



MUHLENBERG TOWNSHIP
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WWW.MUHLENBERGTWP.COM

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

_____ Engineering, Codes & Zoning

_____ Township Manager