Manor Township
306 Byron Street
McGrann, Pa. 16236

724-763-9215

LARGE GATHERING PERMIT APPLICATION

PERMIT APPLICATION				
Name of Applicant:		Organization (if	applicabl	e)
Mailing Address:				
Contact Person:		Contact Person	who will b	pe present at the event:
Contact 1 erson.		Contact Terson	WIIO WIII k	be present at the event.
Contact Person Cell Phone Num	ber		who will l ell Phone	be present at the event
			en i none	Number
Detailed description of the event (Please attach additional sheets of paper if description cannot fit into this space)				
	mto tin	s space)		
Location of the event:				
Date (s) of the Event		Hours:		
		Begin:]	End:
Estimated Attendance:	Minimum No:		Maximu	m No:
Are Juveniles going to be present?				
Types of alcohol to be served or	consumed:			

Applicant and contact person must be reachable by cell phone at all times during the event.

The following facilities will be available during the entire event:

a-johns)	No. of units	Male:	Female:				
Potable water supply from:							
Food will be served from and/or by:							
Beverages will be served from and/or by:							
How will lighting often donk will	ha nyawidada						
How will lighting after dark will be provided:							
Medical or first aid provided by:							
Traffic control provided by:		Number of Officers:					
Parking for vehicles is planned							
Attach plan of exact parking location and exact route to be kept open for emergency vehicles							
Parking plan not applicable	. Plaga ovnlain.						
Farking plan not applicable	. Flease explain:						
Attach plot plan							
Attach plot plan							
Attach plot plan Name of Promoter or Applicant:							
	Phone	e:					
Name of Promoter or Applicant:		e:					
Name of Promoter or Applicant: Mailing address:	Phone						
Name of Promoter or Applicant:	Phone	e: lar Phone:					
Name of Promoter or Applicant: Mailing address: Email:	Phone	lar Phone:	rihad ayant Lagraa				
Name of Promoter or Applicant: Mailing address: Email:	Phone Cellu hereby accept all responsi	lar Phone: bility for the above-descr					
Name of Promoter or Applicant: Mailing address: Email: I, do let o adhere to all laws, regulations, a	Phone Cellu hereby accept all response and ordinances of the Tow	lar Phone: bility for the above-description of Manor and the S	State of				
Name of Promoter or Applicant: Mailing address: Email: I, do to adhere to all laws, regulations, a Pennsylvania. I do hereby consent	Phone Cellu hereby accept all response and ordinances of the Tow to the entry, at any time, it	bility for the above-description of Manor and the Sign the course of his/her du	State of uties, any official of				
Name of Promoter or Applicant: Mailing address: Email: I, do to adhere to all laws, regulations, a Pennsylvania. I do hereby consent the Township of Manor in the perfet	hereby accept all responsi	bility for the above-describing of Manor and the Sin the course of his/her duluties, including to but no	State of atties, any official of ot limited to				
Name of Promoter or Applicant: Mailing address: Email: I, do to adhere to all laws, regulations, a Pennsylvania. I do hereby consent	hereby accept all responsing ordinances of the Tow to the entry, at any time, it ormance of their official cany surety that the Towns	bility for the above-description of Manor and the Sign the course of his/her duluties, including to but no hip of Manor deems necessity.	State of atties, any official of ot limited to				
Name of Promoter or Applicant: Mailing address: Email: I, do to adhere to all laws, regulations, a Pennsylvania. I do hereby consent the Township of Manor in the perfeinspection. I also agree to provide a	hereby accept all responsion ordinances of the Town to the entry, at any time, it ormance of their official cany surety that the Towns if y that the above information in the control of the cany surety that the Towns if y that the above information is the control of the cany surety that the above information is the canonical ordinary that	bility for the above-description of Manor and the Sign the course of his/her duluties, including to but no hip of Manor deems necessity.	State of atties, any official of ot limited to essary. Under the				

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Name of Property Owner (The following MUST BE completed by the owner of the property involved):				
Mailing Address:	Phone Number:			
Email:	Cell Phone Number:			
I				
Signature:	Date:			
DO NOT WRITE BELOW THIS SP	ACE, FOR TOWNSHIP USE ONLY			
Building Inspector/Code Enforcement Officer Signature of Approval	Date:			
Director of Public Works signature of Approval:	Date:			
Police Chief Signature of Approval:	Date:			
Department Comments or additional conditions required:				
Applicant: I do hereby agree to implement any additional conditions listed above:				
Signature: Date:				
Dowied Decean				
Denied Reason: Approved	Permit Number:			
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