

NOTICE

EFFECTIVE IMMEDIATELY:

ALL SPECIAL EVENT PERMITS MUST BE COMPLETED AND TURNED IN TO OUR OFFICE NO LESS THAN 30 DAYS IN ADVANCE OR YOUR EVENT WILL NOT BE APPROVED.

THANK YOU FOR YOUR COOPERATION.



CITY OF WILLIAMSPORT
SPECIAL EVENT PERMIT

PART I. APPLICANT INFORMATION

Date Submitted:

Date Approved:
Permit # 0
Year:

Type of Event: [] Parade [] Street Closure [] Event [] Other

Name of Event

Date(s) of Event
Day (ex. Friday) Date (M/D/Y)

[] One Day [] Multiple Days [] Consecutive Days [] Non-Consecutive Days

Time of Event
Start (ex. Set-up time) End (Take down time)

Location

Event Sponsor

City as Co-Sponsor [] Yes [] No

Contact
Responsible for conduct of activity. Contact person must also be present at event.

Phone Number
Home/Office Mobile/Pager Fax

E-Mail Address
If applicable

Mailing Address
Street/PO Box
City State Zip

This event is: [] Public [] Private * [] Outdoor *
* (In event of inclement weather, please provide alternate date or location)

Approximate number of persons expected to attend

Street Closures:
Location (from what street to what street)

Start time End time

I the above listed applicant have thoroughly read and understand the conditions of this application. I understand that I must be present at the event and must be easily accessible at this event.

Applicant Signature Date

CITY OF WILLIAMSPORT – HOLD HARMLESS APPROVAL
(For use of city premises)

AGREEMENT

Agreement No. _____ Year _____

APPROVING A HOLD HARMLESS AGREEMENT BETWEEN THE CITY OF WILLIAMSPORT AND _____ (organization), PROVIDING FOR THE USE OF _____ (premises) FOR _____ (purpose) DURING THE PERIOD _____ (date(s)).

SECTION 1. An agreement dated _____ between the City of Williamsport and The use of _____ (premises) for _____ (purpose) during _____ (date(s)), is hereby approved.

SECTION 2. A copy of said hold harmless agreement is attached to and hereby made part of this document.

Approved: _____

Disapproved: _____

Date: _____

City of Williamsport
(For use of City premises)

HOLD HARMLESS AND ADDITIONAL INSURED AGREEMENT

WHEREAS, City of Williamsport, a political subdivision organized and existing under the laws of the Commonwealth of Pennsylvania, has entered into an agreement with _____ (Organization and address), providing for the use of _____ (premises and address) for _____ (purpose) during the period _____ (date(s)).

NOW, THEREFORE, _____ (Organization) agrees to indemnify and save harmless City of Williamsport against any and all costs, actions, claims, and demands, whatsoever that may result from the activities and events conducted by and under the sponsorship of _____ (Organization) pursuant to this permitting agreement with City of Williamsport providing for the use of _____ (premises) during the period _____ (date(s)). The foregoing indemnity shall include injury or death of any employee of _____ (Organization) and shall not be limited in any way by an amount or type of damage, compensation, or benefits payable under any applicable workers compensation, disability benefits or other similar benefit act.

_____ (Organization) further agrees to provide general liability insurance in the sum of at least One Million Dollars (\$1,000,000.00) for said event, naming City of Williamsport as additional insured. Said policy of _____ (Organization) shall be primary and non-contributory to any other policy held by the City.

FOR: _____ (Organization)

By: _____

Title: _____

Date: _____

CITY OF WILLIAMSPORT

Road Closure Permit

Application Form

- Up to and including (7) days - \$75.00
- Up to and including (14) days - \$125.00
- Up to and including (30) days - \$225.00
- Up to and including (45) days - \$300.00
- Each additional day after (45) days - \$75.00 per day

Description of work:

Start Date: _____ End Date: _____

Start Time for Closure: _____ End Time for Closure: _____

Location of work: _____

Side Streets: _____

Work being done by: _____

Address of contractor: _____

Companies Phone Number: _____

Contacts name and phone Number: _____

Attach a required Certificate of Liability Insurance for the street closure with permit application.

I, the above listed applicant, have thoroughly read and understand the conditions of this application. I understand that I must be present at the site and must be easily accessible at this project.

Applicant Signature _____

Date: _____

CITY OF WILLIAMSPORT

BUREAU OF POLICE

EVENTS PERMIT INSTRUCTIONS:

Special Instructions pertaining to: Parades/Street closures

The following conditions MUST be met prior to the approval of the event permit.

1. APPLICANT is responsible for obtaining, set-up, removal and return of all city owned barricades. Applicant is responsible to make all arrangements for barricades through the streets and parks department at: 326-4684
2. APPLICANT will ensure enough volunteers or staff are on hand to place and takedown all barricades.
3. APPLICANT is responsible for coordinating trained personnel (fire police or other volunteers who have the appropriate training) to man intersections not controlled by a barricaded street closure.
4. APPLICANT will provide a DETAILED map/route that will indicate traffic control problems and issues that will need to be manned and or closed.

An attached roster must be included to indicate:

1. Who is placing barricades.
2. Who is providing traffic control/direction.

All of these conditions MUST be met PRIOR to the approval of this particular type of event.

PART II. EVENT DESCRIPTION

Please provide diagram of street closures, barricade placement, electrical usage, location of trash receptacles and portable toilets.

PART III. EVENT CHECKLIST

<i>This event will include</i>	<i>You may need</i>	<i>Information that should help</i>
<input type="checkbox"/> Alcohol Dispensing		Contact the PLCB, and the Bureau of Codes.
<input type="checkbox"/> Barricades		Contact Streets and Parks.
<input type="checkbox"/> First Aid Station		Contact Susquehanna Health System.
<input type="checkbox"/> Food	Vendor license	Contact the Health Inspector via the Bureau of Codes.
<input type="checkbox"/> Parking Considerations	Permit parking	Contact Bureau of Police, and the Williamsport Parking Authority.
<input type="checkbox"/> Pyrotechnics	Special Event Permit	Permit available in the Codes Department. Must provide Liability Insurance.
<input type="checkbox"/> Street Closure	Special Event Permit	Contact the Bureau of Codes. Must provide Liability Insurance.
<input type="checkbox"/> Tents	Tent Permit	Permits ARE needed for ALL tents/canopies, A fee will be assessed for tents over 20x20 Must provide Liability Insurance.
<input type="checkbox"/> Trash	Dumpster/Container on street requires Special Event Permit.	Contact the Bureau of Codes for event permit. Contact local sanitation service for sanitation receptacles.
<input type="checkbox"/> Musical Performance	Special Event Permit	Contact the Bureau of Codes, Bureau of Police, and the Recreation Commission. Must provide Liability Insurance.
<input type="checkbox"/> Seating/Chairs		Permit available in the Codes Department.
<input type="checkbox"/> Mass Transit/Shuttle Service		Contact River Valley Transit. Use of any transportation requires applicant to show proof of Liability Insurance.
<input type="checkbox"/> Portable Toilets		Independent contractor
<input type="checkbox"/> Brandon Park	Special Event Permit	Any events or special activities require prior approval from the Recreation Commission and Brandon Park Commission.
<input type="checkbox"/> Memorial Park		

PART IV. INFORMATION CHECKLIST

Event Sponsor should contact these departments directly for special needs:

DEPT.	CONTACT PERSON	PHONE	EVENT NEEDS
<input type="checkbox"/> Police Department	Chief Foresman	327-7540	* Parade Escorts * Special Parking
<input type="checkbox"/> Fire Department	Chief Heinbach	327-1602 327-7584	* Bonfires * Fire Extinguishers * Any Fire related activity
<input type="checkbox"/> River Valley Transit	Bill Nichols John Kiehl	326-2500	* Shuttle Service * Mass Transit * Trolley Service
<input type="checkbox"/> Bureau of Codes	Joe Gerardi	327-7517 327-7584	* Food Vendors * Occupancy * Egress * Life/ Health/ Safety Issues
<input type="checkbox"/> Streets and Parks	Bill Wright John Markley	326-4684	* Barricades may be obtained from this office. Applicants are responsible for barricade placement. * Trash receptacles
<input type="checkbox"/> Williamsport Parking Authority	Todd Wright	326-6476	* Any activity in downtown area of Williamsport requiring parking.

Applicant is required to initial all items listed below.

A) NON-CITY SPONSORED EVENT APPLICANTS MUST SUPPLY THEIR OWN DIRECTIONAL SIGNS AND PROTECTIVE SERVICE LIGHTNING.

_____ Applicant initials

B) EVENTS INVOLVING COOKING OR OPEN FLAME REQUIRE THE PRESENCE OF FIRE EXTINGUISHERS AND PROPER LICENSING, FIRE INSPECTION REQUIRED.

_____ Applicant initials

C) PRIVATE EVENTS REQUIRE THEIR OWN SECURITY.

_____ Applicant initials

D) ALL FOOD VENDORS MUST SUBMIT THE COMPLETED APPLICATION PRIOR TO EVENT FAILURE TO COMPLETE THE APPLICATION, COULD RESULT IN VENDOR NOT PARTICIPATING IN EVENT

_____ Applicant initials

PART V. FOOD/MERCHANDISE VENDOR INFORMATION

- Please provide a complete list of all Food and Merchandise Vendors.
- If vendors do not submit a completed application, it could result in the vendor not participating in event.
- All vendor applications **must** be submitted at least 3 weeks prior to event.
- All applicable fees for food vendors must be paid prior to or day of event. **NO EXCEPTIONS.**

PART VI. DEPARTMENT SIGNATURES

Signatures required depending on event, to obtain permit.

BUREAU OF POLICE

Police Chief: _____	Date: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Comments: _____			

FIRE DEPARTMENT

Fire Chief: _____	Date: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Comments: _____			

STREETS AND PARKS

Director: _____	Date: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Comments: _____			

BUREAU OF CODES

Joe Gerardi _____	Date: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Comments: _____			

WMSPT. BUREAU OF TRANSPORTATION

Director: _____	Date: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Comments: _____			

WMSPT. PARKING AUTHORITY

Director: _____	Date: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Comments: _____			

BRANDON PARK COMMISSION	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
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RECREATION COMMISSION	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
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