

Assemblage/Procession Permit – Policies and Procedures

Policies:

- 1. A permit is required when roads in Millersville Borough are used for assemblages (including block parties) and/or processions.
- 2. It is unlawful to conduct an assemblage/procession without first obtaining a permit from Millersville Borough.
- 3. Application must be submitted within the timeframe (outlined below) to allow for sufficient processing time.
- 4. Application must be complete when submitted. Insurance Waiver Release is required.
- 5. Surrounding roads must be kept passable for all traffic, especially emergency vehicles.
- 6. Police and Fire Police shall have the authority to direct traffic involved with the permit issuance.
- 7. If barricades are requested, the <u>applicant is responsible</u> for contacting the borough public works office at 717-872-4645 (when permit is issued) to arrange for the loan of barricades. If barricades are not available, <u>the applicant is responsible</u> for securing barricades from another source.
- 8. Borough Public Works Department shall have the authority to erect barricades.

Applicant Procedures:

- 1. Timeframe for submission of an application
 - a. When **borough roads** are involved, **application must be submitted** as least two (2) business weeks in advance of the event.
 - b. When **state roads** are involved, **application must be submitted** at least three (3) business weeks in advance of the event.
 - c. Requests utilizing **multiple roads/routes** throughout the borough should be submitted more than three (3) business weeks in advance of the event, and include a map outlining the route(s).
- 2. Applicant shall complete all information on the application, including signature/date.
 - a. Name of Applicant and/or Business
 - b. Address and Contact information
 - c. Purpose/Name of event
 - d. Start day, date and time
 - e. End day, date and time
 - f. Rain day, date and time (if applicable)
 - g. List road(s)/route involved. Include map outlining the route if multiple roads will be used
 - h. Special Requests (if applicable)
 - i. Insurance Waiver Release form must be completed and submitted with the application.

The Chief of Police, in consultation with the Borough Manager, Police, Fire Police, and Public Works, shall approve or deny the application for the permit. Each decision shall be determined case-by-case, with each application decided on the basis of its own merits and requirements. The application must be complete to be considered.

If approved, a permit will be issued and forwarded to the applicant, with copies going to the Borough Manager, Police, Fire Police, and Public Works.

MILLERSVILLE BOROUGH COUNCIL

Assemblage/Procession Permit – Application Fill-In form or print legibly

Applicant or Business	
Complete Address	
Website (if applicable)	
Contact Name	Telephone
Email	Fax
Purpose/Name of Event	
Start Day, Date & Time	
End Day, Date & Time	
Rain Day, Date & Time (if applicable)	
Road(s)/Route involved. Include map outlining the route if mi	ultiple roads will be used
Special Requests (e.g. park bathrooms open, barricades, etc.)	
I understand the following:	
 Surrounding roads must be kept passable for all trate. Police/Fire Police shall have the authority to direct. Borough Public Works Department shall have the annual shall have the an	traffic involved with the permit issuance.
Applicant Signature (Print form & sign)	Date
BOROUGH USE ONLY: Acknowledgment forwarded to BM, PD, FP, PW:	Permit Granted: Yes No
	Permit No.:
	Date Issued:

MILLERSVILLE BOROUGH COUNCIL

Assemblage/Procession Permit Insurance Waiver Release

(must be submitted with application)

I,	the undersigned representative of
Am providing Millersville Borough with this com Millersville Borough is released from any and all	npleted Insurance Waiver Release as assurance that liabilities connected with this event named:
The event will begin on:	
Start Day, Date and Time:	
End Day, Date and Time:	
Rain Day, Date and Time (if applicable):	
Insurance coverage for this event, which covers all pa	rties involved, is provided by:
Insurance Company	
Address	
Policy Number	
Contact	
Telephone	
Applicant Signature (Print form and sign)	Date