



Upper Merion Township

Special Events Application

Ordinance 87-513 (Codebook Chapter 139)

**Township Managers Office:**      **610-265-2600**      **Permit #:** \_\_\_\_\_

**Planning & Codes Enforcement:**      **610-265-2606**      **UMPD Incident #:**

**Police Department:**      **610-265-3232**      \_\_\_\_\_

Date of Event: \_\_\_\_\_ Day of Event: \_\_\_\_\_

Start Time: \_\_\_\_\_ a.m./p.m.      End Time: \_\_\_\_\_ a.m./p.m.

(1) Applicant's Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone (Mobile): \_\_\_\_\_ (Other): \_\_\_\_\_

(2) Alternate Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone (Mobile): \_\_\_\_\_ (Other): \_\_\_\_\_

(3) Sponsor (if other than applicant): \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone (Mobile): \_\_\_\_\_ (Other): \_\_\_\_\_

(4) Day of Event Person in Charge: \_\_\_\_\_  
Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone (Mobile): \_\_\_\_\_ (Other): \_\_\_\_\_

(5) Nature/Purpose of Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(6) Event Location: \_\_\_\_\_

(7) Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone (Mobile): \_\_\_\_\_ (Other): \_\_\_\_\_

(8) Estimated Number of Participants and/or Spectators: \_\_\_\_\_

(9) Estimated Parking Requirements for Event: \_\_\_\_\_

(10) Will alcoholic beverages be sold or dispensed: Y\_\_\_\_ N\_\_\_\_  
\*\*Copy of P.L.C.B. Permit required if dispensing alcoholic beverages

(11) Will Food and/or non-alcoholic beverages be sold or dispensed: Y\_\_\_\_ N\_\_\_\_

(12) Estimated numbers and location of monitors to control event (site or route plan required  
indicating monitors required): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(13) Sound amplification equipment to be used – Include decibels and projected direction of  
amplification: \_\_\_\_\_

(14) Sanitary facilities provided (indicate locations on site plan): \_\_\_\_\_  
\_\_\_\_\_

(15) Type and number of vehicles, animals, structures or other special equipment to be used at event:

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(16) Type and location of water aid stations and First-Aid stations (indicate on site-plan):

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(17) Additional Information: (Refer to Special Events Ordinance):

(18) Event Route (if covering multiple locations):

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(19) **Indemnification agreement:**

**Copy must be attached to this application**

(20) **Insurance:**

**An original certificate of insurance naming Upper Merion Township as the additional insured must be attached to the application. Limits of liability to be set by the Township.**

(21) **Municipal Service Fees:**

**To be determined by the township prior to approval of the application. Proper security and fees must be posted before application can be approved.**

(22) \_\_\_\_\_ Date  
Applicant Signature (indicates agreement with permit conditions)

(23) \_\_\_\_\_ Date  
Property Owner's Signature (if other than applicant)

\*\*This completed permit should be signed above and forwarded to the address below:

**Upper Merion Township Police Department**  
**Community Oriented Policing Division**  
**175 W. Valley Forge Rd.**  
**King of Prussia, PA 19406**

(24) APPROVED: \_\_\_\_\_  
Township Manager's Signature Date

(25) DENIED: \_\_\_\_\_  
Township Manager's Signature Date

(26) Reasons for Denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(27) Does applicant wish to appeal decision of the Township Manager and/or the conditions of permit:

Yes \_\_\_\_\_ No \_\_\_\_\_

\*Please refer to Special Events Ordinance for process of appeal

\_\_\_\_\_  
Signature of Applicant indicating intent to appeal Date

Please note: this is a fillable form, but its functions may not be available in all browsers. If you have trouble filling this out electronically, you may download and email the completed form to Special Officers Lare and Levis -  
clare@umtownship.org or plevis@umtownship.org