Friends & Community Groups Special Event Permit Process

A step-by-step guide for Friends Groups and local community groups to apply for a permit to host a community event in a Philadelphia Parks & Recreation park.

Updated February 2018

- Contact the Stewardship Office to check for availability of dates at specific park location(s).
- Download Friends & Community Groups permit application from: http://www.phila.gov/ParksandRecreation/aboutus/Pages/PermitsandForms.aspx
- Complete the permit application and submit with the $25 application fee to the Stewardship Office by mail or in person.
- Community groups must also submit a security deposit (the deposit is waived for registered Friends Groups).
- If city support services are requested, those fees should also be included at the time of application. No services will be scheduled until payment is received.
- To schedule the Showmobile, contact Barry Bessler for availability at Barry.Bessler@phila.gov or (215) 683-0203. A separate invoice will be issued for use of the Showmobile.
- A series of like events can be applied to an individual permit with one application fee. To qualify as a series, each event must have the same name (ex. Summer Jazz Nights).
- It is the event organizer’s responsibility to secure any additional permits, approvals or services from other departments in City government. Contact information for these
agencies is included in the Friends and Community Groups permit application resource packet at:  [http://www.phila.gov/ParksandRecreation/aboutus/Pages/PermitsandForms.aspx](http://www.phila.gov/ParksandRecreation/aboutus/Pages/PermitsandForms.aspx)

- **If approved** you will be issued a permit prior to your event.
- **Event organizer should inform the Stewardship Office if you need to cancel your event due to weather or other circumstances.**
- **Event organizer should have both** the Friends & Community Groups permit as well as the insurance certificate **on hand during the scheduled event.**

**Insurance is required for all events:**

- **All events are required to submit a certificate of insurance** with minimum limits of $1,000,000 per occurrence naming the City of Philadelphia as additionally insured to the Stewardship Office **with the permit application.**
- **Insurance may be purchased through the City’s Office of Risk Management.** Insurance applications must be submitted **with your permit application** and are found in the Friends and Community Groups permit application resource packet at:  [http://www.phila.gov/ParksandRecreation/aboutus/Pages/PermitsandForms.aspx](http://www.phila.gov/ParksandRecreation/aboutus/Pages/PermitsandForms.aspx)
- **Registered Friends Groups** who do not have insurance are eligible for coverage through Parks & Recreation; however an **insurance application must be completed for every permit application.**
- **A Certificate of Insurance will be mailed to the event organizer directly from the Office of Risk Management.**
Insurance & Other Services

Insurance

All events are required to obtain a certificate of insurance with minimum limits of $1,000,000 per occurrence, naming the City of Philadelphia, its officers, employees and agents as additional insured. Applicants must submit insurance application with permit application.

Other Agencies and Services

Please note: Any event may require additional permits, approvals or services from other departments in City government. Listed below is contact information for the various services that may be required.

- **Health Department – Office of Food Protection** 215-685-7490  
  [www.phila.gov/health/foodprotection](http://www.phila.gov/health/foodprotection). Any event planning to distribute, sell or sample food must get a Health Department permit.

- **Licenses & Inspections – 3-1-1 Call Center** [www.phila.gov/li](http://www.phila.gov/li)  
  Any event with tents*, vendors, sales, structures or generators of any kind must have a permit or license from The Department of Licenses and Inspections. * Any single tent or canopy measuring over 100 square feet (10’ x 10’) requires a permit from the city of Philadelphia’s Department of Licenses and Inspections.

- **Police** - we recommend that you share event information with your local police district.

- **Showmobile** - For information about the Showmobile, you must contact Barry Bessler at (215) 683-0203 or Barry.Bessler@phila.gov. A separate invoice will issued for use of the Showmobile.

- **Philadelphia Parks & Recreation Approved Food Vendors**  
  Contact the Office of Stewardship at (215) 683-3679 for a current list of licensed food vendors approved by Philadelphia Parks & Recreation
SPECIAL EVENT LIABILITY APPLICATION

A. INSURED INFORMATION

1. Insured Company Name (Applicant): ________________________________

2. Contact Name: ________________________________________________

3. Address: ______________________________________________________


5. Phone: ___________ Fax: ___________ E-mail: ____________________

B. EVENT INFORMATION (Attach a copy of event brochure and/or flyer to this Application)

6. Event Name: ________________________________________________

   Event Website: ________________________________________________

   Event Description: ___________________________________________

   ___________________________________________________________________________________

7. Venue Name: ________________________________________________

   Venue Address: ______________________________________________

   City/State/Zip Code: _____________________________ / _____________ / _____________

8. Event Start Date: ______________ Event End Date: ______________

9. Coverage Start Date: ___________ Coverage End Date: ___________

   If the coverage start date is more than 5 days before the event start date OR the coverage end date is more than 5 days after the event end date, please explain:

   ___________________________________________________________________________________

10. Is the Event Outdoors? ☐ Yes ☐ No

11. How many years has this event been held under the present management (if never, enter 0)? __________

12. During this time has the insured had any claims regarding this event? ☐ Yes ☐ No
If Yes, please provide amount of loss and details regarding the incident(s):

___________________________________________________________________________________

___________________________________________________________________________________

13. Type of Event: _____________________________________________________________________

14. If Concert, please provide Name of Performer(s):

___________________________________________________________________________________

15. Is seating assigned? : ☐ Yes ☐ No

16. Please describe event type:

___________________________________________________________________________________

___________________________________________________________________________________

(Event description details are required. Please provide a complete description of events and activities associated with the insured event. The more comprehensive the information provided, the quicker the quote process will be).

17. Maximum Daily Attendance: ___________ Total Attendance: ______________

Gross Revenue: $_____________ Expenses: $ ___________

18. Will any of the events include any of the following? Please check all that apply indicating whether the applicant, vendor, or subcontractor will be the responsible party.

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Applicant</th>
<th>Vendor/Exhibitor</th>
<th>Subcontractor</th>
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</thead>
<tbody>
<tr>
<td>Aircraft</td>
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<td>Animals (other than pet contests)</td>
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<td>Camping</td>
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<td>Cattle Drives</td>
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<td>Childcare Operations</td>
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<td>Firearms or Ammunition</td>
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<td>Fireworks</td>
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<td>Food Vendor</td>
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<td>Inflatables</td>
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<td>Knives/Cutlery</td>
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<td>Mechanical Amusement Rides</td>
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<td>Motorsports</td>
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<td>Open Water Exposure</td>
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<td>Paintball</td>
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<td>Parade</td>
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<td>Rock Climbing Walls</td>
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<td>Rodeos</td>
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<td>Tattooing/Body Piercing</td>
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<tr>
<td>Temporary skating/skiing/skateboarding structures</td>
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<tr>
<td>Trail Rides</td>
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<td>Trail Rides</td>
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19. Do you require all Vendors/Exhibitors managing any of the above indicted activities to have their own liability insurance in place listing you as Additional Insured?  
☐ Yes  ☐ No

20. Will any of the events occur in a bar or nightclub?  
☐ Yes  ☐ No

   If Yes, are those events occurring in a bar or nightclub open to the public?  
☐ Yes  ☐ No

21. Does the applicant hire any subcontractors for these insured event(s)?  
☐ Yes  ☐ No

22. Do these subcontractors carry their own insurance naming you as Additional Insured?  
☐ Yes  ☐ No

23. Will there be security at the insured event(s)?  
☐ Yes  ☐ No

24. Who is responsible for providing the security?  
☐ Venue  ☐ Applicant  ☐ Other

   If Other: Does the security company carry its own insurance naming you as Additional Insured?  
☐ Yes  ☐ No

   If No, please explain:  ________________________________________________________________

25. Required Limits:

☐ $1M Per Occurrence / $2M Aggregate
☐ $2M Per Occurrence / $2M Aggregate
☐ $3M Per Occurrence / $3M Aggregate
☐ $4M Per Occurrence / $4M Aggregate
☐ $5M Per Occurrence / $5M Aggregate

If larger limits are required, please specify:  _______________________________________________________

C. LIQUOR LIABILITY COVERAGE:

* Please note, if Insured is not either serving or selling the liquor, the additional liquor coverage is NOT required. Host Liquor Liability is provided in the standard General Liability policy.

26. Is Liquor Liability Required?  
☐ Yes  ☐ No  (If Yes, please fill out section below)

   Will alcohol be served by a licensed bartender?  
☐ Yes  ☐ No

   If No, who will be serving the alcohol?  _______________________________________________________

   Describe training and/or experience of persons serving the alcohol:  _____________________________________

   __________________________________________________________
   __________________________________________________________

   Average age of attendees:  _____________

   What measures are in place to prevent the service of alcohol to minor and/or intoxicated persons?  

   __________________________________________________________
   __________________________________________________________
Does the Applicant have a valid liquor license?  □ Yes  □ No
Will there be an open bar?  □ Yes  □ No
Will alcohol be sold by the drink?  □ Yes  □ No
Is BYOB (bring your own bottle) allowed?  □ Yes  □ No
Estimated alcohol gross receipts?  $__________________

D. HIRED/NON-OWNED AUTO COVERAGE:
27. Is Hired/Non-Owned Auto Required?  □ Yes  □ No (If Yes, please fill out section below)

☐ Check here if you are required by contract to acquire Hired/Non-Owned Auto and you are not being loaned, rented or leased any vehicles (If checked, please do not complete the rest of this section)

Amount being charged to rent or lease the vehicle(s)  $________________
Are all drivers at least 25 years of age?  □ Yes  □ No
Do all drivers have a valid United States driver’s license?  □ Yes  □ No
Do any of the hired vehicles seat more than 12 people?  □ Yes  □ No
What will the vehicles be used for?  _____________________________________________________________
__________________________________________________________________________________________

E. ADDITIONAL INSURED(S):
28. Are Additional Insured(s) Required?  □ Yes  □ No (If Yes, please fill out section below)

1. Additional Insured Name:  ___________________________________________________________
   Address:  ___________________________________________________________________________
   City:  ____________________________________
   State:  ____________
   Zip:  _____________

2. Additional Insured Name:  ___________________________________________________________
   Address:  ___________________________________________________________________________
   City:  ____________________________________
   State:  ____________
   Zip:  _____________

F. WAIVER OF SUBROGATION:
29. Does your contract require a “waiver of subrogation”?  □ Yes  □ No  (If Yes, please fill out section below)
What is the name of the entity requesting the waiver of subrogation? ________________________________
________________________________________________________________________________________
What is their involvement in the event? _______________________________________________________
________________________________________________________________________________________

G. INLAND MARINE COVERAGE:
30. Is Inland Marine coverage required?  □ Yes  □ No  (If Yes, please fill out section below)
What type of property do you need coverage for? ________________________________________________
________________________________________________________________________________________
What is the value for this property? $______________________
Will the property be stored overnight?  □ Yes  □ No
If Yes, please provide details on how it will be stored: _________________________________________
________________________________________________________________________________________
Will the Insured be responsible for transporting the property?  □ Yes  □ No
If Yes, please describe how it is transported: _________________________________________________
________________________________________________________________________________________
If No, who is transporting the property: ______________________________________________________
Will the property stay in the possession of the Insured at all times prior to returning to rental company?  □ Yes  □ No
If No, please explain: ____________________________________________________________________
________________________________________________________________________________________

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THEREETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.
DECLARATION

To the best of my knowledge and belief the information provided in this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosures or misrepresentation of a material fact will entitle the company to void the Insurance. I understand that signing this Application does not bind me to complete the insurance but agree that should an insurance policy be issued, this Application and the statements made therein shall form the basis of the insurance policy.

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT

SIGNATURE OF BROKER

TITLE

DATE

DATE