PUBLIC GATHERING PERMIT APPLICATION

Date of Application: __________

Applicant’s Name:
________________________________________________________________________

Applicant’s Mailing Address: ________________________________________________

Applicant’s Telephone Number: ____________________________________________

Address (location of public gathering)
__________________________________________________________

Name of person responsible for public gathering: ____________________________

Number of chemical toilets to be provided and the name/address of provider. Applicant must
provide separate facilities for males and females and must service at least once per
day. __________________________________________________________

Date of public gathering event: ____________________________

Does applicant intend to post cash bond or surety bond for costs of clean-up, maintenance or
repair? If cash bond, state the amount and method of payment to be held by Township. If by
surety bond, provide a copy of corporate or surety bond to be reviewed for acceptance by the
TownshipSupervisors.______________________________________________

______________________________________________________________

Individual Acknowledgement
*I have read all of the information contained in this application and verify it as true and correct
subject to the penalties of 18 PA CSA section 4904 relating to unsworn falsification to
authorities.
Print Name____________________Signature of Applicant________________________

Corporate Acknowledgement
*I __________________________(Print name), as _______________________(position)
of__________________________(entity) have read all of the information contained in this
application and verify it as true and correct to the best of my knowledge and as such
corporate officer do attest to the truth thereof subject to the penalties of 18 PA CSA
section 4904 relating to unsworn falsification to authorities.

______________________________________________________________

Corporate/Entity Name Signature & Position
______________________________________________________________

Date Received __________Date Approved __________Date Disapproved __________Date issued
__________

#79-2

PAID: check#________ Cash________

HOPEWELL TOWNSHIP, CUMBERLAND COUNTY
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