

CITY OF LATROBE
901 JEFFERSON STREET
P O BOX 829, LATROBE PA 15650
724-539-8548
FAX 724-537-4802



APPLICATION FOR EVENT PERMIT

PLEASE PRINT

DATE: _____ NAME OF APPLICANT: _____ PHONE NO.: _____

APPLICANT ADDRESS: _____

ORGANIZATION: _____ PHONE NO.: _____

ORGANIZATION ADDRESS: _____

NAME OF EVENT: _____

LOCATION OF EVENT: _____

PURPOSE OF EVENT: _____

DATE (S) EVENT WILL BE HELD AND TIME: _____

WILL ANY STREETS NEED TO BE CLOSED: _____ YES _____ NO

IF YES, WHAT STREETS: (PLEASE BE EXACT, EAST, WEST, BLOCK NUMBERS, ETC.)

DATE & TIME STREET (S) WILL NEED TO BE CLOSED: _____

PARADES/ORGANIZED RACES/WALKS PLEASE PROVIDE ROUTE, APPROXIMATE NUMBER OF PARTICIPATES (NOT INCLUDING SPECTATORS), NUMBER OF AUTOS, BANDS, FLOATS, ETC., LINEUP LOCATION AND ENDING LOCATION.

ARE THERE ANY POLICE PERSONNEL REQUIRED? _____ YES _____ NO

IF YES, FOR WHAT PURPOSE _____

ARE THERE ANY *FIRE* PERSONNEL REQUIRED? YES NO

IF YES, FOR WHAT PURPOSE _____

DO YOU OR THE ENTITY YOU REPRESENT CARRY LIABILITY INSURANCE WHICH WOULD COVER THE EVENT? YES NO

IF YES, NAME OF CARRIER AND LIMITS OF COVERAGE _____

ADDITIONAL INSURANCE COVERAGE ON THE ENTITY'S LIABILITY INSURANCE POLICY STATING THAT THE CITY OF LATROBE IS ADDED AS AN ADDITIONAL INSURED IS REQUIRED AT THE TIME OF APPLICATION. WRITTEN PROOF OF COVERAGE MUST BE SUBMITTED TO THE CITY. FAILURE TO SUBMIT PROOF OF THIS COVERAGE MAY RESULT IN DENYING APPROVAL OF APPLICATION AND EVENT.

IN ADDITION TO THE ADDITIONAL INSURANCE REQUIREMENTS AS SET FORTH ABOVE, THE INDIVIDUAL/ENTITY REQUESTING THE EVENT PERMIT HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS, THE CITY OF LATROBE, ITS ELECTED OFFICIALS, EMPLOYEES, AGENTS AND SERVANTS FROM ANY AND ALL LIABILITY AND RESPONSIBILITY FOR AND FROM ANY CLAIMS FOR INJURY TO PERSON OR PROPERTY RESULTING FROM THE EVENT OR ANY ACTIVITY RELATED THERETO.

ADDITIONAL COMMENTS: _____

PERMIT FEE OF \$20.00 DUE AT TIME OF APPLICATION

I VERIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF 18 PA. C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES. I ALSO VERIFY RECEIPT AND FULLY UNDERSTAND ALL TERMS AND CONDITIONS OF ORDINANCE NO. 2002-04, ARTICLE 232 OF THE CODE OF ORDINANCES OF THE CITY OF LATROBE, ENTITLED REGULATION OF EVENTS ON PUBLIC PROPERTY.

SIGNATURE

DATE

FOR CITY USE ONLY

ADDITIONAL INSURANCE COVERAGE REQUIRED ON ENTITY'S LIABILITY INSURANCE POLICY RECEIVED

YES NO

APPROVED

YES NO

IF NOT APPROVED – REASON _____

SIGNATURE

DATE