



# SKIPPACK TOWNSHIP

www.skippacktownship.org

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## SPECIAL EVENT PERMIT APPLICATION

**EVENT NAME:** \_\_\_\_\_

**EVENT DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

Applicant: \_\_\_\_\_

Organization/Business Name: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Event Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company Providing Event Activities: \_\_\_\_\_

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

\_\_\_\_\_

A CERTIFICATE OF INSURANCE NAMING SKIPPACK TOWNSHIP AS ADDITIONAL INSURED IS REQUIRED AND MUST BE ATTACHED TO THE PERMIT APPLICATION.

PARKING AND TRAFFIC CONTROL ARE THE RESPONSIBILITY OF THE APPLICANT

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### TOWNSHIP APPROVAL

**DATE APPROVED BY THE BOARD OF SUPERVISORS:** \_\_\_\_\_

**SIGNATURE OF TOWNSHIP OFFICIAL:** \_\_\_\_\_

**NAME AND TITLE OF TOWNSHIP OFFICIAL:** \_\_\_\_\_