

Other (specify) _____

Will the event include the use of amplified sound? Yes No

If yes, please list the approximate time of use: _____

Will the event include the use of any signs, banners, and/or other decorations on site? Yes No

If so, please describe the nature of the signs, banners, and/or decorations:

Alcohol Consumed: Yes No

NOTE: The serving or consumption of any alcohol is subject to any and all regulations by the Pennsylvania Liquor Control Board (PLCB). A separate Permit may be required through the PLCB.

Required Attachments:

1. A detailed event description including all aspects of the proposed event, such as schedule of events, logistics, proposed activities, etc.
2. At the discretion of the City Manager, the City of Meadville reserves the right to require a Certificate of Liability Insurance in the amount of \$1 million with the City of Meadville listed as an additional insured.

Declaration

1. *I hereby certify that I am an authorized agent of the organization (the Applicant) and that I am authorized to make an application on their behalf.*
2. *I have received and read the Shelter Reservation Policies and Procedures and agree that the Applicant will abide by these and all other applicable City, State, and Federal Regulations.*
3. *I have included all the mandatory attachments and required fees with this application.*
4. *The information contained in this application and its attachment(s) are true and correct to the best of my knowledge.*
5. *I and the Applicant agree to hold harmless the City of Meadville and its agents and employees from suits, claims, damages, personal injuries, and loss or damage property sustained during the period of setup, execution, and tear down of this event. Furthermore, Applicant assumes all liability for damages or injury occurring to any person or property through or in consequence of any act or omission of anyone associated with this event, and agrees to hold harmless, defend, and indemnify the City of Meadville and its agents and employees from any suits, claims, damages, personal injuries, losses, or damaged property arising from negligence, recklessness, or intentional conduct of Applicant's agents or employees.*

Applicant Signature: _____ **Date:** _____

SHELTER RESERVATION FEE – OFFICE USE ONLY

<i>Service Requested</i>	<i>Fee</i>	<i>Paid</i>
<input type="checkbox"/> Shelter (includes electric)	\$50	_____
Total Fee Amount:	\$_____	

Payment Method: Check Card Cash

Amount Paid: _____ **Initials:** _____ **Date:** _____

For Office Use Only

Application Received: _____ Insurance Certificate Rec'd: _____

To Public Works: _____

Permit Approved: _____ Permit Not Approved: _____

Permit Issue Date: _____ Mail Email In-Person

Signature: _____

Print Name & Title: _____