



SPECIAL EVENTS APPLICATION WARWICK TOWNSHIP

315 Clay Road
Lititz, PA 17543
Office: 717-626-8900

Please print and Fill out application **completely**- failure to do so may delay permit for event.

This application must be submitted at least sixty (60) days prior to the event. Requests submitted less than 60 days run the risk of being denied.

SPONSORING ORGANIZATION: _____

CHIEF OFFICER OF ORGANIZATION: _____

APPLICANT/CONTACT(Name)_____ E-mail_____

ADDRESS: _____

PHONE(H): _____ PHONE(W): _____ PHONE(Cell): _____

Please identify the contact person "on-site" the day of event. (Note: This person must be in attendance for the duration of the event and immediately available to Township staff or Police/NLCRPD).

NAME: _____ PHONE(Cell): _____

TYPE OF EVENT: Run/Walk Bike Race Sporting Event/Tournament Fair/Festival

Fundraiser Other (Specify)

EVENT TITLE: _____

EVENT DESCRIPTION: _____

DATE REQUEST: _____ ALTERNATE DATE: _____

SITE PLAN AND ROUTE MAP

Event Set-up: Date: _____ Day of Week: _____ Time: _____

Street Closing for set-up, Stages, Tents, etc. Date: _____ Time: _____

Street(s) to be Closed: _____

_____ (Submit a Site Map with the application)

Event Opens: Date: _____ Day of Week _____ Time: _____

Street Closing for Race, Parade, etc.: Date: _____ Time: _____

Street(s) to be Closed: _____

_____ (Submit Route Map with the application)

Race, Parade or escort Start Time: _____

Daily Festival or Street Party Times: _____

Road Race Service Co. And Phone: _____

Event Closes: Date: _____ Day of Week: _____ Time: _____

Street Opening: Date: _____ Day of Week: _____ Time: _____

Event Dismantle: Date: _____ Day of Week: _____ Time: _____

Street Opening: Date: _____ Day of Week: _____ Time: _____

Traffic Control by(Co. used and contact) _____

INSURANCE:

* Before final permit approval will be granted, the applicant must provide an original and current certificate of general liability insurance, including bodily injury and property damage in the amount of \$1,000,000 per occurrence and aggregate of \$2,000,000.

* The certificate must name **“Warwick Township”** as an **“additional insured”**.

* Coverage must be maintained for the duration of the event. *The Township of Warwick reserves the right to request a copy of the entire Insurance policy.*

Name of Insurance Carrier: _____

Agent’s Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Business phone: _____ E-Mail: _____