

**LIGONIER TOWNSHIP  
SPECIAL EVENT PERMIT APPLICATION**

*applications must be filed by 2 pm on the date of the required submission date*

Name of Event
Name of Applicant
Address
Email
Phone
Cell Phone
Fax
Property owner of record
Property owner address
Property owner phone
Location of property
Tax Map Parcel Number
Acreage
Present Zoning of Parcel

If Applicant is not the owner of the property, indicate the natures of the Applicant's authority to apply. Attach appropriate documentation of the owner's consent (ie. Power of Attorney, see attached form). The applicant or a representative must be present for any public hearings.

\*\*\*\*\*

To the Board of Supervisors of Ligonier Township, Westmoreland County, Pennsylvania. The above named owner(s) hereby petition(s) for the approval indicated above for the described property and as shown on the attached plat made a part of this application and certify that the information provided is correct. SIGNATURES OF OWNER(S) OR AGENT AND DATE:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**EVENT INFORMATION:**

<b>TYPE OF EVENT:</b> <input type="checkbox"/> Concert <input type="checkbox"/> Parade <input type="checkbox"/> Sporting Event <input type="checkbox"/> Fair/Festival <input type="checkbox"/> Race <input type="checkbox"/> Exhibition																			
<input type="checkbox"/> Other (specify) _____																			
<b>EVENT TITLE:</b>																			
<b>EVENT DATE:</b>																			
<b>EVENT RAIN DATE (if any):</b>																			
<b>ACTUAL EVENT HOURS</b>																			
<b>SET UP/ASSEMBLY DATE:</b>																			
<b>TEAR DOWN/BREAKDOWN DATE:</b>																			
<b>SET UP &amp; BREAKDOWN:</b> (describe the scope of the setup/assembly work (provide specific details):  																			
<b>FEES/PROCEEDS/REPORTING</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 10%;"><b>YES</b></td> <td style="width: 10%;"><b>NO</b></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Is your organization a tax-exempt, non-profit organization (if YES, you must provide proof of your exemption with this application)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Will fees be charged to participants?      If yes, amount \$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Will fees be charged to spectators?              If yes, amount \$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Will fees be charged to vendors?                  If yes, amount \$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Will fees be charged for parking?                If yes, amount \$ _____</td> </tr> </table> <p>How will money generated from this event be utilized? _____</p> <p>Estimated # of participants (include volunteers) _____</p> <p>Estimated # of spectators _____</p> <p><b>Amusement Tax Estimation:</b>          10% x admission fees charged \$ _____</p>		<b>YES</b>	<b>NO</b>		<input type="checkbox"/>	<input type="checkbox"/>	Is your organization a tax-exempt, non-profit organization (if YES, you must provide proof of your exemption with this application)	<input type="checkbox"/>	<input type="checkbox"/>	Will fees be charged to participants?      If yes, amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Will fees be charged to spectators?              If yes, amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Will fees be charged to vendors?                  If yes, amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Will fees be charged for parking?                If yes, amount \$ _____
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<b>EVENT DESCRIPTION INFORMATION:</b> (Please provide a detailed description of your event. Include details regarding all components of the event (attach additional sheets if necessary).  																			

- |                          |                          |  |
|--------------------------|--------------------------|--|
| YES                      | NO                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Will items or services be sold at the event?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does this event involve a moving route of any kind along streets, sidewalks, etc? If Yes, attach a detailed map of the proposed route, indicate direction of travel, and provide a written narrative explaining route. |
| <input type="checkbox"/> | <input type="checkbox"/> | Does this event involve the closure of any streets, sidewalks, roadways etc? If Yes, list street(s) requiring closure as a result of this event. Include street name(s) date and time of closing and reopening.        |
| <input type="checkbox"/> | <input type="checkbox"/> | Does this event involve a fixed venue site? If Yes, attach a detailed layout diagram of the proposed site.   |

In addition to the route map and/or site diagram required above, please attach a diagram showing the overall layout and setup locations for the following items:

- 1) Food Concession and/or Food Preparation Areas  
Describe how food will be served at the event:  
\_\_\_\_\_

If food will be cooked on site please specify method: Gas/Propane  
Electric      Charcoal      Other (specify): \_\_\_\_\_

- 2) Portable Toilet Facilities  
Number of standard portable toilets to be supplied: \_\_\_\_\_  
Number of ADA Accessible toilets to be supplied: \_\_\_\_\_  
(Standard is one for every 200 people and 10% should be ADA Accessible)
- 3) Trash & Recycling Receptacles & Management  
You must properly dispose of waste and garbage throughout the term of your event and, immediately upon conclusion of the event, the area must be returned to a clean, pre-event condition. The Township does not provide sanitation services for special events. Please describe in detail your waste management and clean-up plan for your event:  
\_\_\_\_\_  
\_\_\_\_\_

Please detail the number and describe how the following items will be used in your event (attach additional sheets, if necessary):

- 4) First Aid Facilities and Ambulance Location
- 5) Tables & Chairs
- 6) Fencing, barriers and or barricades
- 7) Generator locations and/or Source of Electricity
- 8) Canopies or Tent Locations
- 9) Booths, Exhibits, Displays or Enclosures
- 10) Vehicles and/or Trailers
- 11) Other related event components not covered above
- 12) Scaffolding, bleachers, platforms, stages, grandstands and other structures

Other \_\_\_\_\_

**SAFETY/SECURITY/ACCESSIBILITY**

Please describe your procedures for both Crowd Control and Internal Security

It is the applicant's responsibility to comply with state or federal ADA accessibility requirements.

Please indicate your arrangements for providing First Aid Staffing & Equipment:

Ambulances # \_\_\_\_\_ Provided by: \_\_\_\_\_  
Emergency Medical Technicians # \_\_\_\_\_ Provided by: \_\_\_\_\_  
First Aid Stations # \_\_\_\_\_ Provided by: \_\_\_\_\_  
Other # \_\_\_\_\_ Provided by: \_\_\_\_\_

YES NO  
  Is this a night event? If Yes, please describe how the event and the surrounding area will be illuminated to ensure safety of the participants and spectators:

PARKING PLAN/SHUTTLE PLAN/MITIGATION OF IMPACT

- Please provide a detailed description of your parking and/or transportation/shuttle plans:

It is the responsibility of the Applicant to notify any nearby residents, businesses etc impacted by the event.

ENTERTAINMENT/ATTRACTIONS/RELATED ACTIVITIES

YES NO  
  Will musical entertainment be provided at your event? If Yes, please indicate:

Type of music \_\_\_\_\_ # of stages \_\_\_\_\_ # of bands \_\_\_\_\_

Will amplified sound be used? If Yes, please indicate:  
Start time \_\_\_\_\_ am/pm Finish time \_\_\_\_\_ am/pm

YES NO  
  Any signs or banners either on premise or off-premise? If Yes, complete a Sign Permit Application and submit to the Township Office.

YES NO  
  Any lighting? If Yes, please describe and give location.

YES NO  
  Any tents or canopies? If yes, please indicate size, number and location.

YES NO  
  Any fireworks, rockets, or other pyrotechnics on site? If Yes, complete a Fireworks Permit Application and submit to the Township Office. Please also describe here:

PROMOTION/ADVERTISING/MARKETING:

YES NO  
  Will this event be promoted, advertised or marketed in any manner? If Yes, please describe:

YES      NO

           Will there be any live media coverage during the event? If Yes, please explain:

Media Director and Phone Contact Information \_\_\_\_\_

**INSURANCE REQUIREMENTS:**

Before final approval will be granted, the applicant must provide an original and current certificate of general liability insurance including bodily injury and property damage in this amount of \$1,000,000 per occurrence and aggregate of \$2,000,000. Insurance coverage must be maintained for the duration of the event.


**INSTRUCTIONS:** Submit entire packet with application to Ligonier Township, One Municipal Park Drive, Ligonier PA 15658. Please call (724) 238-2725 if any questions.

## SPECIAL EVENT PERMIT CONTROL PAGE

DESCRIPTION	Required	Submitted	Waived	Date Submitted
Completed & Signed Application Form				
Application Fee				
Professional Event Organizer - Letter				
Certificate of Insurance				
Detailed Setup/Assembly/Construction Plan				
Projected Event Budget				
IRS 501 C Tax Exempt Documentation				
Detailed Route Map & Narrative				
Detailed Map/Site Diagram				
Final Event Financial Report				
Remittance of User Fees				
Remittance of Reimbursement Fees				
Other:				
Other:				
Other:				
<p>APPLICATION APPROVAL:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>_____</p> <p>Date</p> </div> <div style="width: 45%; text-align: center;"> <p>_____</p> <p>Chairman, Ligonier Twp Supervisors</p> </div> </div>				

Notes: