CITY OF SHARON, PA
SPECIAL EVENT PERMIT

This application must be fully completed, signed and forwarded to the City Manager of the City of Sharon at least thirty (30) business days before your event. ***There is a $50 fee required; please make checks payable to the City of Sharon.***

Any misrepresentations in this application or deviation from the final agreed upon route and/or method of operation described herein may result in the immediate revocation of the permit. Please type or print the information clearly and attach additional sheets if needed. Any changes to the application once it is submitted must be done so in writing 14 calendar days after submission of your application.

Any person who shall violate any provisions of City of Sharon Codified Ordinances, Chapter 1069, Public or Private Events on Public Property shall be fined and required to pay not more than six hundred dollars ($600) for each violation and/or serve a term of imprisonment not to exceed thirty (30) days for each violation.

If this event requires the closing of City streets it is the contact person's responsibility to notify businesses or residents that may be affected by the street closing upon permit approval.

Events including vendors/transient merchants: A list of all participants must be submitted at time of application

EVENT/GENERAL INFORMATION

DATE OF APPLICATION: _____ ESTIMATED ATTENDANCE: _____

EVENT NAME/DESCRIPTION: _____

EVENT DATE: _____ START TIME: _____ END TIME: _____

CITY FACILITIES TO BE USED: ☐ Park ☐ Street ☐ Sidewalk ☐ River ☐PRIVATE PROPERTY

EVENT LOCATION: _____

EVENT SPONSOR: _____

DESCRIBE EVENT TO BE HELD: _____

_____

CONTACT PERSON: _____ EMAIL: _____ PHONE: _____

LIABILITY INSURANCE

The City of Sharon DOES REQUIRE organization or individuals requesting the use of City-owned property provide the City with a PUBLIC LIABILITY INSURANCE POLICY naming the City of Sharon as Additional Insured, if the event or public event is reasonably anticipated to draw more than 1,000 persons.

This policy must carry a minimum of liability of $500,000 combined single limit for bodily injury and property damage. The application accompanied by the Certificate of Insurance must be received at least thirty (30) days prior to the event. There are no exceptions.

LIQUOR LICENSE

Will the event involve serving of alcoholic beverages? ☐ Yes ☐No

If yes, do you possess valid PA Liquor Control Board License? ☐ Yes ☐No

PUBLIC SAFETY

What is your security plan for the event (please identify the source and number of security): _____

_____

_____

Are you having fireworks? ☐ Yes ☐No If yes, please contact the City of Sharon Fire Department at (724) 983-3201

And provide the exact location: _____

AFFIDAVIT OF APPLICANT

I hereby certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief and that I have read, understand, and agree to abide by the City's Ordinances and regulations governing this proposed Special Event. I also agree to comply with all other local, state, and/or federal laws that are applicable to this event.

I further certify that I understand that allowing non-permitted or unscheduled activities to occur during my event may result in increased costs tome and/or the Organization/Sponsor due to unanticipated operational expenses.

I further certify that I, on behalf of myself and/or the Organization/Sponsor (for which I have submitted a letter indicating I am authorized to act on his/her/its behalf), agree to be financially responsible for paying any costs and fees to the City of Sharon that are incurred by the City or on behalf of the event.

If I cancel my event, I will notify the City as early as possible so as to cut down on any cost recovery. I understand that I will be charged for City services provided in advance of the event up through the time of notification.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRINT NAME: _____

OFFICE USE ONLY

Police Required: ☐ Yes ☐No Additional Fee: $_____

Number of Officers: _____ @ $_____ per hour Approved by: _____

RETURN COMPLETED APPLICATION AND PUBLIC LIABILITY INSURANCE POLICY TO:

City Manager
City of Sharon
155 West Connelly Boulevard
Sharon, PA 16146