

TOWNSHIP OF WASHINGTON
TOWNSHIP EVENT CHECKLIST – TYPE OF EVENT:

Application # _____ Date Received _____ Fee Paid (\$25.00) _____

<input type="checkbox"/>	Approved	_____	Date	_____
<input type="checkbox"/>	Denied	_____	Date	_____

Township Clerk

(Do Not Write Above This Line)

Name of Organization _____

Address _____

Mailing Address, if
different _____

Telephone # _____

Location of Premises
where event is to be held _____

Owner of
Premises _____

Address _____

Telephone # _____

Consent of Owner _____
(Signature of Owner)

Type of Event _____

Date of Event _____

Hours _____

Evidence that Licensee has liability insurance: Attach Insurance Certificate ()

Describe off-street parking & sanitary facilities available at location where event is to be held:

List all games, attractions, contests or performances that will be part of event (attach list, if needed):

Note: If Circus, attach document that states tents are fire resistant

Signature of Officer of Organization

Mailing Address

Telephone Number

Note: Recommendations from Police Department, Board of Health, Zoning Officer, Fire Prevention and Construction Official are to be attached to Applications, whether approved or denied.

Police Department:

Remarks: _____

Recommendations: _____

Date

Signature and Title

Board of Health:

Remarks: _____

Recommendations: _____

Date:

Signature and Title

Zoning Officer:

Remarks: _____

Recommendations: _____

Date:

Signature and Title

Construction Official:

Recommendations:

Date:

Signature and Title

Fire Prevention:

Recommendations:

Date:

Signature and Title

Township Admin/Committee:

Remarks:

Recommendations:

Date:

Township Administrator