



## PUBLIC PROPERTY/PUBLIC GATHERING PERMIT APPLICATION

PLEASE PRINT CLEARLY  
 (PAGES 1-4 MUST BE COMPLETED ALONG WITH ANY REQUIRED ATTACHMENTS)

### EVENT INFORMATION

EVENT TITLE & DESCRIPTION:			
EVENT DATE:		ADDITIONAL DATES:	
TIME OF EVENT:	START:	END:	TEAR-DOWN TIME (END):
NAME OF ORGANIZATION:		SET-UP TIME (START):	
ADDRESS:	CITY:	STATE:	ZIP CODE:
CONTACT NAME:		EMAIL:	
CELL PHONE:		OTHER PHONE:	
ADDRESS:	CITY:	STATE:	ZIP CODE:

### AREA(S) REQUESTED (MUST CHECK ONE)

<input type="checkbox"/> HERITAGE PLAZA (11TH AVENUE/14TH STREET) (COMPLETE ATTACHMENT A – HERITAGE PLAZA USE APPLICATION) (IN ADDITION TO APPLICATION FEE, THERE IS A HERITAGE PLAZA USE FEE)	
<input type="checkbox"/> GOSPEL HILL PARK (14 <sup>TH</sup> AVENUE/14 <sup>TH</sup> STREET)	<input type="checkbox"/> TUCKAHOE PARK (UNION AVENUE/27 <sup>TH</sup> – 31 <sup>ST</sup> STREET)
<input type="checkbox"/> FOREST PARK (BEALE-BROAD AVENUE/36 <sup>TH</sup> STREET) (LARGE OPEN SPACE)	
<input type="checkbox"/> BLOCK PARTY (PLEASE SPECIFY LOCATION):	<input type="checkbox"/> OTHER (PLEASE SPECIFY LOCATION):

### STREET CLOSURE (MUST CHECK ONE)

<input type="checkbox"/> NO <input type="checkbox"/> YES
(IF YES, COMPLETE <b>ATTACHMENT B</b> – STREET CLOSURE PERMIT APPLICATION)

### EVENT ORGANIZER/SPONSOR (MUST CHECK ONE)

<input type="checkbox"/> RESIDENT	<input type="checkbox"/> COMMUNITY GROUP (PLEASE PROVIDE A CERTIFICATE OF INSURANCE)
<input type="checkbox"/> NON-PROFIT GROUP (PLEASE PROVIDE A CERTIFICATE OF INSURANCE †)	<input type="checkbox"/> COMMERCIAL/BUSINESS GROUP (PLEASE PROVIDE A CERTIFICATE OF INSURANCE)
† (MUST PROVIDE NON-PROFIT TAX ID NUMBER):	
UPON REVIEW OF AN APPLICATION, THE CITY MAY REQUIRE A SPECIAL EVENTS OPERATIONS PLAN COMMUNITY, NON-PROFIT AND COMMERCIAL/BUSINESS GROUPS MUST PROVIDE A \$1,000,000 GENERAL LIABILITY CERTIFICATE OF INSURANCE NAMING THE CITY, AND ANY OTHER AGENCIES INVOLVED, AS ADDITIONAL INSURED(S) FOR THE EVENT	
<b>(CHECK ONE)</b>	
<input type="checkbox"/> PRIVATE PARTY <input type="checkbox"/> INVITATION ONLY <input type="checkbox"/> OPEN PARTY <input type="checkbox"/> ADVERTISED <input type="checkbox"/> OTHER	
APPLICATION FEE (ALL APPLICANTS ARE REQUIRED TO PAY UPON APPLICATION SUBMISSION)(NON-REFUNDABLE)	\$25.00
HERITAGE PLAZA USE FEE	\$
TOTAL DUE	\$

ACCOUNT # 01-000-321.910

**NOISE (MUST CHECK ONE)**

<input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, COMPLETE INFORMATION BELOW)
<input type="checkbox"/> LIVE BAND <input type="checkbox"/> STEREO <input type="checkbox"/> LOUDSPEAKER <input type="checkbox"/> DJ <input type="checkbox"/> OTHER:
NAME OF BAND(S) OR DJ(S):
DESCRIPTION OF SOUND EQUIPMENT OR BAND(S):
TYPE OF MUSIC (GENERAL):

**ALCOHOL PRESENT/PROVIDED (MUST CHECK ONE)**

WILL THERE BE ALCOHOL AT THE EVENT? <input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, YOU MUST PROVIDE A PLCB SPECIAL PERMIT ALONG WITH THE REQUIRED INSURANCE)
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**TENTS/STAGES/TEMPORARY STRUCTURES (MUST CHECK ONE)**

WILL THERE BE TENTS, STAGES OR TEMPORARY STRUCTURES INSTALLED FOR THE EVENT? <input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, COMPLETE INFORMATION BELOW)		
TENT:	DIMENSIONS:	RENTAL COMPANY:
(IF TENT IS LARGER THAN 400 SQ. FT. YOU MUST COMPLETE A TENT APPLICATION PERMIT – PLEASE CONTACT THE CITY FIRE INSPECTOR AT 814-949-3398)		
STAGE:	DIMENSIONS:	RENTAL COMPANY:
OTHER:	DIMENSIONS:	RENTAL COMPANY:

**FIREWORKS (MUST CHECK ONE)**

WILL THERE BE A FIREWORKS DISPLAY AT THE EVENT? <input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, YOU MUST COMPLETE A FIREWORKS DISPLAY APPLICATION/PERMIT – PLEASE CONTACT THE CITY FIRE INSPECTOR AT 814-949-3398)
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**SIGNAGE (MUST CHECK ONE)**

WILL THERE BE SIGNS INSTALLED FOR THIS EVENT? <input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, YOU MUST COMPLETE A SPECIAL EVENTS SIGNAGE APPLICATION – PLEASE CONTACT THE ZONING OFFICE AT 814-949-2456)
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**FESTIVAL PERMITS (VENDORS) (MUST CHECK ONE)**

WILL THERE BE VENDORS SELLING GOODS, SERVICES OR FOOD AT THE EVENT? <input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, EACH VENDOR MUST OBTAIN A FESTIVAL PERMIT FROM THE FINANCE DEPARTMENT)
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**SITE CLEAN UP**

IT IS THE APPLICANT'S RESPONSIBILITY TO CLEAN THE EVENT PREMISES AND REMOVE ALL TRASH, GARBAGE AND RECYCLABLES FOLLOWING THE EVENT. PLEASE KEEP IN MIND, THE CITY REQUIRES PLASTIC BOTTLES, GLASS BOTTLES, ALUMINUM AND STEEL CANS, AND CARDBOARD TO BE RECYCLED. IT IS YOUR RESPONSIBILITY TO ARRANGE FOR THE COLLECTION AND SEPARATION OF TRASH AND RECYCLING FOR ALL PARTICIPANTS AND VENDORS. ALL CONTAINERS FOR RECYCLING SHOULD BE CLEARLY LABELED AND PLACED NEXT TO A TRASH CAN. PLEASE PROVIDE THE NAME AND CONTACT INFORMATION FOR THE STAFF PERSON OR VOLUNTEER IN CHARGE OF TRASH AND RECYCLING.	
NAME:	CELL PHONE:
TOTAL # OF RECYCLING CONTAINERS:	TOTAL # OF TRASH CONTAINERS:
HAULING COMPANY:	
IF YOU NEED ASSISTANCE WITH RECYCLING ARRANGEMENTS OR VENDOR EDUCATION, PLEASE CONTACT THE IRC AT 814-942-7472.	

**RESPONSIBLE PARTIES IN ATTENDANCE AT EVENTS**

NAME:	CELL:	OTHER PHONE:	EMAIL:
ADDRESS:	CITY:	STATE:	ZIP CODE:
NAME:	CELL:	OTHER PHONE:	EMAIL:
ADDRESS:	CITY:	STATE:	ZIP CODE:
WILL THERE BE PRIVATE SECURITY PRESENT? <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, NAME OF SECURITY COMPANY:	
WILL PRIVATE PROPERTY BE USED IN CONJUNCTION WITH THIS EVENT? <input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, WRITTEN PERMISSION OF THE OWNER OF THE PRIVATE PROPERTY MUST ACCOMPANY THIS APPLICATION)			

**SIGNATURE**

I UNDERSTAND AND WILL COMPLY WITH THE CONDITIONS OF THIS PERMIT. IF I FAIL TO ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY, THIS PERMIT WILL NOT BE APPROVED. I FURTHER UNDERSTAND THAT AN APPROVED PERMIT MAY BE REVOKED BY THE CITY MANAGER FOR FAILURE TO COMPLY WITH THE TERMS AND CONDITIONS OF THIS PERMIT.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE



**PUBLIC PROPERTY/PUBLIC GATHERINGS  
WAIVER OF CITY LIABILITY**

I (WE) THE UNDERSIGNED, DO HEREBY AGREE THAT AS A CONDITION TO THE CITY OF ALTOONA PUBLIC PROPERTY/PUBLIC GATHERINGS PERMIT, AND IN ORDER TO HOLD AN EVENT WITHIN THE CITY OF ALTOONA, TO INDEMNIFY AND HOLD HARMLESS THE CITY OF ALTOONA FROM ANY EXPENSES, DIRECT OR INDIRECT, AND ANY CLAIMS, DEMANDS, OR CAUSES OF ACTION WHATSOEVER, IF ANY, ARISING BY REASON OF THE USE OF PUBLIC PROPERTY FOR THE EVENT AS DESCRIBED ON THE ATTACHED PERMIT.

FURTHER, I (WE) DO HEREBY AGREE THAT CLEAN-UP AND RESTORATION OF THE FACILITY AND/OR PUBLIC PROPERTY AFTER EACH EVENT IS THE RESPONSIBILITY OF THE PERMIT HOLDER.

IN WITNESS WHEREOF,  
THE PARTIES HERETO BY THEIR PROPER SIGNATURE DO HEREBY EXECUTE THIS WAIVER THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
PERMIT HOLDER

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
PERMIT HOLDER #2 (IF APPLICABLE)

\_\_\_\_\_  
CITY OF ALTOONA OFFICIAL

\_\_\_\_\_  
ORGANIZATION

**ATTACHMENT A  
HERITAGE PLAZA USE APPLICATION**

**EVENT INFORMATION**

EVENT TITLE & DESCRIPTION:				
EVENT DATE:				
TIME OF EVENT:	START:	END:	SET-UP TIME (START):	TEAR-DOWN TIME (END):
NAME OF ORGANIZATION:				
ADDRESS:	CITY:	STATE:	ZIP CODE:	
CONTACT NAME:			EMAIL:	
CELL PHONE:			OTHER PHONE:	
ADDRESS:	CITY:	STATE:	ZIP CODE:	

\_\_\_\_\_  
APPLICANT/ORGANIZER SIGNATURE

\_\_\_\_\_  
DATE

THERE IS A HERITAGE PLAZA USE FEE, IN ADDITION TO THE NON-REFUNDABLE APPLICATION FEE.

WILL YOU REQUIRE ACCESS TO THE RESTROOMS? <input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, THE CITY WILL PROVIDE AN INSTRUCTION SHEET)
WILL YOU REQUIRE ACCESS TO POWER/ELECTRICITY? <input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, THE CITY WILL PROVIDE AN INSTRUCTION SHEET)

**ATTACHMENT B  
STREET CLOSURE PERMIT APPLICATION  
EVENT INFORMATION**

EVENT TITLE & DESCRIPTION:			
EVENT DATE(S):			
STREET(S) AND/OR AVENUE(S) TO BE CLOSED:			
TIME OF EVENT:	START:	END:	TEAR-DOWN TIME (END):
NAME OF ORGANIZATION:			
ADDRESS:	CITY:	STATE:	ZIP CODE:
CONTACT NAME:		EMAIL:	
CELL PHONE:		OTHER PHONE:	
ADDRESS:	CITY:	STATE:	ZIP CODE:

\_\_\_\_\_  
 APPLICANT/ORGANIZER SIGNATURE \_\_\_\_\_  
DATE

**OFFICIAL USE ONLY**

PERMISSION IS HEREBY GIVEN TO:	
TO CLOSE THE FOLLOWING STREET(S)/AVENUE(S)/ALLEY(S):	
ON:	, FOR (TYPE OF EVENT):
FROM:           :	(START)           /           TO:           :
	(END)

UNDER AND SUBJECT TO THE PROVISIONS AND REQUIREMENTS OF THE CITY OF ALTOONA CODE OF ORDINANCES, THE CITY OF ALTOONA POLICE DEPARTMENT AUTHORIZES THIS STREET CLOSURE PERMIT IN EFFECT ON \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 TRAFFIC/SPECIAL EVENTS OFFICER \_\_\_\_\_  
CHIEF OF POLICE

DATE APPROVED: \_\_\_\_\_

**THIS PAGE IS FOR CITY USE ONLY**

<input type="checkbox"/> CERTIFICATE OF INSURANCE	<input type="checkbox"/> PLCB SPECIAL PERMIT (REQUIRED IF PROVIDING ALCOHOL)
<input type="checkbox"/> ROAD CLOSING PERMIT (REQUIRED FOR CLOSING OF STREETS)	<input type="checkbox"/> NON-PROFIT TAX-EXEMPT FORM
<input type="checkbox"/> WRITTEN PERMISSION FROM OWNER OF PRIVATE PROPERTY (REQUIRED FOR PRIVATE PROPERTY)	
<input type="checkbox"/> SPECIAL EVENTS OPERATIONS PLAN (IF REQUIRED)	

**PUBLIC PROPERTY/PUBLIC GATHERINGS PERMIT**

<input type="checkbox"/> APPROVED (SEE CONDITIONS OF APPROVAL BELOW)	<input type="checkbox"/> DENIED (SEE REASONS FOR DENIAL BELOW)
CONDITIONS OF APPROVAL/REASONS FOR DENIAL	

**NOISE PERMIT**

<input type="checkbox"/> APPROVED (SEE CONDITIONS OF APPROVAL BELOW)	<input type="checkbox"/> DENIED (SEE REASONS FOR DENIAL BELOW)
CONDITIONS OF APPROVAL/REASONS FOR DENIAL	

**ALCOHOL PERMIT**

<input type="checkbox"/> APPROVED (SEE CONDITIONS OF APPROVAL BELOW)	<input type="checkbox"/> DENIED (SEE REASONS FOR DENIAL BELOW)
CONDITIONS OF APPROVAL/REASONS FOR DENIAL	

\_\_\_\_\_  
CITY MANAGER SIGNATURE

\_\_\_\_\_  
DATE

DISCLAIMER STATEMENT FOR APPROVAL OF PERMIT: PERMISSION IS GRANTED TO USE PUBLIC PROPERTY AT SPECIFIED LOCATION ON DATE AND TIME STIPULATED ON THIS PERMIT. WITH THE ISSUANCE OF THIS PERMIT, THE APPLICANT ACKNOWLEDGES THAT CONFLICTS MAY ARISE WHICH NECESSITATE THE REVOCATION OF THIS PERMIT. UPON RECEIVING SUCH NOTIFICATION FROM THE CITY, THE HOLDER MAY RELOCATE SAID FUNCTION WITH CITY APPROVAL.