

## **UPPER MACUNGIE TOWNSHIP**

8330 Schantz Road, Breinigsville, PA 18031

Rcv'd Date:	
Permit #:	
Issue Date:	

## Application for: **SPECIAL EVENT PERMIT**

• • •				
LOCATION OF EVENT: (Please Print ALL Information)	ation)			
Organization Name:				
This Organization is a(n)	Association	Corporation	Individual	Other
If other, please describe:				
	CONTAC	T INFORMATION		
Name:		Signature:		
Phone:		Email:		
	EVENT	INFORMATION		
Event Name:				
Event Date(s):				
Event Start Time:		Event End Time	e:	
	USE OF AF	REA INFORMATION		
Requested for:				
List of equipment, seati	ng, exhibitor signage: _			
No food or drink will be	served or used except:			
For Official Use ONLY	Approval Date and In	nitial		
Zoning Official	Bureau of Fire	UMT Police	e Returned T	o Permit Dept