

APPLICATION FOR EVENT/ASSEMBLY PERMIT

BOROUGH OF STROUDSBURG
700 SARAH STREET, STROUDSBURG, PA 18360
Phone 570-421-5444, Fax 570-421-2690
WWW.STROUDSBURGBORO.COM

Sponsoring Organization/Business: _____ Application Date: _____

Name of Contact Person/ Chairperson: _____

Address: _____

Phone number: _____

Email address: _____ Fax number: _____

Event Title: _____

Proposed Date(s) of Event: _____ Proposed Time(s) of Event: _____

Proposed Location of Event (if stationary, attach map): _____

Description of Event including number of anticipated participants: _____

Are Stroudsburg Borough services needed? _____ (i.e. road closures, barricades, Street Department personnel)

Liability: The applicant is liable for any damages or injuries to his/her employees, members, agents, or property, and is also responsible in any event of damage or injury to a third party relating to the subject event. **A Certificate of Liability Insurance with 1,000,000 limits naming the Borough of Stroudsburg as ADDITIONAL INSURED** must be submitted with this application showing coverage for the dates of the permit.

An event fee of \$250.00 will be required if Stroudsburg Borough Personnel are utilized during an event.

Payment
Amount Paid: _____
Check #: _____
Date: _____

By signing this application, the sponsoring organization agrees to abide by all requirements listed above AND to fully indemnify, save harmless and, if requested, defend the Borough of Stroudsburg, its departments and officers, agents and employees from and against claims, suits or actions for injury, death or property damage arising from or because of the acts or omissions of the sponsor, its officers, agents or employees.

Signature of Applicant: _____ Date: _____

Signature of Borough Manager: _____

ALL EVENTS ARE SUBJECT TO REVIEW AND APPROVAL BY THE STROUDSBURG BOROUGH COUNCIL