

DOVER TOWNSHIP

APPLICATION FOR LICENSE TO HOLD A PARADE OR PUBLIC ASSEMBLY WITHIN THE TOWNSHIP

The undersigned hereby applies for a license to hold a parade or public assembly involving streets or sidewalks within the Township under Ordinance 2011-08 of Dover Township, York County, Pennsylvania.

TYPE OF ACTIVITY (Describe in detail, the type of event you are having and all vendors and activities involved. Include plans for assembly and dispersal setup and takedown times):

DATE AND TIME:

RAIN DATE AND TIME:

LOCATION:

Will the parade or public assembly be commencing, terminating, or otherwise partially occurring within another municipality? Yes () No ()

If yes, list said municipality and whether a permit is required and has been obtained from said municipality.

Are you requesting closure of a public street or roadway? Yes () No ()

Will the parade or public assembly require the closure of a state highway? Yes () No ()

If yes, please provide a copy of the state permit.

Are you requesting to traverse a public street or roadway without closure of said public street or roadway? Yes () No ()

Are you requesting use of a sidewalk? Yes () No ()

Attach a Map that details the route of the parade/location of the assembly. Show the location of road closures & street obstructions in detail. Be sure to allow a 12' access way for emergency vehicles.

Detail provisions being made for sanitation facilities, including provisions for trash removal, bathroom facilities, etc.

Are you requesting any special assistance from the Township? Yes () No ()
If yes, please detail (example: barricades, fire police, police):

Estimate number of persons expected to attend:

Number and kind of vehicles or other equipment or animals expected to participate:

Name, address, and telephone number of person in attendance responsible for the event on the day of activity:

Name:

Address:

Phone No.:

In case of cancellation or postponement, person responsible for notifying the police department:

NAME OF APPLICANT:

ADDRESS:

PHONE NO.:

ORGANIZATION:

ADDRESS AND PHONE NUMBER OF ORGANIZATION:

HEAD OF ORGANIZATION:

Date Filed:

Signature of Applicant

Reviewed by Northern Regional Police:

Signature of Supervising Officer

Assistance is/is not needed by Fire Police:

Signature of Supervising Fire Police Officer

LICENSE FEE FOR APPLICATION \$45.00 (non-refundable)

Application and fees received by:

Date Received:

Approved () Rejected ()

TOWNSHIP APPROVAL:

By _____

Title _____

TOWNSHIP REJECTION:

By _____

Title _____

Reasons for Rejection: