



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 #: _____

Fax Number: _____ Event Title: _____

Proposed Date and Time(s) of Event: _____

Purpose of the Event: _____

Anticipated No. of Participant: _____

Will Borough Staff be required to support of the event? (\$742.00 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 events 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: _____

