

# Upper Makefield *Township*

1076 Eagle Road | Newtown, PA 18940 | p 215.968.3340 | f 215.968.9228 | www.uppermakefield.org

## SPECIAL EVENT APPLICATION

Notice: This application shall be completed and submitted to the Township no later than 120 days prior to the event for events having *more* than 5,000 people attending and no later than 60 days prior to the event for events having *less* than 5,000 in attendance.

Applicant:	
Name of Event:	
Anticipated No. of Attendees:	
Sponsoring Organization:	
Contact Person:	
Address:	
Phone:	Email:
Event Purpose: (Check all that apply) <input type="checkbox"/> Fund Raising -- <input type="checkbox"/> Community Gathering -- <input type="checkbox"/> Sports -- <input type="checkbox"/> Camping -- <input type="checkbox"/> Agricultural <input type="checkbox"/> Entertainment -- <input type="checkbox"/> Educational -- <input type="checkbox"/> Other (Please specify)	
Location of Event: (List nearest streets)	
Date and time event starts: _____, 20__ -- _____ am/pm	
Date and time event ends: _____, 20__ -- _____ am/pm	
1. Will any road closures be required? <input type="checkbox"/> Yes -- <input type="checkbox"/> No If yes, include an area map of which roads. Will the event require Emergency Medical staffing? <input type="checkbox"/> Yes -- <input type="checkbox"/> No Will the event require Police staffing? <input type="checkbox"/> Yes -- <input type="checkbox"/> No If yes to any of the above, Upper Makefield Township Board of Supervisors approval is required. Police staffing reimbursement may be required.	
2. Will there be any portable toilet facilities? <input type="checkbox"/> Yes -- <input type="checkbox"/> No	
3. Will there be vendors for retail sales of food or material goods? <input type="checkbox"/> Yes -- <input type="checkbox"/> No	
4. Will there be amplified music or sound system used? <input type="checkbox"/> Yes -- <input type="checkbox"/> No	
5. Will there be entertainment/performances? <input type="checkbox"/> Yes -- <input type="checkbox"/> No	

**Events with greater than 5,000 attendees must also submit:**

- |  |
|--|
| 1. Area map depicting all components of the event to the Bucks County Emergency Management Office and to Upper Makefield Township. |
| 2. Copy of written notice to the Bucks County Department of Health.  |

Application Fee: \$10

Applicant: \_\_\_\_\_

**Township Use Only:**

**Comments:**


Application Fee: <input type="checkbox"/> \$ _____ / Check # _____
Insurance Certificate: <input type="checkbox"/> Received
Board of Supervisors Review ( if required) Date: _____
<input type="checkbox"/> Road Closure, with map <input type="checkbox"/> Approved <input type="checkbox"/> Denied
<input type="checkbox"/> Police Staffing reimbursement \$ _____ /Ch # _____
<input type="checkbox"/> Health Dept. Notice (5,000+)
<input type="checkbox"/> Map of event components (5,000+)
Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Township Official Signature: _____
Dated: _____