

STRASBURG BOROUGH SPECIAL PUBLIC EVENTS PERMIT APPLICATION

Approval of Special Events in the Borough of Strasburg is required before plans are finalized and publicity released. Please submit this form at least thirty (30) days prior to the event.

Organization _____

Address _____

Contact Person _____

Contact Address _____

Telephone (Home) _____ (Business) _____

E-mail Address _____

Purpose of Event _____

Detailed Description of Event _____

Location _____

Alternate Location (if inclement weather) _____

Day of Week _____ Date _____

Start Time _____ End Time _____

Alternate _____

Does the event require closing streets? Yes _____ No _____

If yes, which street(s)? _____

1. Is the public invited? Yes _____ No _____ Expected attendance? _____
2. Does your organization have insurance to cover liability? Yes _____ No _____ If yes, attach a copy of the Certificate of Insurance which lists the Borough of Strasburg as an Additional Insured.
3. Does your organization have persons to park vehicles? Yes _____ No _____
4. Does your organization have comfort stations for the public? Yes _____ No _____
5. Has your organization made arrangements for Fire Company, Ambulance, etc? Yes _____ No _____
6. Will your organization be distributing literature? Yes _____ No _____ If yes, attach samples of all literature.

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- 7. Will the event use a public address system or amplified music? Yes_____ No_____ If yes, there may be restrictions on start time and end times.
- 8. Will food or beverage be served? Yes_____ No_____ If yes, all PA Department of Agriculture regulations must be complied with.
- 9. Will alcohol be served? Yes_____ No_____ If yes, attach a copy of the Liquor License it will be served under.
- 10. Has your organization notified the neighbors of the event? Yes_____ No_____

ACTIVITY FEE:	\$_____
POLICE COVERAGE FEE _____ hours @ \$_____ per hour	\$_____
ROAD CLOSING FEE	\$_____
TOTAL	\$_____

Any additional costs incurred by the Borough of Strasburg to provide services will be billed to the sponsoring organization.

Date

Signature of Applicant

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APPROVED BY BOROUGH

Date

Name

Title

Conditions? No_____ Yes_____ – See Below