



7560 Roslyn St. • Swissvale, PA 15218
412-271-7101 FAX: 412-271-5441

Special Events Permit Application

Applicant Name: _____

Applicant Title: _____

Organization Name: _____

Address: _____

Email: _____

Office Phone: _____

Cell Phone: _____

Primary Contact Name: _____
(If not applicant)

This shall be the person who will be the primary contact between the borough and the Event Organizers.

Address: _____

Email: _____

Office Phone: _____

Cell Phone: _____

Event Name: _____

Event Location: _____

Event Description: _____
(Nature and/or purpose of event.) _____

Description Cont.: _____
(Performers and any sound amplification to be used.) _____

Event Dates, Times and Expected Participants/Spectators:

Event Date(s): Event Times: (start) (end) # of Spectators:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Indicate # of anticipated staff on site for the event:

Event Date(s): # of Event Staff: # of Vendors: # of Performers & Support Staff: Other:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Will Private Security be provided?

If yes, how many? _____

Yes: _____ **No:** _____

Date(s): _____ **# Provided:** _____

_____	_____
_____	_____
_____	_____

Is a parking and/or Transportation plan established?

If yes, attach to application.

Yes: _____ **No:** _____

Will first aid stations be provided?

If yes, how many? _____

Yes: _____ **No:** _____

Will water stations be provided?

If yes, how many? _____

Yes: _____ **No:** _____

Type and number of sanitary facilities: _____

Will there be any temporary structures erected for the event?

Yes: _____ **No:** _____

If yes, attach to this application:

- 1) Site diagram indicating locations.
- 2) Descriptions, sizes and elevations.

Will there be temporary electric installed?

Yes: _____ **No:** _____

Will food and beverage be sold at this event?

Yes: _____ **No:** _____

If yes, attach list of vendors.

Will food and beverage be prepared on site and provided other than those listed by vendors to provide food sales?

Yes: _____ **No:** _____

If yes, provide vendor info and location of preparation areas.

Will alcoholic beverages be sold at the event?

Yes: _____ **No:** _____

If yes, attach a list of persons, organizations or companies selling alcoholic beverages. Proof of liquor license and liquor liability insurance will also need to be provided.

Will pyrotechnics be used at the event?

Yes: _____ **No:** _____

If yes, attach a description to application.

Other Relevant Information:

APPLICANT ACKNOWLEDGEMENT and CERTIFICATION

By signing below, I acknowledge and certify the following:

- I have read the aforementioned information and hereby acknowledge that I must notify the Borough of any change to the event indicated in the application.
- I am a lawfully authorized agent of the organization(s) listed above.
- That all information provided on this application is true and correct to the best of my knowledge.

Name: _____ Signature: _____ Date: _____

Please include payment to the Borough of Swisssale with your application:

Estimated Attendance of 1,000 to 2,500 persons	\$125.00
Estimated Attendance of 2,501 to 5,000 persons	\$250.00
Estimated Attendance of 5,001 to 7,500 persons	\$375.00
Estimated Attendance of more than 7,500 persons	\$500.00

Borough Use Only				
Permit No.		Approved by:		Date Issued: