



ZONING EVENT PERMIT APPLICATION - Temporary or Seasonal

1a. MUNICIPAL USE ONLY			
Permit Received: / /	When ready: <input type="checkbox"/> Email <input type="checkbox"/> Call	Received as: <input type="checkbox"/> Walk-in <input type="checkbox"/> Mail	
Application Received by:		<input type="checkbox"/> Email	
Received:	<input type="checkbox"/> Event layout/plans <input type="checkbox"/> Insurance certification Date Received: / /		
Permit Fee (\$100):		<input type="checkbox"/> Cash	Date Received: / /
<input type="checkbox"/> Temporary Event (event/use is 7 days or less) <input type="checkbox"/> Seasonal Event (event/use is more than 7 days and less than 180 days)		<input type="checkbox"/> Check #	
1b. POLICE USE			
# of Officers	Date(s)	Hours Requested (i.e. 8am – 5pm)	
Chief of Police Signature & Date:			
1c. PUBLIC WORKS USE			
# of Barricades:		Dates:	
# of Signs:		Dates:	
Public Works Manager Signature & Date:			
1d. ZONING OFFICER USE			
Signature & Date:			
1e. TOWNSHIP MANAGER USE			
Signature & Date:			

2. LOCATION OF EVENT	
Address of Event:	
Property Owner:	Tax Parcel ID: 25 - ____ - ____
Company (if applicable):	Phone:
Type of ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Other	Email:



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3. APPLICANT	Email: _____	<input type="checkbox"/> Same as owner
Name: _____		Relationship to owner: _____
Company (if applicable): _____		Phone: _____
Address/City/State/Zip: _____		
If company/organization is registered as a non-profit tax exempt 501(c)(3), please provide the tax-exempt number: _____		

4. PROPOSED EVENT INFORMATION

Applying for: Temporary Event (event/use is 7 days or less)
 Seasonal Event (event/use is more than 7 days and less than 180 days)

Name of Event: _____

Event description (attach documents if additional space is needed):

Please indicate all feature of the event:

Barricades (block party) Temporary fencing Open Flames Food served/merchandise
 Signs/banners Fireworks Sound/music systems Port-o-John(s) Carnival rides
 Live music Tents/canopies Aircraft Signs – “No Parking” Inflatables
 Animals (specify) _____ Other _____

Has this event occurred in previous years? Yes No (If yes, please complete Box A)

Box A (only complete if this is not the first year for this event)

<u>Years Event Occurred</u>	<u>Previous Locations</u>	<u># of Attendees</u>
_____	_____	_____
_____	_____	_____

Indicate the date(s)/times(s) of each day, inclusive of set up and take down *(use additional paper, if needed)*.

Event Date	Rain Date	Time(s)	Anticipated Attendance	Attendance Fees



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5. APPLICANT CERTIFICATION & INDEMNIFICATION

CERTIFICATION:

I, _____, hereby state the above facts and statements, including any attachments, are to the best of my knowledge, accurate and complete. I further understand that any falsification of information or an incomplete application may be considered reason to reject the application and that the false statements herein are made subject to the penalties of the Pennsylvania Constitution Statute 4904 relating to Un-Sworn Falsification to Authorities.

INDEMNIFICATION:

For and in consideration of the Township of West Vincent consent to allow the Applicant to hold a Special Event or Public Assembly (as defined by Township Ordinance) within the limits of West Vincent, the Applicant agrees as follows:

The Permit Applicant jointly and severally, hereby hold harmless, indemnify and defend the Township of West Vincent, its representatives, officers, agents, affiliates, employees, the administration and elected and appointed officials from and against all liability, suits, actions, claims, costs, expenses or demands (including, without limitation, suits, actions, claims, costs, expenses or demands resulting from death, personal injury and property damage) or expenses of every kind of character, including reasonable attorney's fees, costs and appeals, arising or resulting in whole or in part, as a result of any tort, intentional action, negligent acts or omissions on the part of the Permit Applicant or any of the participants of the Event outlined in this application. This indemnification provision shall survive the termination of this contract and shall be in full force and effect beyond the term or termination of this contract, however, terminated.

Applicant's Signature:

Date: