



County of Lehigh

Bureau of Parks and Recreation

SPECIAL EVENT APPLICATION

APPLICANT INFORMATION

Organization Name: _____

Are you a 501(C)(3) Certificate Holder? _____ If yes, provide copy of certificate.

Point of Contact (Event Organizer): _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ Cell Phone: _____

Email address: _____

EVENT INFORMATION

Event Title: _____ Date: _____

Park Requested (list specific areas): _____

Event Description: _____

Setup Begins: _____ Event Start: _____ Event End: _____ Cleanup Ends: _____

NOTE: Lehigh County Park Hours are dawn to dusk, unless approved by the Parks Director. All participants must vacate the park by closing time.

Estimated Participants: _____ Estimated Spectators: _____

Are admission, entry, or participation fees required? If yes, provide amounts.

Are vendor fees or other fees required? If yes, provide details and amounts? _____

Is food or merchandise being sold? Provide details and vendor list (Vendor Permits Required)

Note: Please contact the municipality that the park is located in to determine their vendor requirements.

Site Plan: Please attach a detailed site plan showing the location of all tents, tables, and facilities. (Required for approval of event)



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Route: If this is a walk, run, cycling, or skating event, a route map is required.

Note: Road closures must be approved by the Local Municipality and Parks Department. Closure fees may be charged.

Parking: Detail your parking plan, including parking areas, enforcement, and traffic control.

Note: Parking on grass areas of parks is prohibited unless approved by the Parks Department. Fees may be charged for expanded parking areas.

Security and Medical: Describe your security and medical plans including crowd control, security, medical response and venue safety.

Will sound amplification equipment be used at the event? _____ **Start time** _____ **End Time** _____
You should bring your own power source. Electrical outlets are limited and not guaranteed to be operational.

Food: Does your event include food and/or beverages? If yes, describe what will be available. **Note:** Possession, sale, and consumption of alcoholic beverages is prohibited in Lehigh County Parks.

Restrooms: How many portable restrooms are you arranging for? _____

Location: _____ **Setup date:** _____ **Removal Date:** _____

Note: It is required that you get 1 portable toilet is required for every 50 to 100 people, depending on the length of the event. At least 1 toilet should be ADA accessible.

Trash and Recycling: Trash and recycling must be removed by the event organizers.

How many trash/recycling containers are you bringing to the event?

Trash Containers _____ **Recycling containers** _____

Will you be contracting for trash and recycling dumpsters? (may be required for large events) _____

Location: (indicate on site plan) _____ **Name of Hauler:** _____



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INSURANCE REQUIREMENTS

Before a permit will be issued, you will need to submit proof of General Liability Insurance or event insurance that names, as the additional insured, County of Lehigh, its officers, employees, agents, and volunteers" impacted by your event. The **Certificate** of General Liability insurance must be accompanied by the additional insured endorsement or it will not be accepted. The necessary amount of coverage required is \$1,000,000. Insurance coverage must be maintained for the duration of the event, including setup and cleanup. The certificate holder is **County of Lehigh, 17 South Seventh St., Allentown, PA 18101**. This must be submitted no later than 21 days prior to commencement of the event. Permits will not be issued until all insurance requirements have been received and approved by the County of Lehigh.

AFFIDAVIT OF APPLICATION

The applicant must complete, sign, date and submit application by email parksinfo@lehighcounty.org or mail to **Lehigh County Parks and Recreation, 260 S. Cedarbrook Road, Allentown, PA 18104**. Please make checks out to **County of Lehigh**.

I hereby certify the foregoing statements to be true and assigns correct and agree to indemnify and hold harmless the County of Lehigh, its executive, commissioners, officers, agents, employees from and against any and all losses, damages, liability, claims, suits, costs and expenses whatsoever, including attorney's fees, regardless of the merit or outcome of any such claim or suit arising from or in any manner connected to the requested activity. I agree to abide by these rules and further certify that I, on behalf of the organization, am authorized to commit that organization to, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the event to the County of Lehigh. I also agree, if approved, to comply with all permit conditions and understand that failure to comply with any condition or any violation of law or parks policy may result in the immediate cancellation of the event, denial of future events and/or criminal prosecution.

Organization: _____

Point of Contact: _____

Signature: _____ Date: _____

Office Use Only

Application Received _____

Event Approved/Denied _____ Date _____

Total Permit Fees _____ Permit Fees Received _____ Check _____

Insurance Received _____ Date _____