



MANHEIM TOWNSHIP COMMUNITY/SPECIAL EVENT REVIEW APPLICATION

1840 Municipal Drive, Lancaster, PA 17601
Phone: 717-569-6408 Ext. 1108

Email: specialevent@manheimtownship.org

The Township will refuse any application received less than forty-five (45) business days prior to the proposed event. Application and documents must be completed and attached upon submission to the Township. Incomplete applications may be denied a review. Completed applications will be reviewed and approved or denied by Township personnel.

APPLICANT CONTACT INFORMATION:

Sponsoring Organization Name: _____

Mailing Address: _____

Please identify the contact person "on-site" the day(s) of the event. (Note: This person must be in attendance for the duration of the event and immediately available to Township Officials)

Contact Name: _____ Contact Phone Number: _____

Contact Email: _____

REASON FOR REQUEST

TYPE OF EVENT (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Arts & Craft Show | <input type="checkbox"/> Bike Race/Fun Ride |
| <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Dance |
| <input type="checkbox"/> Fair/Festival | <input type="checkbox"/> Film Shoot |
| <input type="checkbox"/> Fireworks Show | <input type="checkbox"/> Fundraiser |
| <input type="checkbox"/> Live Entertainment | <input type="checkbox"/> Parade/Procession |
| <input type="checkbox"/> Run/Walk | <input type="checkbox"/> Sporting Event/Tournament |
| <input type="checkbox"/> Temporary Amusement Rides | <input type="checkbox"/> Other (Specify): _____ |

EVENT DESCRIPTION: _____

EVENT DETAILS:

_____ (Yes or No) This event involves the closure of a public street. If so, you must also submit a Street Closure Request form and obtain approval for the request.

_____ (Yes or No) This event includes a commercial fireworks display. If so, a fire permit is also required. If consumer fireworks are to be part of said event, the fireworks must be handled and discharged per Ordinance 2021-17 Fireworks and Pyrotechnics.

DATE(S) OF EVENT: _____

EVENT START DATE AND TIME: _____

EVENT END DATE AND TIME: _____

ALTERNATE/RAIN DATE(S): _____

PARTICIPATION TYPE (Check One) _____ **Public** or _____ **Private/Invitation Only**

ESTIMATED NUMBER OF ATTENDEES PER DAY: _____

APPLICANT IS RESPONSIBLE FOR THE FOLLOWING:

Certificate of Liability Insurance: A certificate of liability insurance form naming the Township of Manheim 1840 Municipal Drive, Lancaster, PA 17601 as additionally insured provided thirty (30) days prior to the event.

Map/Site Plan: Define event area and include, if applicable, the location(s) of the following:

- Parking/entrances/exits/crossings/barricades/traffic control cones.
- Placement of trash receptacles/portable restrooms.
- Food/beverage sales locations.
- Location of First Aid/Emergency Medical Services.

Notification to Properties/Neighbors Impacted by Event: Required to be completed at least one (1) week prior to the event. Provide a sample of the notification and indicate the method(s) of notification delivery i.e. door hanger, letter, social media, etc. with this application.

Food/Beverage Service, if Provided: Must comply with all PA Department of Agriculture regulations.

Service of Alcohol: If alcoholic beverages are served, the applicant is responsible for the control of the consumption of alcohol. PLCB Permits are required in certain circumstances. Please refer to PA Liquor Control Board for regulations.

Provisions for Trash/Recycling Collection & Disposal: As per Chapter 421 of the Manheim Township Codified Code, recycling containers are required for any event attended by 200 or more individuals per day which is sponsored by public or private agencies or individuals.

Provisions for Traffic Control/Security: A security and safety plan for the event must be approved by the Manheim Township Police Department and may involve the hiring of certified law enforcement officers, and the use of barricades and traffic control cones for traffic/pedestrian control.

Provisions for Emergency Medical Services: As required by 28 Pa. Code Chapter 1033, Special Event EMS

Payment of Fees for Township Services Related to Community/Special Event: Applicant agrees to pay all related costs for police/security services required. Please review the Manheim Township Police Department's Fee Schedule for the Police Extra Duty Rate, the hourly rate charged to hire an off-duty officer.

By signing below, I represent that I am authorized to execute this Application on behalf of and to bind the Applicant/Sponsor, and the Applicant/Sponsor hereby agrees to hold harmless and indemnify the Township of Manheim, its officers, agents and employees, from any and all claims, causes of action, suits and damages, of any nature, including personal injury and property damage, which arise or are asserted to arise from the event, and all other activities and conditions arising and/or resulting from such event.

I also acknowledge that I have read and understand the contents of this application and that all information I have provided herein and/or attached is complete and true. I also agree to comply with the requirements of the Manheim Township Police Department and all of the laws of the Commonwealth of PA and Manheim Township, and I consent to the immediate revocation of any license or approval of this event by proper Township officials, for any violation of such recommendations, laws, rules, or regulations.

Signature of Event

Applicant/Sponsor: _____ *Date:* _____

TOWNSHIP USE ONLY**DATE RECEIVED:**☐**APPROVED**☐**DENIED****REVIEWED BY:** _____
(Print Name, Title, and Badge No.)**DATE/TIME OF APPROVAL** _____**NOT VALID UNLESS SIGNED BY AUTHORIZED MANHEIM TOWNSHIP PERSONNEL**_____
Signature**REQUIRED POLICE COVERAGE/SECURITY SERVICES (TO BE COMPLETED BY MTPD)****NUMBER OF POLICE OFFICERS REQUIRED:** _____**ANTICIPATED START TIME FOR POLICE COVERAGE:** _____**ANTICIPATED END TIME FOR POLICE COVERAGE:** _____**NUMBER OF BARRICADES:** _____**NUMBER OF TRAFFIC CONTROL CONES:** _____