



James F. Kenney, Mayor
Michael DiBerardinis, Managing Director
Jazelle Jones, Director of Operations

CITY OF PHILADELPHIA DEMONSTRATION PERMIT APPLICATION 2016

APPLICATION FEE:

\$20.00

CHECK OR MONEY ORDER ONLY

CASH NOT ACCEPTED

OFFICE OF SPECIAL EVENTS
ONE PARKWAY BUILDING
1515 ARCH STREET - 15TH FLOOR
PHILADELPHIA, PA 19102
(215) 686-3488 (PHONE)
WWW.PHILA.GOV/MDO/SPECIALEVENTS

PERMITTING GUIDELINES & INFORMATION

APPLICATION MUST BE SUBMITTED AT LEAST (5) DAYS IN ADVANCE OF EVENT DATE

APPLICATION FEE IS NON-REFUNDABLE

THIS FORM IS NOT A PERMIT

COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL

APPLICATIONS ARE PROCESSED IN THE ORDER IN WHICH THEY ARE RECEIVED

THE CITY CANNOT PERMIT FOR THE USE OF PRIVATE PROPERTY

COMMERCIAL LIABILITY INSURANCE CERTIFICATE OR INSURANCE WAIVER AFFIDAVIT MAY BE REQUIRED

NON-PROFITS MUST PROVIDE PROOF OF 510C3 STATUS

THE SALE OF FOOD AND/OR MERCHANDISE IS PROHIBITED

CITY EVENT SUPPORT SERVICES MUST BE REQUESTED AT LEAST (60) DAYS IN ADVANCE

PLEASE REVIEW THE CITY OF PHILADELPHIA'S PERMIT POLICY FOR DEMONSTRATIONS FOR ADDITIONAL INFORMATION



City of Philadelphia

Demonstration Permit Application

Step 1 - Event Information

Name of Event: _____

Event Date(s): _____ Annual Event? Yes No

Description of Proposed Activity: _____

Specific Location Requested (Include Route of March, if Applicable): _____

Setup Start Time: _____ Event Start Time: _____

Event End Time: _____ Breakdown Time: _____

Estimated Attendance/Number of Participants: _____

Will This Event be Advertised? Yes No

If Yes, List Media Outlets: _____

Will You Erect Staging of Any Kind? Yes No

If Yes, Please Indicate Number & Size of Stage(s): _____

Will You Use Amplified Sound Equipment of Any Kind? Yes No

If Yes, Please Describe Sound Equipment: _____

****AMPLIFIED SOUND SUBJECT TO CITY OF PHILADELPHIA NOISE ORDINANCE****

Will You Erect Tents/Canopies of Any Kind? Yes No

If Yes, Please Indicate Number & Size of Tents: _____

****TENTS/CANOPIES LARGER THAN 400 SQ. FT. REQUIRE PERMIT FROM DEPT. OF LICENSES & INSPECTIONS****

Will You Utilize Generators or Any Portable Electricity Source? Yes No

If Yes, Please Describe Electrical Equipment to be Used: _____

****ELECTRICAL WORK OF ANY KIND REQUIRES A PERMIT FROM DEPT. OF LICENSES & INSPECTIONS****



Demonstration Permit Application

Step 2 - Organization Information

Name of Sponsoring Organization or Individual: _____

Non-Profit? Yes No **If Yes, Provide Verification of 501c3 Status**

Organization's Street Address: _____

City: _____ State: _____ Zip Code: _____

Name of Event Coordinator/Producer: _____

Daytime Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Day of Event Contact Person: _____

Day of Event Contact Person Cell Phone Number: _____

Day of Event Contact Person Email Address: _____

Step 3 - PLEASE READ & SIGN

IF APPROVED, A COPY OF THE PERMIT MUST REMAIN ONSITE FOR REVIEW

APPLICANT IS REQUIRED TO SECURE ALL NECESSARY SUPPORT SERVICES FOR THE EVENT

APPLICANT IS REQUIRED TO SECURE ALL NECESSARY PERMITS

THE SALE AND CONSUMPTION OF ALCOHOL IS PROHIBITED

CANCELLATION MUST BE MADE IN WRITING AT LEAST 48 HOURS PRIOR TO EVENT DATE

A CERTIFICATE OF GENERAL LIABILITY INSURANCE, WITH A \$1 MILLION LIMIT OF LIABILITY, NAMING THE CITY OF PHILADELPHIA, ITS OFFICERS, AGENTS AND EMPLOYEES AS ADDITIONAL INSURED, IS REQUIRED FOR ANY EVENT TAKING ON PLACE ON CITY PROPERTY AND FOR ANY EVENT THAT REQUIRES CITY EQUIPMENT AND/OR SERVICES. SHOULD THE COST OF OBTAINING INSURANCE PROVE TO BE AN UNDUE FINANCIAL BURDEN, THE SPONSORING ORGANIZATION MAY SUBMIT AN INSURANCE WAIVER AFFIDAVIT IN LIEU OF AN INSURANCE CERTIFICATE.

BY SIGNING AND SUBMITTING THIS DEMONSTRATION PERMIT APPLICATION, THE APPLICANT AND SPONSORING ORGANIZATION AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE CITY OF PHILADELPHIA, ITS OFFICERS, AGENTS AND EMPLOYEES FROM AND AGAINST ANY AND ALL LOSSES, COSTS (INCLUDING BUT NOT LIMITED TO LITIGATION, SETTLEMENT COSTS AND COUNSEL FEES), CLAIMS, SUITS, ACTIONS, DAMAGES, LIABILITY AND EXPENSES OCCASIONED WHOLLY OR IN PART BY EVENT APPLICANT'S AND/OR EVENT SPONSOR'S ACT, OMISSION, NEGLIGENCE OR FAULT, OR THE ACT, OMISSION, NEGLIGENCE OR FAULT OF EVENT APPLICANT'S AND/OR EVENT SPONSOR'S AGENTS, SUBCONTRACTORS, SUPPLIERS, EMPLOYEES OR SERVANTS IN CONNECTION WITH THE PERMIT.

Name of Applicant (Printed): _____

Applicant Signature: _____ Date: _____