



BOROUGH of ELIZABETH

121 N. 2nd Avenue
Elizabeth, PA 15037
Phone (412) 384-7771
Fax (412) 384-9812

Borough of Elizabeth Special Event Application

This application must be fully completed, signed and forwarded to the Borough of Elizabeth at least FOURTEEN (14) BUSINESS DAYS BEFORE your event, if your event is under 275 spectators/participants. All applications for events with 275 or more participants/spectators must be fully completed, signed and forwarded to the Borough of Elizabeth at least NINETY (90) DAYS BEFORE your event.

Any misrepresentation in this application or deviation from the final agreed upon route and/or method of operation described herein may result in the immediate revocation of the permit. Please type or print the information clearly and attach additional sheets or maps as required below. ANY CHANGES TO THE APPLICATION ONCE IT IS SUBMITTED MUST BE DONE SO IN WRITING 14 CALENDAR DAYS AFTER SUBMISSION OF YOUR APPLICATION.

I. EVENT INFORMATION

1. Event Name: _____
2. Event Type (circle all that apply) Parade Festival Run Walk Exhibition Theater
 Marine/River Race Ride Dance Drama Musical Event
Other: _____
3. Event Date(s) _____ Day(s) of the week _____
4. Race/Walk or Event Start Time: _____
5. Location of Event & City Neighborhood: _____
6. Facilities to be used (circle): Park Street Sidewalk River Private Property
7. Federal Tax ID Number: _____
8. Set-up Times: Begin: _____ AM/PM Dismantle: _____ AM/PM
9. Estimated Crowd: _____ Number of Participants: _____

II. APPLICANT INFORMATION

10. Organization Name: _____
Applicant Name: _____
Title: _____
Address & ZIP Code: _____
Email Address: _____
Phone Numbers: Home: _____ Office: _____
Cellular: _____ Fax: _____
11. Billing Name: _____
Address & ZIP Code: _____
12. Event On-Site Contact Person: _____
Phone Numbers: Cellular: _____ Office: _____ Home: _____

III. LOCATION INFORMATION

13. Specific Location of Event (Name/Address, Park or Facility) – Attach map of site plan (required).
This map must include a detailed description of placement of all booths, vendors, tables, chairs, etc.
14. List route to be used and/or streets to be closed. Attach map (required).
A free website to use for maps is www.usatf.org/routes

IV. EVENT HISTORY

15. Describe Event to be Held:
- _____

V. PUBLIC SAETY REQUIREMENTS

NOTE: The Borough of Elizabeth may require certain public safety standards to be met by the event organizer. All services for Police, EMS and Fire are at an additional cost and are not included in the application fee.

16. Elizabeth Borough Police: If your event is taking place on roadways, Police are required.
- | | | | |
|--|---------------|-----------------|----------|
| What services are requested from the Police? | Road Closures | Traffic Control | Security |
|--|---------------|-----------------|----------|
- _____

Location(s) and Time(s) Police are requested:

IF YOU ARE CLOSING OFF ANY STREETS FOR ANY REASON, YOU ARE RESPONSIBLE FOR RENTING AND POSTING "NO PARKING" SIGNS (50¢ each) ON ALL AFFECTED ROADWAYS. THESE SIGNS ARE REQUIRED TO BE POSTED 24 HOURS PRIOR TO THE ROADS BEING CLOSED.

17. What are your security plans for the event (example, hiring Elizabeth Borough Police or a private security firm)?

18. Elizabeth Twp. Area Emergency Medical Services: _____ Yes _____ No
EMS is required at all races, walks and cross country events. What services are being requested?

19. Fire Department
Are you having fireworks? : _____ Yes _____ No
If Yes, give the exact location (you MUST complete a Fireworks Display Application)

VI. DEPARTMENT OF PUBLIC WORKS (DPW)

All services for DPW, whether or not identified/requested in this application, are at an additional cost and are not included in the application fee.

20. Department of Public Works: BARRICADES AND/OR FENCING AND OTHER SERVICES
Are you requesting to close any roadways? : _____ Yes _____ No

If Yes, please list location(s) and numbers of barricades/fencing needed (attach barricade request sheet if needed):
YOU MUST LIST EACH LOCATION WHERE BARRICADES ARE NEEDED

Clean Up Plan: (Please list your clean up plans and if you are requesting services from DPW such as trash removal, etc.)

21. If you are requesting street closures, does this, to the best of your knowledge require, or are you requesting, the deviation of Port Authority or others' transit routes? If so, list the intersections or cross streets that transit may need to begin or end detours.

VII. ENTERTAINMENT

22. Sound System (circle one) Acoustic Amplified

What kind are you having?: _____ How many: _____

What type of system (PA, Bull Horn etc): _____

Are you requesting to use Borough electricity if available?: _____

Describe Entertainment: List of entertainers/bands to perform at event:

VIII. MISCELLANEOUS INFORMATION

23. Restrooms:
Port-A-John: List the number you are ordering (there must be at least one handicap accessible restroom).
One (1) Port-A-John per 250 people is recommended.

24. Parking: Grass areas in parks ARE NOT parking areas and should not be considered as parking areas.
Describe parking areas available and transportation modes to and from the event.

IX. VENDING/SALES – ALCOHOL

You Must Provide a copy of your LCB Alcohol license/permit

25. Any Vending/ Sales? Yes _____ No _____

If YES please list items: _____

26. Is ALCOHOL (beer/wine/liquor) being served, sold, distributed or consumed? Yes _____ No _____

If YES – Please check all that apply: Beer _____ Wine _____ Liquor _____

Attach a copy of your liquor license.

Beer/Liquor/Wine – EXTENSION OF PREMISES PERMIT IS REQUIRED THROUGH THE PA LIQUOR CONTROL BOARD.
ALL REQUESTS MUST BE SUBMITTED TO THE PA LCB 30 DAYS IN ADVANCE.

X. INSURANCE

Pursuant to the Regulations, due to the increased risk of personal injury and/or property damage under certain circumstances, insurance will be required under the following conditions:

1. All athletic competition events (as defined in the Regulations).
2. Any special event involving animal(s), fireworks, automobile(s) or other vehicle(s), including but not limited to watercraft, aircraft, or motorcycles, or the sale of food.
3. Where required, the Applicant or, if applicable, the Organization/Sponsor holding the event shall maintain insurance in the amount specified below to cover the entire duration of the Event. The Applicant shall attach a certificate of insurance duly executed by the officers or authorized representatives of a responsible and non-assessable insurance company, evidencing the following minimum coverage(s) and specifically identifying the Borough of Elizabeth as an additional insured, which insurance shall be non-cancelable, except upon thirty (30) days prior written notice to Borough of Elizabeth:
 - Individual
 - Occurrence Aggregate
 - General Liability
 - Bodily injury, including death \$500,000.00 /\$1,000,000.00
 - Property damage \$50,000.00 /\$100,000.00

All policies must be made on an occurrence basis. Claims-made policies are not acceptable.

A. Liquor Liability. Where the Applicant, on behalf of any other persons, organizations, firms or corporations on whose behalf the application is made, seeks to hold an event involving the sale of alcoholic beverages and has otherwise been granted all necessary permits for such purpose, he/she/it shall provide and maintain a policy or policies of Liquor Liability Protection with limits of not less than \$1,000,000. Such insurance shall be evidenced on the certificate of insurance provided to the Borough of Elizabeth with this Application.

Is insurance required for this event? Yes: _____ No: _____

XI. INDEMNIFICATION STATEMENT

The undersigned represents, stipulates, contracts and agrees that the sponsor of the event permitted pursuant to this Application will jointly and severally indemnify and hold the Borough of Elizabeth harmless against liability, including court costs and attorney's fees, and attorney's fees on appeal, for any and all claims for damage to property, or injury to, or death of persons arising from the sponsor's activities authorized by the Special Event permit.

Applicant as authorized representative/agent
for the sponsor/organization of the Event

Date

Borough of Elizabeth
121 N. 2nd Avenue, Elizabeth, PA 15037
Office (412) 384-4041; Fax (412) 384-2972

Special Event Application

Application Date: _____

Organization Name: _____

Street Address: _____

City, State, Zip: _____

Date of Event: _____ For Profit Organization Non Profit Organization

Contact Person: _____ Phone Number: _____

Alternate Contact: _____ Phone Number: _____

Location of Event: _____

Activities Planned: _____

Street Closure(s) Required Streets that will be Affected: _____

Will there be games of chance? Yes No If yes, please provide license#: _____

Will Alcohol Beverages be served? Yes No If yes, please provide permit#: _____

Will there be need for: Borough Police Officers Quantity _____
 Portable Toilets Quantity _____
 Borough Public Works Employees Reason: _____

Signature of Applicant

Title of Applicant

Please use the back of this application for any additional, pertinent information.

Borough Use Only

Police Approval Signature

Police Approval Name

Date Approval

Public Works Approval Signature

Public Works Approval Name

Date Approval

Council Member Approval Signature

Council Member Approval Name

Date Approval