Freeport Borough
414 Market St. Freeport, PA 16229
(724) 295-2251 | www.freeportpa.com
info@freeportpa.us

**Special Event/Public Gathering Application**

Please complete this form and return it to the Borough Manager with the required
$50 Application fee made payable to the Borough of Freeport
Application must be submitted in person to provide the required valid photo identification.

**Step 1. Event Information**

Name of Event:_____

Description of Event:_____

Specific Location Requested:_____

Date(s) of Event: _____Set-Up Date/Time: _____Breakdown Date/Time_____

Hours of Event (If athletic event, please include step off time) _____

Alternate Date(s) and Location(s) _____

Estimated Attendance (crowd size) _____

Name of Authorized Individual/Organization _____

Non-Profit (if yes verify status) _____No _____Yes If Yes, Tax ID#_____

Event Coordinator:_____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____

Email Address: _____

On-site Contact on Event Day: _____Cell Number: _____

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**Step 2. Additional Information – Privately Supplied Equipment & Services**

Any amplified sound is subject to the Borough of Freeport Noise Ordinance.

List Hours (Between 7 am and 10 pm only) _____

Vendor/Contractor providing service: _____

Stages:
If you are planning to utilize staging, please describe:
Quantity: _____ Size: _____ Location: _____

Vendor/Contractor providing the service: _____

Tents:
If you are planning to erect tents or canopies, please describe:
Canopies
Sizes: 10x10 _____ 10x20_____ 20x20_____
Tents: _____
Vendor or Contractor providing Service: _____

**Vendors and Corporate Sampling or Product Giveaways**

Will you be requesting a permit to sell and/or sample food/beverages? ____No ____Yes

- If yes, Health Dept. permit required

Will you be selling retail merchandise? ____No ____ Yes *If yes, L&I license/permit required.

**Step 3. Borough Equipment & Services Requested**

_____ Barricades (saw horses or jersey) Quantity _____
_____ Cones Quantity _____
_____ No Parking Signs Quantity _____
_____ Fire Dept. EMS Coverage (EMS coverage required if expected more than 1,000 people)
_____ Street Cleaning (Please specify before, after, or both) _____
_____Trash Pickup (Please specify) _____
_____ Trash Bins Quantity: _____

**Step 4. Attachments**

1. Attach either a program of the event or a narrative statement detailing the purpose of the event.
2. Attach a diagrammatic plan of the proposed site showing the following, as well as specific information relating to the locations and dimensions of the area where the event is to be conducted, areas for spectators and attendees, all structures either existing or to be constructed, potable water facilities, sanitary facilities, sewage disposal facilities, medical service facilities, security personnel and the providers lighting and other utility services, and plans for enclosures.
3. Attach copies of all applicable permits and licenses as required by State and County statues, ordinances and Regulations thereunder.

Note: Applicant is solely responsible for costs incurred for equipment and/or services rendered in connection with the event. Due to limited availability and high demand, Borough equipment and services will be provided on a first-come, first-served basis. Completion of this application does not constitute approval.

**Step 5. PLEASE READ**

Applicants must apply with the Borough of Freeport and/or the Commonwealth of PA for alcohol, food vending, and other sampling. A copy of permits must remain on-site for inspector's review.

The Borough is unable to provide certain amenities such as port-a-john/portable washrooms, tables, chairs, trash boxes and tents/canopies. The applicant is required to secure port-a-johns/portable washrooms, chairs, trash boxes and tents/canopies for the event at the applicant's expense. Failure to adequately provide such amenities could result in the event applicant(s) or coordinator(s) inability to hold future events in the Borough of Freeport.

Event cancellations or cancellation of requested services must be made in writing (14) days prior to the event. In the event of inclement weather, cancellations or requests to reschedule must be made in writing at least (48) hours prior to the event, failure to provide written verification may result in the sponsor(s) being required to reimburse the Borough of Freeport for the agreed upon services.

A certificate of insurance, listing the Borough of Freeport as certificate holder, addressed to the Borough of Freeport, 414 Market Street, Freeport, PA 16229 is required. The certificate must be evident of General Liability Insurance, with a $1,000,000.00 limit of liability specifically referencing the scheduled event. Each vendor and/or contractor must provide proof of insurance.

**Step 6. Sign and Date**

By signing and submitting the Special Event/Public Gathering Application, the sponsoring organization agrees to indemnify, defend and hold harmless the Borough of Freeport and its officers, employees and agents from and against any and all loses, costs (including but not limited to, litigation and settlement costs and counsel fees), claims, suits actions, damages, liability and expenses, occasioned wholly or in partly by Event sponsor's act or omission or negligence of fault or the act of omission or negligence or fault of Event sponsor's agents, subcontractors, suppliers, employees, or servants in connection with the Permit. Applicant agrees to abide by the terms and provisions of this Chapter and all laws, rules and regulations of the United States, Commonwealth of Pennsylvania, County of Armstrong and Borough of Freeport.

Legal name of Organization: _____

Authorized Signer: (print name) and Title: _____

Signature: _____ Date: _____

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**Official Use only**

**Special Conditions:**

**Application Review**

____1. Attachments complete & satisfactory (see step 4 & 5)
____2. Southern Armstrong Police Department written approval of security (including traffic) plans received
____3. Enclosure plans received & approved
____4. Received information identifying medical services provider
____5. Parking facilities plan received & approved

| | |
|---|---|
| ____ Approved _____ Denied<br>_____ _____<br>Borough Manager Date | _____Approved _____ Denied<br>_____ _____<br>Fire Chief Date |
| _____ Approved _____ Denied<br>_____ _____<br>Police Department Date | _____ Approved _____ Denied<br>_____ _____<br>Other Date |