



**MUHLENBERG TOWNSHIP**  
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## Township of Muhlenberg Public Gathering Ordinance Application

**Applicant Name:** \_\_\_\_\_  
First Last

**Applicant Address:** \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

**Name of Organization (if different than the applicant):** \_\_\_\_\_

**Organization Address:** \_\_\_\_\_  
Street City State Zip

**Property Owner Name:** \_\_\_\_\_  
First Last

**Property Owner Address:** \_\_\_\_\_  
Street City State Zip

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

**Person in charge on the day of event:** \_\_\_\_\_  
First Last

**Person in charge on the day of event Address:** \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

\*If the Sponsor(s) is (are) a partnership or joint venture, all partners and parties to the joint venture shall sign as applicant. If the Sponsor(s) is (are) a corporation, a copy of the Articles of Incorporation and a corporate resolution authorizing the application shall be made part of the application.

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

Address of Event: \_\_\_\_\_  
Street City State Zip

Date(s) of Event: \_\_\_\_\_ Set up Date: \_\_\_\_\_ Tear Down Date: \_\_\_\_\_

Set up Time: \_\_\_\_\_ Tear Down Time: \_\_\_\_\_

Type of Event: \_\_\_\_\_ Number of persons expected: \_\_\_\_\_  
(include all staff, volunteers, vendors and any others involved.)

Is this event open to the public?  Yes or  No

Will an admission fee be charged?  Yes or  No  
If yes, what is the amount? \_\_\_\_\_

Provide a description of the type of security that will be present at the event assisting in the control of traffic and supervision of those attending and their providers? \_\_\_\_\_

**Check yes or no to the items listed below if they will be used during the Public Gathering event:**

(If you check yes to any of the listed items you must provide a map showing where they will be located during the event. Be sure to include the start and finish areas, emergency access for fire and medical vehicles, show the location for fireworks or flames, and give a location and description of all vendors. )

	Yes	No		Yes	No
Amplification devices to be used outdoors	<input type="checkbox"/>	<input type="checkbox"/>	Areas for spectators or persons attending the event	<input type="checkbox"/>	<input type="checkbox"/>
Structures existing and to be constructed	<input type="checkbox"/>	<input type="checkbox"/>	Proposed transportation and parking facilities	<input type="checkbox"/>	<input type="checkbox"/>
On-site medical facilities	<input type="checkbox"/>	<input type="checkbox"/>	Facilities for food and beverage Storage, preparation and service	<input type="checkbox"/>	<input type="checkbox"/>
Camping facilities or other temporary overnight accom.	<input type="checkbox"/>	<input type="checkbox"/>	Proposed event and directional signs	<input type="checkbox"/>	<input type="checkbox"/>
Lighting and other utility services	<input type="checkbox"/>	<input type="checkbox"/>			

1. Will the organization be providing sanitary and waste disposal facilities?  Yes  No  
If yes, list the provider's name: \_\_\_\_\_

2. Will the organization be providing recycling bins?  Yes  No  
If yes, list the name of the recycling material hauler: \_\_\_\_\_  
If yes, list the name of the receiving facility: \_\_\_\_\_

3. Does the organization require any additional permits or licenses by the State and County statutes or ordinances?  
(ex. Small Games of Chance License, One Day Alcohol permit, etc.)  Yes  No  
If yes, list and provide proof: \_\_\_\_\_

4. Does the organization plan to advertise for this event?  Yes  No  
(If yes, provide examples of all proposed advertising.)

5. Will there be media coverage for the event?  Yes  No

6. Provide a description of all services requested from the Township: \_\_\_\_\_

7. List or provide any supplemental information that the Township shall find reasonably necessary, under the particular circumstances of the Public Gathering application, to determine whether to approve or conditionally approve a Public Gathering permit.

8. In a few words, what is the purpose of the public gathering? \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

FOR OFFICIAL USE ONLY

Approval by Township

Date

\_\_\_\_\_ Police Department

\_\_\_\_\_ Public Works

\_\_\_\_\_ Township Manager