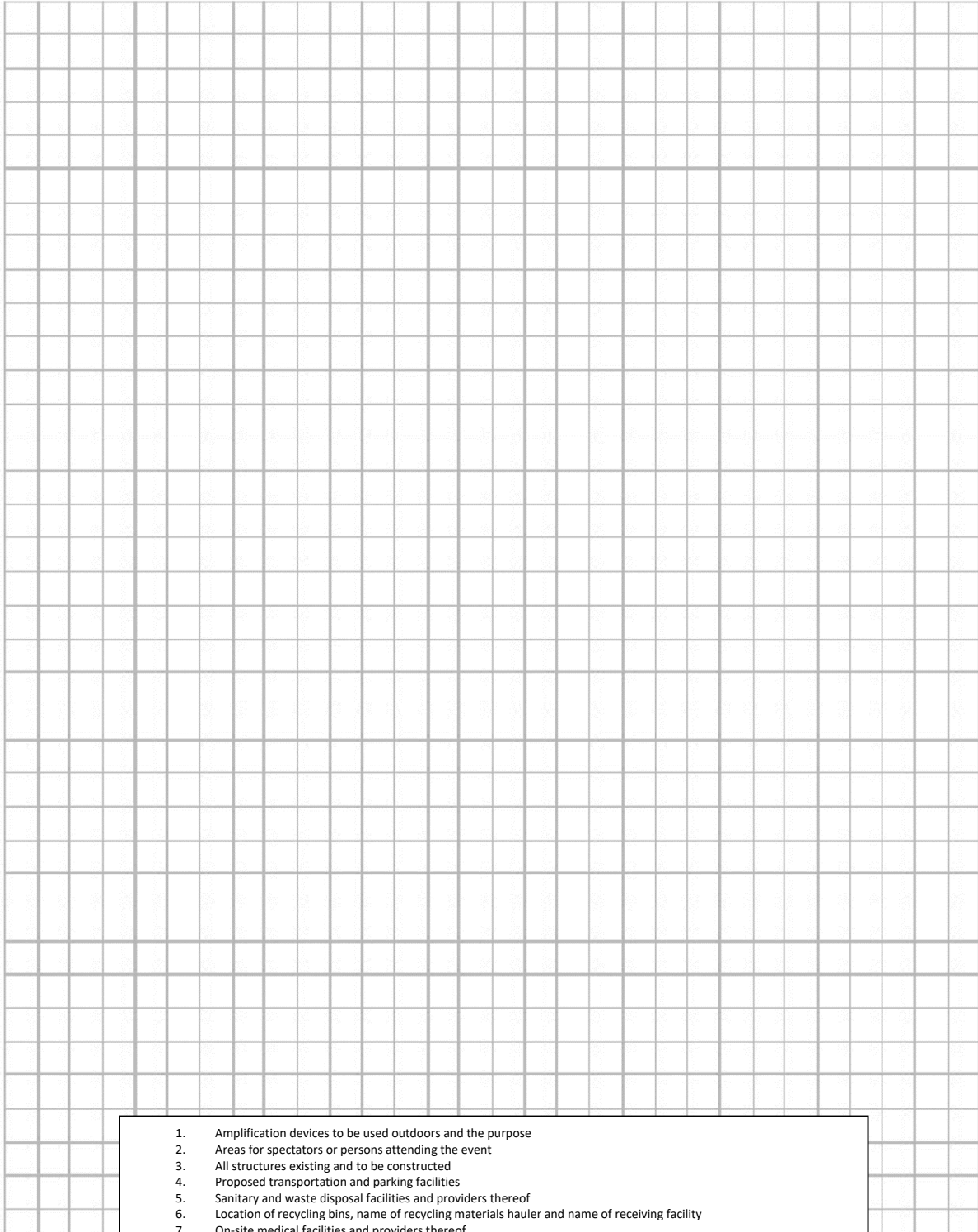
If Yes, please provide copies of all food and beverage vendor licenses, permits, etc.

Please describe any/all services being requested from the Township:

Please list or provide any supplemental information the Township shall find reasonably necessary, under the particular circumstances of this Public Gathering/Special Event application, to determine whether to approve or conditionally approve a Public Gathering/Special Event Permit:

Provide detailed map showing location of below listed items  
(In lieu of map below, you may attach other plans/drawings, etc.)

PROPOSED LOCATION: \_\_\_\_\_



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/fireworks/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.

**MEDICAL SERVICES:** Please demonstrate how you will provide sufficient medical services to the Public Gathering/Special Event including the use of the Lower Alsace Ambulance Association as the First Responder.

**PARKING FACILITIES:** Please submit on a 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 response vehicles, including fire fighting vehicles.

**ILLUMINATION PLAN:** Please demonstrate that, if any part of the Public Gathering/Special Event shall occur before dawn or after sundown, there shall be sufficient illumination, particularly at ingress and egress points, for the safety of attendees.

**STATEMENT BY APPLICANT, SPONSOR, and/or SPONSOR'S AGENT:**

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.

The event sponsor at its expense, shall carry and maintain in full force at all times during the term of the sponsored 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 than 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 and provide the Township with a copy of said certificate.

In consideration of the issuance of this permit, the undersigned hereby agree to comply with the provisions of all Ordinances of Lower Alsace Township which in any wise appertain to, or cover the above Public Gathering/Special Event, and further agree to properly safeguard the public and indemnify Lower Alsace Township against injury or damages which may arise in connection with the Public Gathering/Special Event as covered by this permit.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Sponsor/Agent: \_\_\_\_\_

Date: \_\_\_\_\_

**PART B: TO BE COMPLETED BY TOWNSHIP OFFICIAL**

Prior to approval, this application was also reviewed, and concurred with by:

For Lower Alsace Ambulance: \_\_\_\_\_ Date: \_\_\_\_\_

For Central Berks Regional Police: \_\_\_\_\_ Date: \_\_\_\_\_

Lower Alsace Township : \_\_\_\_\_ Date: \_\_\_\_\_  
Emergency Management  
Coordinator

Other: \_\_\_\_\_ Date: \_\_\_\_\_

Traffic Control Required: ☐ Yes ☐ No

Signs Required: ☐ Yes ☐ No

Barricades Required: ☐ Yes ☐ No

Police Assistance Required: ☐ Yes ☐ No

Application is: ☐ **Approved** ☐ **Denied** Permit No. \_\_\_\_\_ Permit Expiration Date: \_\_\_\_\_

Reason for Denial:

**TOWNSHIP OFFICIAL SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

Other Fees: \$ \_\_\_\_\_ Other Fees Required :

**TOTAL DUE:** \$ \_\_\_\_\_

**TOTAL PAID:** \$ \_\_\_\_\_ Reason for Reason for any  
Fee Reduction/Waiver :

Paid by: \_\_\_\_\_ Method of Payment: \_\_\_\_\_ Check No.: \_\_\_\_\_ Date Paid: \_\_\_\_\_



# 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:** \_\_\_\_\_ ("Requester")

**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. 25<sup>th</sup> 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](http://www.laems555.org)

Fax (610) 779-9143

---



Lower Alsace Ambulance Association  
750 N. 25<sup>th</sup> St.  
Reading, PA 19606



---

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

**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: \_\_\_\_\_

---

Phone (610) 779-0190

[www.laems555.org](http://www.laems555.org)

Fax (610) 779-9143

---