

SPECIAL EVENT APPLICATION

This Application to be completed and submitted to the Township no later than 120 days prior to an event for events having *more* than 5,000 in attendance and no later than 60 days prior to an event with *less* than 5,000 in attendance.

Today's Date: _____

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)	
Event Date: _____, 20 ____ Start: _____ am / pm End: _____ am / pm	
1. Are road closures requested? <input type="checkbox"/> Yes -- <input type="checkbox"/> No If yes, include an area map of which roads. Is UMT Police staffing requested? <input type="checkbox"/> Yes -- <input type="checkbox"/> No (Police staffing reimbursement may be required) Is Emergency Medical staffing requested? <input type="checkbox"/> Yes -- <input type="checkbox"/> No <i>If yes to any of the above, approval of Board of Supervisors is required.</i>	
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 Bucks County Emergency Management 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:

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: _____