



TOWNSHIP of LIGONIER

Special Event Permit Application

Applications must be filed by 2 pm on the date of the required submission date

Name of Event _____

Name of Applicant _____

Address _____ Email _____

Phone _____ Cell Phone _____ Fax _____

Property Owner of Record _____

Property Owner Address _____ Phone _____

Location of Property _____ Tax Map Parcel No. _____

Acreage _____

Present Zoning of Parcel _____

If applicant is not the owner of the property, indicate the nature of the applicant's authority to apply. Attach appropriate documentation of the owner's consent (i.e. Power of Attorney, see attached form). The applicant or a representative must be present for any public hearings.

To the Board of Supervisors of Ligonier Township, Westmoreland County, PA. The above named owner(s) hereby petition(s) for the approval indicated above for the described property and as shown on the attached plat made a part of this application and certify the information provided is correct.
SIGNATURES OF OWNER(S) OR AGENT AND DATE:

Signature of Applicant

Date

Event Information

Type of Event Concert Parade Sporting Event Fair/Festival Race
 Exhibition Other (specify) _____

Event Title _____

Event Date _____

Event Rain Date (if any) _____

Actual Event Hours _____

Setup/Assembly Date _____

Tear Down/Breakdown Date _____

Set Up and Breakdown (describe the scope of the setup/assembly work - provide specific details)

Fees/Proceeds/Reporting

Yes No

 Is your organization a tax exempt, non-profit organization (if YES, you must provide proof of your exemption with this application)

 Will fees be charged to participants? If yes, amount _____

 Will fees be charged to spectators? If yes, amount _____

 Will fees be charged to vendors? If yes, amount _____

 Will fees be charged for parking? If yes, amount _____

How will money generated from this event be utilized? _____

Estimated no. of participants (include volunteers) _____

Estimated no. of spectators _____

Amusement Tax estimation 10% x admission fees charged _____

Event Description Information (please provide a detailed description of your event. Include details regarding all components of the event (attach additional sheets, if necessary))

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Will items or services be sold at the event? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does this event involve a moving route of any kind along streets, sidewalks, etc.? If yes, attach a detailed map of the proposed route, indicate direction of travel, and provide a written narrative explaining route. |
| <input type="checkbox"/> | <input type="checkbox"/> | Does this event involve the closure of any streets, sidewalks, roadways, etc.? If yes, list street(s) requiring closure as a result of this event. Include street name(s), date and time of closing and re-opening. |
| <input type="checkbox"/> | <input type="checkbox"/> | Does this event involve a fixed venue site? If yes, attach a detailed layout diagram of the proposed site |

In addition to the route map and/or site diagram required above, please attach a diagram showing the overall layout and setup locations for the following items:

- Food concession and/or food preparation areas
Describe how food will be served at the event _____

If food will be cooked on site, please specify method

- Gas/Propane Electrical Charcoal Other _____

- Portable Toilet Facilities
Number of standard portable toilets to be supplied _____
Number of ADA accessible toilets to be supplied _____
(standard is one for every 200 people and 10% should be ADA accessible)

- Trash and Recycling Receptacles and Management
You must properly dispose of waste and garbage throughout the term of your event, and immediately upon conclusion of the event the area must be returned to a clean, pre-event condition. The Township does not provide sanitation services for special events. Please describe in detail your waste management and clean-up plan for your event

Please detail the number and describe how the following items will be used in your event (attach additional sheet, if necessary)

- First Aid Facilities and ambulance location
- Tables and chairs
- Fencing, barriers and/or barricades
- Generator locations and/or source of electricity
- Canopies or tent locations
- Booths, exhibits, displays, or enclosures
- Vehicles and/or trailers
- Other related event components not covered above
- Scaffolding, bleachers, platforms, stages, grandstands and other structures

Safety/Security/Accessibility

Please describe your procedures for both crowd control and internal security

It is the applicant's responsibility to comply with state or federal ADA accessibility requirements

Please indicate your arrangements for providing first aid staffing and equipment:

Ambulances _____ Provided by _____
Emergency Medical Technicians _____ Provided by _____
First Aid Stations _____ Provided by _____
Other _____ Provided by _____

Yes No
 Is this a night event? If yes, describe how the event and the surrounding area will be illuminated to ensure safety of the participants and spectators

Parking Plan/Shuttle Plan/Mitigation of Impact

Please provide a detailed description of your parking and/or transportation/shuttle plans.

It is the responsibility of the applicant to notify any nearby residents, businesses, etc., impacted by the event

Entertainment/Attractions/Related Activities

Yes No
 Will musical entertainment be provided at your even? If yes, please indicate:

Type of music _____ No. of stages _____ No. of bands _____

Yes No
 Will amplified sound be used? If yes please indicate

Start time _____ am/pm Finish time _____ am/pm

Yes No
 Any signs or banners either on premise or off-premise? If yes, complete a sign permit application and submit to the township office.

Yes No
 Any lighting? If yes, please describe and give location

Yes No
 Any tents or canopies? If yes, indicate size, number, and location

Yes No

Any fireworks, rockets, or other pyrotechnics on site? If yes, complete a fireworks permit application and submit to the township office. Please also describe here:

Yes

No

Will this event be promoted, advertised, or marketing in any manner? If yes, describe

Yes

No

Will there be any live media coverage during the event? If yes, explain:

Media Director and phone contact information _____

Insurance Requirements

Before final approval will be granted, the applicant must provide an original and current certificate of general liability insurance including bodily injury and property damage in the amount of \$1,000,000 per occurrence and aggregate of \$2,000,000. Insurance coverage must be maintained for the duration of the event

Instructions: Submit entire packet with application to Ligonier Township, One Municipal Park Drive, Ligonier, PA 15658. Please call 724.238.2725 if there are any questions

Special Event Permit Control Page

| Description | Required | Submitted | Waived | Date Submitted |
|---|----------|-----------|--------|----------------|
| Completed / Signed Application Form | | | | |
| Application Fee | | | | |
| Professional Event Organizer – Letter | | | | |
| Certificate of Insurance | | | | |
| Detailed Setup/Assembly/Construction Plan | | | | |
| Projected Event Budget | | | | |
| IRS 501 C Tax Exempt Documentation | | | | |
| Detailed Route Map and Narrative | | | | |
| Detailed Map/Site Diagram | | | | |
| Final Event Financial Report | | | | |
| Remittance of User Fees | | | | |
| Remittance of Reimbursement Fees | | | | |
| Other | | | | |
| Other | | | | |
| Other | | | | |

Application Approval

Date

Chairman, Ligonier Township Supervisors