



UPPER MERION TOWNSHIP

SPECIAL EVENTS APPLICATION ORDINANCE 87-513

Township Manager's Office: Phone (610) 265-2600 SPECIAL EVENTS
Planning & Codes Enforcement: Phone (610) 265-2606 PERMIT No. _____
Police Department: Phone (610) 265-3232 UMPD INC # _____

DATE OF EVENT: _____ DAY: _____

- 1) APPLICANT'S NAME: _____
TITLE: _____
ADDRESS: _____
TELEPHONE: _____
- 2) ALTERNATE CONTACT PERSON: _____
TITLE: _____
ADDRESS: _____
TELEPHONE: _____
- 3) SPONSOR'S NAME (if other than applicant) _____
TITLE: _____
ADDRESS: _____
TELEPHONE: _____
- 4) PERSON IN CHARGE AT SCENE ON DAY OF EVENT:
NAME: _____
TITLE: _____
ADDRESS: _____
TELEPHONE: _____
- 5) NATURE – PURPOSE OF EVENT: _____

*****If the property owner where the special event will take place is different from the applicant, the owner must sign below to signify that they are aware of the event.***

Signature of Property Owner Date

- 6) STARTING TIME OF EVENT: _____ AM / PM
 ENDING TIME OF EVENT: _____ AM / PM
- 7) LOCATION OF EVENT: _____
- 8) PROPERTY OWNER IF OTHER THAN APPLICANT:
 NAME: _____
 TITLE: _____
 ADDRESS: _____

 TELEPHONE: _____
- 9) ESTIMATED NUMBER OF PARTICIPANTS AND/OR SPECTATORS: _____
- 10) ESTIMATED PARKING REQUIREMENTS FOR EVENT: _____
- 11) WILL FOOD, BEVERAGES OR ALCOHOL BE SOLD OR DISPENSED?
 Yes (Copy of P.L.C.B. Permit required if dispensing alcoholic beverages)
 No
- 12) ESTIMATED NUMBERS AND LOCATION OF MONITORS TO CONTROL THE
 EVENT: _____

 (Site or route plan indicating location of monitors is required)
- 13) DESCRIBE SOUND AMPLIFICATION EQUIPMENT THAT WILL BE USED AT
 THE EVENT. INCLUDE DECIBELS AND PROJECTED DIRECTION OF
 AMPLIFICATION: _____

- 14) WHAT SANITARY FACILITIES ARE TO BE PROVIDED FOR THE EVENT?
 (Indicate locations on the site plan if appropriate.) _____

- 15) TYPE AND NUMBER OF VEHICLES; ANIMALS; STRUCTURES OR OTHER
 SPECIAL EQUIPMENT TO BE USED AT THE EVENT: _____

- 16) WHAT WATER AID STATIONS AND FIRST AID STATIONS WILL BE USED AT
 THE EVENT? (Indicate locations on site plan if appropriate.) _____

A. Has Lafayette Ambulance been notified? YES No

17) ADDITIONAL INFORMATION: (Refer to Special Events Ordinance)
A. _____
B. _____
C. _____
D. _____
E. _____

18) SUPPLEMENTAL INFORMATION: (Refer to Special Events Ordinance)
A. _____
B. _____
C. _____
D. _____
E. _____

19) **INDEMNIFICATION AGREEMENT: (Copy must be attached to application)**

20) **INSURANCE: (An original certificate of insurance naming Upper Merion Township as the additional insured must be attached to application. Limits of liability to be set by the Township)**

21) **MUNICIPAL SERVICE FEES:
TO BE DETERMINED BY THE TOWNSHIP PRIOR TO APPROVAL OF THE
APPLICATION. PROPER SECURITY AND FEES MUST BE POSTED
BEFORE APPLICATION CAN BE APPROVED.**

22) EVENT ROUTE: _____

*****This Special Event Application should now be printed & signed where appropriate and forwarded to:***

**Upper Merion Township Police Department
Traffic Safety Unit
175 West Valley Forge Road
King of Prussia, PA 19406**

23) PERMIT CONDITIONS: _____

APPLICATION FEE: _____ N/A

24) _____
Applicant's signature (Signature indicates agreement with permit conditions) _____ Date
No signature is needed if there are no Permit Conditions listed.

25) APPROVED: _____
Township Manager's Signature _____ Date

26) DENIED: _____
Township Manager's Signature _____ Date

27) REASONS FOR DENIAL: _____

28) DOES APPLICANT WISH TO APPEAL TOWNSHIP MANAGER'S DECISION AND/OR CONDITIONS OF PERMIT: (Refer to Special Events Ordinance for appeal process) YES NO

Applicant's signature (Signature indicates intention to appeal denial or permit conditions) _____ Date