

**BOROUGH OF FORD CITY  
SPECIAL EVENTS PERMIT APPLICATION**

Applications must be submitted and deemed administratively complete at least forty-five (45) business days in advance of the proposed Special Event.

Full Name of Applicant: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_

Alternative Telephone Number: \_\_\_\_\_

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

**If the proposed event is to be conducted for, on behalf of, or by an organization, the name, address and telephone number of the organization's headquarters and the authorized representative of said organization must be provided below.**

Name of Applicant's Representative (if any): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_

Alternative Telephone Number: \_\_\_\_\_

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

Name of On-Site Contact: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_

Alternative Telephone Number: \_\_\_\_\_

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

# SPECIAL EVENT APPLICATION

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Type of Event:  Festival  Parade  Block Party  Race  Concert  Other

Title of Event: \_\_\_\_\_

Purpose and Description of Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of Event: \_\_\_\_\_

Date of Event: From: \_\_\_\_\_ To: \_\_\_\_\_

If the event is scheduled to last more than one (1) calendar day,  
is an Incident Action Plan attached to this application?  Yes  No

Time of Event:

Set-Up Time: From: \_\_\_\_\_ To: \_\_\_\_\_

Event Start Time: From: \_\_\_\_\_ To: \_\_\_\_\_

Event End Time: From: \_\_\_\_\_ To: \_\_\_\_\_

Tear-Down Time: From: \_\_\_\_\_ To: \_\_\_\_\_

Time required for set-up and tear-down: \_\_\_\_\_

*The Ford City Borough no longer offers garbage services. If you are in need of garbage services, please contact Shank Waste Services at 724-226-8320.*

Will the event be open to the public?  Yes  No

Number of persons anticipated to participate in the Event: \_\_\_\_\_

If attendance is expected to exceed 250 persons,  
is an Incident Action Plan attached to this application?  Yes  No

Will animals be participating in the event?  Yes  No

Describe type and number of animals: \_\_\_\_\_

\_\_\_\_\_

Will vehicles be incorporated into the Event?  Yes  No

Describe type and number of vehicles anticipated: \_\_\_\_\_

\_\_\_\_\_

# SPECIAL EVENT APPLICATION

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Will equipment (e.g., tents, vendor booths/tables, bathroom facilities) be utilized?  Yes  No

If yes, describe equipment proposed to be used:

Equipment Type: \_\_\_\_\_ Quantity: \_\_\_\_\_

Equipment Type: \_\_\_\_\_ Quantity: \_\_\_\_\_

Equipment Type: \_\_\_\_\_ Quantity: \_\_\_\_\_

Is use of Borough's electrical outlets requested?  Yes  No

If yes, how many: \_\_\_\_\_

Will the Event require road closures?  Yes  No

If yes, list all streets and avenues proposed to be closed, and the time of such closures:

Road Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Road Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Road Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Road Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

If 5<sup>th</sup> Avenue is proposed to be closed, is a PennDOT road closure permit attached to this application?  Yes  No

Is use of the Borough's road closure barricades requested?  Yes  No

Will any Armstrong County equipment be utilized for the Event?  Yes  No

If yes, describe equipment proposed to be used:

Equipment Type: \_\_\_\_\_ Quantity: \_\_\_\_\_

Equipment Type: \_\_\_\_\_ Quantity: \_\_\_\_\_

Will alcohol be sold, distributed, possessed and/or consumed during the Event?  Yes  No

If yes:

Is an PLCB License or Permit attached to this application?  Yes  No

Is proof of RAMP Certification attached to this application?  Yes  No

Have you reviewed the Borough's Special Event Policy as it relates to Alcoholic beverages?  Yes  No

# SPECIAL EVENT APPLICATION

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Has the following documentation been attached to this application?:

Security Plan?  Yes  No

Traffic Circulation and Parking Plan?  Yes  No

Plan identifying location of tents, vendors,  
and bathroom facilities (if proposed)?  Yes  No

Do you agree to submit the following documentation at least fifteen (15) days before the Event, and acknowledge failure to do so will result in the revocation of the Special Event Permit:

Proof of notification to emergency medical services?  Yes  No

Proof of notification to property/business owners  
within 200 ft of the event?  Yes  No

Certificate of required insurance:  Yes  No

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**NOTICE: The submission of this Application shall not be deemed administratively complete and filed until this form is completed and all required associated materials are submitted, as determined by the Borough Manager, or in the Borough Manager's absence, the Borough Secretary. The date the Borough receives the initial submission, as noted below, should not be constructed as the Applicant's filing date.**

By execution hereof, the undersigned hereby certifies that the statements made herein are true and correct to the best of his/her knowledge and belief.

Applicant's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

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Date Application Received: \_\_\_\_\_

Date Application Deemed Administratively Complete: \_\_\_\_\_

Was Special Event Permit Fee Paid:  Yes  No

Date Special Event Permit Issued: \_\_\_\_\_

Borough Approval: \_\_\_\_\_

Police Department Approval: \_\_\_\_\_

Volunteer Fire Department Approval: \_\_\_\_\_

Director of Public Works Approval: \_\_\_\_\_