



APPLICATION FOR SPECIAL EVENT OPEN CONTAINER PERMIT

BOROUGH OF EAST STROUDSBURG

*(30 days advance notice required)*

Sponsoring Organization \_\_\_\_\_

Name of Contact Person/Chairperson: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Fax Number: \_\_\_\_\_

Event Title: \_\_\_\_\_

Proposed Date and Time(s) of Event: \_\_\_\_\_

Purpose of the Event: \_\_\_\_\_

Anticipated No. of Participant: \_\_\_\_\_

Will Borough Staff be required for support of the event? (\$500.00 Additional Fee) \_\_\_\_\_

Proposed Location of Event (If Stationary, Attach Map):

Will Vendors be selling alcohol? Please provide LCB Licenses for each vendor and Proof of Insurance.

Description of event including: Organizations, bands, etc. that will participate:

I have received and read a copy of Ordinance No. 1351, stating the application procedures and requirements for holding a special event open container within the Borough of East Stroudsburg, and the conditions for issuance of a Special Event Open Container Permit.

Signed By: \_\_\_\_\_

Date: \_\_\_\_\_

(FOR USE BY BOROUGH OF EAST STROUDSBURG ONLY)

Application Fee of \$50.00 Date Received: \_\_\_\_\_

Security Bond of \$1,000.00 Date Received: \_\_\_\_\_

Permit Fee of \$500.00 Date Received: \_\_\_\_\_

Deposit Fee - based on No. of Anticipated Participants:

<b>No. of participants</b>	<b>Deposit required</b>	<b>Date received</b>
Up to 50	\$ 50.00	_____
51 to 250	150.00	_____
251 or more	500.00	_____

Certificate on Insurance Received: ☐ Yes ☐ No Date Received: \_\_\_\_\_

Borough Staff Support Fee of \$500.00 if Required. Date Received: \_\_\_\_\_

Permit Issued: ☐ Denied: ☐ Date: \_\_\_\_\_

Penn DOT Permit Required (if use of State Highway): ☐ Yes ☐ No

Penn DOT Permit #: \_\_\_\_\_

Post-event inspection made (date): \_\_\_\_\_

Inspection By: \_\_\_\_\_

Deposit Fee Returned: ☐ Yes ☐ No Date: \_\_\_\_\_