

Today's Date: _____

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.

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| 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__ at _____ am/pm | |
| Date and time event ends: _____, 20__ at _____ am/pm | |
| 1. Are road closures required? <input type="checkbox"/> Yes -- <input type="checkbox"/> No If yes, include an area map of which roads. Is Emergency Medical staffing required? <input type="checkbox"/> Yes -- <input type="checkbox"/> No Is UMT Police staffing required? <input type="checkbox"/> Yes -- <input type="checkbox"/> No Police staffing reimbursement may be required. If yes to any of the above, Upper Makefield Township Board of Supervisors approval is required. | |
| 2. Will portable toilet facilities be provided? <input type="checkbox"/> Yes -- <input type="checkbox"/> No Vendor: _____ Vendor phone: _____ | |
| 3. Will there be vendors for retail sales of food or material goods? <input type="checkbox"/> Yes -- <input type="checkbox"/> No | |
| 4. Will amplified music or sound systems be 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 Signature: _____

Township Use Only:

Comments:

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| Application Fee: <input type="checkbox"/> \$ _____ / Check # _____ |
| Insurance Certificate: <input type="checkbox"/> Received |
| Emergency Management Team Review: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Comments: |
| 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: _____ |
| Date: _____ |