

Upper Darby Township Licenses and Inspection
Festival/Fair Permit Application

Name of Organization: _____

Address of
Organization: _____

Post Office: _____ State: _____ Zip: _____

Location of Proposed
Event: _____

Date and Time of
Proposed Event: _____ Time : _____

Name Contact Person for
Event: _____

Contact Person
Phone Number: _____

Upper Darby Township will require the festival operator provide a certificate of Insurance with a minimum general liability limit of One Million dollar. This certificate should name Upper Darby township as an additional insured.

Festival Operator Name: _____

Festival Operator business address: _____

Post Office: _____ State: _____ Zip: _____

Festival Operator Phone Number: _____

Special Needs
request: _____

Permit Fee: \$50.00 _____

Festival Permit Approved Date: _____

Director, Department of Licenses and Inspections