



# Matamoras Borough & Recreation

Office Use Only	
Date Received:	_____
Date Reviewed:	_____
Fee Paid:	_____
Insurance Certificate Recd:	YES/NO
Council Approved:	YES/NO Date _____
Rec Approved:	YES/NO Date _____
Police Approved:	YES/NO Date _____
Fire Dept. Approved:	YES/NO Date _____
Ambulance	YES/NO FC Initial _____
EMA Approved:	YES/NO Date _____
<b>NO VOTE UNTIL ALL SIGNED OFF</b> _____	

## SPECIAL ACTIVITIES AGREEMENT APPLICATION

Date \_\_\_\_\_

**NOTICE: This application must be on file in the Borough Office a minimum of 60 days prior to the date of the event. Your Certificate of Insurance must be on file in the Borough Office minimum of 30 days prior to the date of the event.**

**ALL EVENTS ARE PENDING UNTIL ALL PROPER PAPERWORK IS RECEIVED.**

A Special Activities Agreement is required when an event/activities fall beyond the normal scope of Borough and Park operations.

### APPLICANT / SPONSORING ORGANIZATION INFORMATION

Sponsoring Organization: \_\_\_\_\_

Chief Officer/Contact Person: \_\_\_\_\_

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

Phone (Day): \_\_\_\_\_ Phone (Eve): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Organization:  FOR PROFIT  NOT FOR PROFIT

- For all organizations, provide a list of all officers/senior level employees & Board of Directors and by laws, if applicable.

- For NON PROFITS-provide a copy of your most recent IRS determination letter or other evidence supporting your non-profit status.

If this event is to benefit a charitable organization, name the recipient: \_\_\_\_\_

Special Activities Agreement Application

Please list any additional event organizer(s) or service provider(s) hired by the applicant that is authorized to work on your behalf to produce this event.

Name: \_\_\_\_\_

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

Phone (Day): \_\_\_\_\_ Phone (Eve): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Please identify contact person "on site" day of event

(NOTE: This person must be in attendance for the duration of the event and immediately available to Borough/Park officials).

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

**EVENT INFORMATION**

TYPE OF EVENT: Run/Walk Concert Educational/Environmental Charity  
Parade Fair/Festival Assembly (public) Bike Race Other \_\_\_\_\_

EVENT TITLE: \_\_\_\_\_

EVENTS DATE(S): \_\_\_\_\_ ALTERNATE DATES (S): \_\_\_\_\_

LOCATION/STAGING AREA: \_\_\_\_\_

ACTUAL EVENT HOURS: \_\_\_\_\_ AM/PM- \_\_\_\_\_ AM/PM

SETUP/ASSEMBLY DATE: : \_\_\_\_\_ AM/PM START TIME: \_\_\_\_\_ AM/PM END TIME: \_\_\_\_\_ AM/PM

Please describe the scope of the setup/assembly work (provide specific details):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated # of participants (includes volunteers & staff) \_\_\_\_\_

**EVENT DESCRIPTIONS**

Please provide a DETAILED DESCRIPTION of your event (attach additional sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this a first time event for the sponsoring organization at this location? \_\_\_\_\_

Special Activities Agreement Application

If NO, how does it differ from previous years?

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Last year's attendance \_\_\_\_\_

Event will be open to: \_\_\_\_\_ Public \_\_\_\_\_ Members only \_\_\_\_\_ Invite only \_\_\_\_\_ Other

Park Facilities Requested: Roads Trails RC Park Dog Park Skate Park  
Large Pavilion Small Pavilion Other \_\_\_\_\_

**YES NO**

Are you requesting use of electricity? If **YES**, please list operational needs: \_\_\_\_\_

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Do you need electricity overnight?

How much electricity and how many circuits will you need?

110 VOLTS & \_\_\_\_\_ circuits

220 VOLTS & \_\_\_\_\_ circuits

Please list all the equipment and required AMPs that will be plugged in:

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Will items or services be sold at this event? If **YES**, please describe  
And complete **PERMIT FOR TEMPORARY USE AND/OR STRUCTURE** (attached):

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Does this event involve pedestrian/vehicular circulation of any kind along walkways, trails, etc? If Yes,  
Attach a detailed map of the proposed circulation (pedestrian, vehicle, bike, shuttle, etc) route,  
indicating direction of travel. Provide a written narrative to accompany map.

Does this event involve the closure of any park facilities/areas? If YES, list requiring closures as a result  
of this event. Include areas names, buildings, etc.)Date and time of closing and reopening:

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In additional to a route map, a diagram showing the overall event layout and setup, including locations for the following  
items, may be required:

1. Food Concession and/or Food Preparation Areas

Describe how food will be served at this event: (**MUST provide Board of Health Certificate**)

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If food will be cooked on site, please specify methods:

Gas/Propane  Electric  Charcoal  Other (specify): \_\_\_\_\_

Special Activities Agreement Application

2. Portable Toilet Facilities

200 + people= 1 required additional port a john to be supplied

3. Trash Receptacles and Management

You must properly dispose of waste and garbage throughout the term of your event and immediately upon conclusion of the event. The area must be returned to a clean, pre-event condition. The Department does not provide sanitation services for special needs. Please describe your waste management and cleanup plan:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number & Size of dumpsters 2/lids: \_\_\_\_\_ REQUIRED → 1 for every 400 people

Number of trash receptacles to be supplied \_\_\_\_\_

Which of the following will be necessary to conduct your event? Please check all that apply.

- First Aid/Ambulance(s)
- Police Assistance
- Fencing, Barriers and/or Barricades\*\*
- Scaffolding, Bleachers, Platforms, Stages\*\*
- Generators &/or Electricity Source\*\*
- Tables and Chairs\*\*
- Vehicles &/or trailers\*\*
- Other related components not covered\*\*
- NONE OF THE ABOVE

(\*\*Not provided by the Borough of Matamoras or Matamoras Recreation)

**SAFETY / SECURITY / ACCESSIBILITY**

YES NO

- Does your event require Ambulance services? (Determined by the Matamoras Fire Chief)**
- Does your event require a street closure for this activity?

If YES, select the type of road to be closed: (For more information see map and list provided)

- State Road(s) Only (Additional Permit Required: (PennDOT TE-300 Form))
- Local Road(s) Only
- State Road(s) and Local Road(s) (Additional Permit Required: (PennDOT TE-300 Form))

Listed in order of route, what street(s) would you like closed for this activity?

(Add additional sheets, if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long will the street closure be in effect? From: \_\_\_\_\_ To \_\_\_\_\_

Will you need assistance closing the street? YES NO

Are you planning to use sidewalks only? YES NO

Will you cross any state roads? YES NO (If YES, submit TE-300 Form)

- Is this a night event? If YES, please describe how the event and the surrounding area will be illuminated To ensure safety of participants and its spectators: (light must be contained to the park)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ENTERTAINMENT / CONTRACTED SERVICES / RELATED ACTIVITIES**

YES NO

Will musical entertainment/DJ be provided at your event? If **YES**? Please indicate:  
Name of Band/DJ Service: \_\_\_\_\_

Will amplified sound be used? If **YES**, indicate:  
Start time: \_\_\_\_\_ am/pm – Finish time: \_\_\_\_\_ am/pm

Any inflatables, moon bounces or similar devices? If **YES**, please describe: \_\_\_\_\_  
\_\_\_\_\_

Any signs, banners, decorations or special lighting? If **YES**, please describe and give location: \_\_\_\_\_  
\_\_\_\_\_

Any tents, canopies or temporary structures? If **YES**, please indicate size, number and location(s):  
\_\_\_\_\_  
\_\_\_\_\_

*(Please note that all tents, canopies and structures must be secured to ensure safety to participants and spectators)  
(DO NOT PUNCH HOLES IN ANY ASPHALT AREAS)  
(MUSIC MUST END NO LATER THAN 10:00PM)*

**PROMOTION / ADVERTISING / MARKETING**

YES NO

Will this event be promoted, advertised or marketed in any manner? If **YES**, please describe: \_\_\_\_\_  
\_\_\_\_\_

Will there be any live media coverage during this event? If **YES**, please explain: \_\_\_\_\_  
\_\_\_\_\_

**INSURANCE REQUIREMENTS**

Before final approval will be granted, the applicant will be required to provide an original and current certificate of general liability insurance including bodily injury and property damage in the amount of **1 million per occurrence** and aggregate **of 3 million** and name the Borough of Matamoras as an “additionally insured”. Insurance coverage must be maintained for the duration of the event.

The Borough of Matamoras reserves the right to request a copy of the insurance policy.

Name of Insurance Carrier: \_\_\_\_\_  
Agent’s Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Policy Type: \_\_\_\_\_

**AFFIDAVIT OF APPLICANT**

**The Matamoras Recreation Department and Borough of Matamoras has the right to cancel or shut down an event due to severe weather.**

ADVANCED CANCELLATION NOTICE REQUIRED: If you decide to cancel your event, please notify the Borough of Matamoras /Recreation Board at least five (5) working days prior to the scheduled event. Otherwise, personnel and equipment may be needlessly dispatched and approvals of future applications can be jeopardized.

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief, that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Activities Agreement Application as set forth by the Borough of Matamoras/ Matamoras Recreation Advisory Board, and I understand that this application is made subject to the rules and regulations, established by the Borough of Matamoras/Matamoras Recreation Advisory Board. I agree to abide by these rules, and further certify that I, on behalf of the organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any cost and fees.

I, through the signing of this application, agree to indemnify, hold harmless, and defend the Borough of Matamoras, and its agents, officials and employees from all suits and actions, including reasonable attorneys’ fees, and all cost of litigation and judgment of every name and description against the Borough as a result of loss, damage, or injury to any person or property by reason of any action or omission by the event organizer. Further, undersigned agrees to abide by all ordinances of the Borough of Matamoras.

Name of Applicant (print): \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**FEE SCHEDULE**

Adopted 1 Mar 16 by the Matamoras Borough Council and Recreation Advisory Board.

**PAVILION FEES**

Additional fee for pavilion use:

Vocci Pavilion(large) Resident - \$175.00 Non-Resident - \$200.00  
Drake Pavilion(small) Resident - \$125.00 Non-Resident - \$175.00