

BOROUGH OF ELIZABETHTOWN
Special Event Permit Application

Applications for special events, street and alley closings, redirection of pedestrian and/or vehicular traffic, and/or rental of Borough facilities must be submitted no less than sixty (60) days prior to the proposed event, or ninety (90) days prior if the event includes closure of State highways, to:

Elizabethtown Police Department
600 South Hanover Street
Elizabethtown, PA 17022
717-367-6540

NOTE: Completed applications, including all supporting documentation, are required for final approval. Pending applications (submitted and under review) that are still considered incomplete ten (10) calendar days prior to the proposed event will automatically be denied.

One application must be submitted for each event, street or alley closing, or rental of Borough property. The following documentation must accompany each application:

- A sketch/map of the proposed location(s) for parades and events requiring closure of streets and alleys
 - **NOTE:** State Highways include the following:
 - *High Street (East & West)*
 - *Linden Avenue*
 - *Market Street (North & South)*
 - *Masonic Drive (portions of)*
 - *Maytown Road*
 - *Mount Gretna Road (portions of)*
 - *North Hanover Street (portions of)*
 - *Turnpike Road*
 - *West Bainbridge Street (portions of)*
- Certificate of Comprehensive General Liability Insurance
- Hold Harmless and Indemnification Agreement
- Copies of appropriate permits/licenses issued by state or appropriate regulating agencies

It is understood that not all sections of this application form will apply to every Special Event Permit. If certain sections are not applicable, please indicate **N/A** in the space provided. You will be contacted if additional information is required.

NOTE: The Borough reserves the right to revoke any permit and assess the appropriate penalty should conditions or parameters outlined in the submitted application change following initial approval. The Borough also reserves the right to alter parade routes at its sole discretion based upon traffic control, detour routes, number of participants, and other factors.

Submittal Date: _____

Sponsoring Organization: _____

Address: _____

Phone: _____ FAX: _____ Website: _____

Person Responsible for the Event: _____

Address: _____

Phone: _____ FAX: _____ E-mail: _____

Type of Request *(check all that apply)*:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Facility Rental | <input type="checkbox"/> Foot Race |
| <input type="checkbox"/> Use of the Park | <input type="checkbox"/> Bicycle Race |
| <input type="checkbox"/> Use of Center Square | <input type="checkbox"/> Parade |
| <input type="checkbox"/> Closing Public Streets/Alleys | <input type="checkbox"/> Other: _____ |

Event Date(s): _____

Start Time: _____ End Time: _____

Rain Date(s): _____

Start Time: _____ End Time: _____

1. Name of Activity: _____
Attach copy of program/brochure if available.

2. Purpose/reason for activity: _____

3. Date and type first advertising/PR will occur: _____

4. Location/address of property to be utilized: _____

5. Approximate number of persons attending: _____

6. Approximate number of persons volunteering/working the event: _____

7. Will entertainment be provided? Yes No
If yes, does this include sound amplification Yes No
and/or semi-permanent structures? Yes No

If yes, describe type and location of proposed structure: _____

8. Are vehicles involved? Yes No

If yes, number/type: _____

Describe involvement and location: _____

9. Are animals involved? Yes No

If yes, number/type: _____

Describe involvement and location: _____

10. What is your plan for providing medical services during the event?

11. What are your plans for providing utilities; i.e., water, electric, etc.?

12. Plans for notifying residents and businesses on streets to be closed: *Attach a copy of any flyer/communication to be disseminated.*

13. Will food and drink be available for sale? Yes No

If yes, describe location of proposed food/drink sales: _____

If yes, Pennsylvania Department of Agriculture approval may be necessary. Applicant is responsible for securing appropriate licenses/permits and arranging any required inspections.

14. Plans for Garbage/Recycling Services: _____

15. Will portable toilets and/or hand-washing sinks be utilized? Yes No

If yes, where will they be located? _____

When will they be delivered? _____

When will they be picked up? _____

16. Coordination with other community events: *Provide a list of known activities occurring on the same day/time and the probable impact of this application upon those events.*

17. Have all appropriate permits and approvals been secured? *(check all that apply and include copies with application submittal):*

- | | |
|--|---|
| <input type="checkbox"/> Penn DOT Form TE-300 | <input type="checkbox"/> PA Liquor Control Board |
| <i>Date submitted: _____</i> | <input type="checkbox"/> Transient Retail Business Permit |
| <input type="checkbox"/> PA Dept of Agriculture <i>(retail food license)</i> | <input type="checkbox"/> Mount Joy Township |
| <input type="checkbox"/> Elizabethtown Fire Police | <input type="checkbox"/> West Donegal Township |
| <input type="checkbox"/> Elizabethtown Fire Department | <input type="checkbox"/> NW Emergency Medical Services |

18. Written description of route and/or streets, alleys, and/or municipal parking lots to be closed (attach map). **NOTE:** *If a State highway is proposed to be closed, Penn DOT Form TE-300 must be filed with Penn DOT, and a copy attached to this application.*

19. What are your plans for parking and traffic control? *If applicable, provide comprehensive detour routes and traffic control staffing plans, including the name/address of those handling these arrangements. If required, executed Traffic control Training and Safety Certification Form must be attached to this application.*

20. What are your plans for providing crowd control and security? *If applicable, provide contact person, phone number, and name/address of security firm.*

21. Will you need to borrow any Borough property (signs, cones, barricades, etc.) If yes, what equipment will be needed? _____

Any request for Borough property must be coordinated through the Chief of Police to ensure availability and appropriateness for the requested event. A deposit fee may apply.

22. Will alcoholic beverages be available? Yes No

If yes, describe location of proposed alcoholic beverages: _____

*If yes, attach list of all vendors providing alcohol, along with copies of their PLCB Certificate License(s). **NOTE:** Open alcoholic containers are not permitted on public property as per Elizabethtown Borough Code, Chapter 6, Part 4.*

As the applicant for this event, I agree to abide by the terms and conditions of the Borough of Elizabethtown Event Permit Rules & Regulations, the Borough Special Events Ordinance, and the conditions of the approved application.

It is the responsibility of the applicant (identified on page 2 of the permit) to acquire approval from the owner(s) of private property that may be used during the event described in the application. Special Event Permit approval is limited to the approval for conducting certain activities on public property, which includes, but is not limited to, streets, alleys, public parking lots, park lands, and other public facilities as described and approved in the Special Event Permit.

I have attached the required Certificate of Comprehensive General Liability Insurance in the amount of at least \$1million for each occurrence and \$2 million aggregate for property damage, which policy names the Borough as an additional insured (*contact any insurance provider to secure this policy*).

I have attached the required Hold Harmless and Indemnification Waiver form (*see Special Permit Waiver of Liability Form*).

I have attached all appropriate permits and applications to support this application as per Section 17 herein.

I have attached a detailed traffic control and detour plan, if applicable, as per Section 18 herein.

I have attached the Traffic Control Training and Safety Certification Form, if applicable, as per Section 19 herein.

I have read, understand, and agree to terms and conditions contained of this application.

I attest that all information in this application is accurate to the best of my knowledge.

Signature

Date



DO NOT WRITE BELOW THIS LINE—OFFICIAL USE ONLY

Chief of Police: _____ Date: _____
(Signature)

Borough Manager: _____ Date: _____
(Signature)

Reason(s) should application be denied: _____

NOTES: _____
