## **Upper Darby Township Event Permit Application**



Today's Date:	
Name of Organization:	Address:
Phone Number:	
Name of Contact Person(s):	Cell#:
Email:	Address:
Name or Type of Event:	Date of Event:
Start Time & Location:	End Time & Location:
TOTAL NUMBER OF:	
Volunteers: Participants	s: Banners or Signs:
Tents/Canopies: Portable Re	estrooms:
Vehicles (proof of insurance required):	Describe:
List All Sound Amplification (ie - DJ, Band,	Microphone, Loud Speakers, Bullhorn):
	To Be Used During Event: (If yes, please list the intersections requested to be blocked along
	(= 1
_	If yes, describe:
	If yes, describe:
	ense & inspection is required for all food preparation 484-276-2100)
Will the applicant be applying for other perm (Use of School District Property require: 610-446-1904)	nits from the Township or School District?s approval from the Upper Darby School District Recreation Dept. at
In the case of a bonfire, a site plan must be buildings and structures. Fire Dept may red	ring the proposed location and route must be submitted with this application. The submitted showing the exact location of the bonfire along with all nearby quire fire detail - this must be arranged by the organizer. Bonfires are not operty. (Location, route, date and time may be subject to change based on hip)
liability limit of One Million dollars. This of PA 19082, as an additional insured. The of	rganizer to provide/show a Certificate of Insurance with a minimum general certificate must name Upper Darby Township, 100 Garrett Rd, Upper Darby, organizer must also understand that they may be responsible for the cost of including Police/Fire Department Details. Police Details must be arranged act-us/ or 610-734-7693.
Name of Applicant:	Signature:
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