

**BEAVER COUNTY LARGE PUBLIC ASSEMBLIES PERMIT  
APPLICATION**

Name of organization:\_\_\_\_\_.

**Location**

Location and description of the place/property of Assembly:

\_\_\_\_\_.

Name and address of the record owners of the property to hold the  
Assembly:

\_\_\_\_\_.

Please attach proof of ownership of the property the assembly will be held  
on or a statement made upon oath or affirmation by the record owners of  
all such property that the applicant has permission to use such property  
for an assembly of one thousand (1,000) or more persons.

**Details of Assembly**

Date(s) and hours of Assembly: \_\_\_\_\_.

Purpose of Assembly: \_\_\_\_\_.

Expected number of attendees: \_\_\_\_\_.

Maximum number of attendees to be reasonably assembled:

\_\_\_\_\_.

Maximum number of tickets to be sold, if any: \_\_\_\_\_.

Please check each box once you've attach plans for and proof of the following:

- ☐ Plans for limiting the maximum number of attendees;
- ☐ Fencing the location of the assembly and the gates contained in such fence;
- ☐ Supplying potable water, including the source, amount available and location of outlets;
- ☐ Providing toilet and lavatory facilities, including the source, number and locations, type, and the means of disposing of waste deposited;
- ☐ Holding, collecting and disposing of solid waste material;
- ☐ Medical facilities, including the location and construction of a medical structure, the names and addresses and hours of availability of EMTs, and provisions for emergency ambulance service;
- ☐ The plans, if any, to illuminate the location of the assembly, including the source and amount of power and the location of lamps;

- ☐ Parking vehicles, including size and location of lots, points for highway access and interior roads, including routes between highway access and parking lots;
- ☐ Telephone service, including the source, number and location of telephone;
- ☐ Camping facilities, if any, including facilities available and their location;
- ☐ Security staff comprised of service district personnel or other staff approved by the Beaver County Sheriff, including the number of guards, their names, addresses, credentials and hours of availability;
- ☐ Fire protection, including the number, type and location of all protective devices, including alarms and extinguishers, and the number of emergency fire personnel available to operate the equipment (Ord. 2014-06, 3-17-2014) and;
- ☐ A list of commercial vending and concessionaires who will be allowed to operate on the grounds, including the names and addresses for all concessionaires and their licenses or permit numbers. Proof of a food handling permit for all such vendors, along with a commercial vending permit issued by the county in such amount as established by the board of county commissioners, will be required of each commercial vendor. Permit enforcement shall be undertaken by the county EMS director, or the county sheriff's office. Each commercial vendor must comply with applicable department of health regulations and requirements, along with local regulations and requirements.

### Organization Contact Information

Contact phone number: \_\_\_\_\_.

Email: \_\_\_\_\_.

Mailing address: \_\_\_\_\_.

### Signature(s) of applicant(s)

By signing this application, I hereby understand that, if awarded a licence for assembly, my organization will follow all rules, regulations, and procedures outlined in Beaver County Ordinances 3-4-1 through 3-4-9 as well as applicable state and federal statutes. This includes using a large assembly permit to promote criminal activity, which may or may not be veiled or latent in nature. I hereby also understand that me and my organization may face penalties and possible prosecution under said ordinances as well as revocation of an awarded license under Beaver County Ordinance 3-4-6. By signing I also affirm that the statements contained in this submitted application are true and correct to the best of my knowledge.

Print name: \_\_\_\_\_.

Signature: \_\_\_\_\_.

Print name: \_\_\_\_\_.

Signature: \_\_\_\_\_.

(Attach additional signatures as needed)

On behalf of:

Organization name: \_\_\_\_\_.

If your organization is a corporation, provide a certified copy of your articles of incorporation as well as the name, age, residence and mailing address of each person holding ten percent (10%) or more of the stock of your corporation.

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**DO NOT FILL OUT  
FOR COUNTY COMMISSION USE ONLY**

Decision Date and Time \_\_\_\_\_.

Commission Vote For:

Vote Against:

\_\_\_\_\_.

Decision:

☐ Approved

☐ Denied

SIGNED:

ATTEST:

\_\_\_\_\_.

Commission Chair

Commission Comments: