



# CITY OF JOHNSTOWN

## APPLICATION

### PARADE, EVENTS, BANDSHELL / PARK & STREET CLOSURE

**Applicants MUST fill out this application and all supporting materials AT LEAST 36 HOURS prior to the date of the event.**

1. Submit a narrative that explains the purpose of the event; the specific times and locations for all requested street closings; all planned uses of public utilities, banners or decorations; garbage clean-up plans; and, whether or not any use of amplified sound is planned.
2. Submit a map outlining the event location and all street and/or parking lot closings.
3. Submit copies of flyers, posters, or other materials that will advertise the event. The organizer is responsible for ensuring that all flyers, posters, etc. advertising the event are removed from public facilities. Failure to comply may impact approvals for future applications.
4. Notify residents and businesses immediately affected by street closure/event.
5. Provide proof of insurance naming the City of Johnstown as additional insured, with the following limits:
  - Bodily injury per person.....\$ 50,000.00
  - Bodily injury per occurrence.....\$100,000.00
  - Property damage.....\$ 25,000.00

If using the Bandshell or Park the following limits are required:

  - Bodily Injury, per person.....\$250,000.00
  - Bodily Injury, per occurrence.....\$500,000.00
  - Property Damage.....\$300,000.00
6. The organization and/or individual will assume the responsibility of all clean-up of the area within 24 hours of such performance/event; a \$100 security deposit may be required (deposit will be returned, via a City of Johnstown check, at the end of event if no damages are incurred).

#### ORGANIZATION INFORMATION

Name of Group: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_

Additional Contact Person(s):

Name	Address	Phone

#### EVENT INFORMATION

- Requested Date(s) of Event: \_\_\_\_\_ : \_\_\_\_\_ am/pm to \_\_\_\_\_ : \_\_\_\_\_ am/pm
- # Number of participants in event: \_\_\_\_\_
- Will fundraising take place? YES / NO  
If yes, describe the nature of the fundraising activities: \_\_\_\_\_

- Will there be any use of weapons or explosive devices, including fireworks, used or displayed at this event? YES / NO  
If yes, name of company \_\_\_\_\_  
\*a certificate of company's liability insurance naming the City of Johnstown as additional insured must be provided
- If using the Bandshell or Park, will you require the use of the city's P.A. System? YES / NO
- If using the Bandshell or Park, will you require electricity? YES / NO
- Will there be Vendors? YES / NO  
\*If yes, Vendors must apply for a permit from the City Clerk's office, pay applicable vendor's fee and provide insurance information as required.

**STREET CLOSURE / PARADE**

Will the following be requested?

- Street closure by the Department of Public Works? YES / NO \_\_\_\_\_:\_\_\_\_am/pm to \_\_\_\_\_:\_\_\_\_am/pm  
\*If street(s) closure is requested, you must provide a clear 8 ½ x 11 sketch or map showing the street names, directions and places barricades might be placed.
- Traffic control by the Johnstown Police Department? YES / NO

**ADDITIONAL INFORMATION OR REQUESTS**

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Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Chief Organizer Signature

**OFFICIAL USE ONLY – Do not write below this line**

- Insurance provided: YES / NO
- Security deposit provided: YES / NO

Approved by:

City Engineer: \_\_\_\_\_ Dated: \_\_\_\_\_  
 Fire Chief: \_\_\_\_\_ Dated: \_\_\_\_\_  
 Police Chief: \_\_\_\_\_ Dated: \_\_\_\_\_  
 Mayor: \_\_\_\_\_ Dated: \_\_\_\_\_

Permit issued:

Clerk's Office: \_\_\_\_\_ Dated: \_\_\_\_\_

Security Deposit returned on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Clerk's initials: \_\_\_\_\_

Security Deposit not returned for the following reason(s):

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