



BOROUGH OF PERKASIE

620 West Chestnut Street P.O. Box 96
Perkasie, PA 18944

215-257-5065
Fax 215-257-7673

EVENT PERMIT APPLICATION 2021

Request required at least 45 days prior to event.

\$25 fee - due after approval is confirmed

EVENT TYPE _____

(Parade, Block Party, Festival,
5K Run, Reunion, Fundraiser, etc.)

APPLICANT or SPONSOR: _____

(Name & Address)

EMAIL _____

ESTIMATED NUMBER OF PERSONS ATTENDING WILL BE: _____

TELEPHONE: (Please provide the best number to call to reach you on the day of the event.)

Primary Contact _____

Secondary Contact _____

DATE(S) OF EVENT: _____

TIME (To - From): _____

LOCATION: _____

ROADS TO BE CLOSED

OR LIMITED PARK ACCESS

DESIRED: _____

EVENT ROUTE: _____

Please check appropriate answers

Yes No

NOTE:

- POLICE / FIRE POLICE REQUESTED:**
- PARKING RESTRICTIONS:**
- BARRICADES REQUIRED:**
- ELECTRIC SERVICE REQUIRED:**
- TRASH COLLECTION REQUIRED:**

Applicant is responsible for incurred charges or other fees associated with event requirements. (i.e. police traffic control, trash pick-up)

SPECIAL REQUIREMENTS: _____

CERTIFICATE OF INSURANCE: All permits require a Certificate of Insurance, naming Perkasi Borough as Certificate Holder, evidencing \$1,000,000 in Comprehensive General Liability Insurance. This is due no later than 2 weeks prior to the event. The Borough reserves the right to cancel an event if the proper paper work is not submitted.

Applicant certifies that the above information is true and correct, has reviewed and is familiar with the insurance requirements and guidelines, and familiar with the rules and regulations of Perkasi Borough as set forth in the Code of Ordinances, Section 115.

Date of Application: _____ By: _____

Title: _____

APPROVED: This ____ Day of _____, 20____, subject to the following conditions:

Mayor / Borough Manager

Distribution: Circle appropriate department

Police Department
Fire Department
EMS

Public Works Department
Electric Department
Fire Police

Parks & Recreation
Bucks County Communications
Bucks County Board of Health