

Upper Darby Township
Special Events Permit Application

Today's Date: _____

Name of Organization: _____

Address of Organization: _____

Phone # of Organization: _____ Fax # of Organization: _____

Name of Contact Person(s): _____ Email: _____

Home phone # of Contact Person: _____ Cell # of Contact Person: _____

Address of Contact Person: _____

Name or Type of Event: _____

Date of Event: _____ Rain Date: _____

In the case of a parade or race, a map showing the proposed location and route must be submitted with this application. In the case of a bonfire, a site plan must be submitted showing the exact location of the bonfire along with all nearby buildings and structures. Bonfires are not permitted on Township owned or leased property. **(Location, route, date and time may be subject to change based on safety concerns determined by the Township)**

Do Streets/ Highways need to be blocked? _____ **(If yes, please list the intersections requested to be blocked along with the number of barricades requested)**

Time and Location the event will start: _____

Time and Location the event will end: _____

(Use of School District Property requires approval from the Upper Darby School District Recreation Dept. at (610)446-1904)

Will the applicant be applying for other permits from the Township or School District? _____

Total Number of Participants: _____ Total Number of Volunteers excluding participants _____

Number of Vehicles to be used in the event and description (proof of insurance required): _____

Will any animals be used during the event? _____ If yes, describe: _____

Will any food be provided during the event? _____ If yes, describe: _____

(Upper Darby Health Department license & inspection may be required)

List all sound amplification equipment, banners, signs and other attention attracting devices which will be utilized during the event: _____

Upper Darby Township may require the organizer to provide/show proof of a certificate of Insurance with a minimum general liability limit of One Million dollars. This certificate must name Upper Darby Township as an additional insured. The organizer must also understand that they may be responsible for the cost of Township services provided for this event including police/fire department details.

Name of Applicant: _____ Signature: _____