<u>Upper Darby Township</u> <u>Special Event Permit Application</u>



Today's Date:				
Name of Organization:		Address:		
Phone Number:				
Name of Contact Person(s):	C	ell#:	
Email:	A	ddress:		
Name or Type of Event:		Date of Eve	ent:	
Start Time & Location:		End Time & Location	End Time & Location:	
TOTAL NUMBER OF:				
Volunteers:	Participants:		Banners or Signs:	
Tents/Canopies:	Portable Restroom	ıs:	Vendors:	
Vehicles (proof of insurance	ce required):	Describe:		
List All Sound Amplificati	on (ie - DJ, Band, Microp	phone, Loud Speakers, Bullh	orn):	
List Any Other Attention A	Attracting Devices To Be	Used During Event:		
			sections requested to be blocked along	
with the number of barri	icades requested)			
Will any animals be used of	luring the event?	If yes, describe:		
Will any food be provided	during the event?	If yes, describe:		
(Delaware County Health	a Department license &	inspection is required for a	ll food preparation 484-276-2100)	
	roperty requires approva	n the Township or School Di al from the Upper Darby S	strict?chool District can	
In the case of a bonfire, a buildings and structures.	a site plan must be submaring Dept may require find when or leased property. (1)	itted showing the exact loca re detail - this must be arra	e must be submitted with this application tion of the bonfire along with all nearby anged by the organizer. Bonfires are not time may be subject to change based on	
liability limit of One Milli PA 19082, as an addition Township services provide	ion dollars. This certifical all insured. The organized of for this event including a three at https://udpd.org	te must name Upper Darby er must also understand that g Police/Fire/Public Works I /contact-us/ or 610-734-769	te of Insurance with a minimum general Township, 100 Garrett Rd, Upper Darby, they may be responsible for the cost of Department Details. Police Details must 3. Permit requests must be submitted to	
Name of Applicant:		Signature: _		