

Borough of Lansford - Special Event Application

Today's Date: _____

Name of Group/Organization: _____

Date of Event: _____

Place of Event: _____

Type of Event: _____

Contact Person & Phone Number: _____

Will alcoholic beverages be served? _____

If so, Type of License: _____

Will outside vendors be used? _____

If so, do they carry insurance? _____

Type of Security to be used: _____

Name of Group's Insurance: _____

Policy #: _____

Effective date: _____ Expiration Date: _____

The sponsoring group must add the Borough of Lansford as an additional insured for this event and provide proof of insurance.

Special Requirements: _____

signature of group representative