

NORTH CODORUS TOWNSHIP

DATE: _____

1986 Stoverstown Road, Spring Grove, Pa 17362

Phone #: (717) 225-4812 Fax #: (717) 225-5986

OUTDOOR AMUSEMENT APPLICATION

PROPERTY INFORMATION

TAX MAP: _____

SITE ADDRESS: _____

PARCEL #: _____

ZONE: AGRICULTURAL PROTECTED _____ RURAL AGRICULTURAL CONSERVATION _____

MIXED USE _____ RESIDENTIAL-1 _____ RESIDENTIAL-2 _____

RESIDENTIAL-3 _____ VILLAGE CENTER _____ HIGHWAY COMMERCIAL _____

INDUSTRIAL _____

OWNER INFORMATION

NAME: _____ PHONE #: _____

ADDRESS: _____

EMAIL: _____ CELL PHONE #: _____

OUTDOOR AMUSEMENT PROPOSED

TYPE: _____

DATE(S) AND HOURS OF PROPOSED ACTIVITY: _____

NUMBER OF PERFORMERS: _____

NAME OF PERFORMERS: _____

(ATTACH LIST IF MORE ROOM IS NEEDED)

RAIN DATE, IF ONE IS SCHEDULED: _____

ESTIMATED NUMBER OF PEOPLE PER DAY EXPECTED: _____

TOTAL ESTIMATED ATTENDANCE: _____

DESCRIBE ARRANGEMENTS AND FACILITIES TO BE PROVIDED FOR EACH DAY REGARDING: (ATTACH LIST IF MORE ROOM IS NEEDED)

- 1) **FOOD:** _____
- 2) **HOUSING:** _____
- 3) **PARKING:** _____
- 4) **SANITARY:** _____
- 5) **MEDICAL:** _____
- 6) **CROWD CONTROL:** _____

PLEASE ATTACH SKETCH PLAN, DRAW TO SCALE THE PREMISES, SPECIFYING WHERE ALL FACILITIES ARE TO BE LOCATED, THE AMOUNT OF ACREAGE IN THE SITE AND NAME OF ACCESS ROAD OR ROADS TO THE SITE.

PLEASE ATTACH:

- 1) **CERTIFIED COPY OF ALL REQUIRED STATE AND COUNTY PERMITS**
- 2) **EVIDENCE OF CASH OR SURETY BOND**
- 3) **PROOF OF PUBLIC LIABILITY INSURANCE**
- 4) **LICENSE FEE**

I _____ **HEREBY VERIFY AND STATE THAT THE FACTS SET FORTH IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF.**

APPLICANT'S SIGNATURE

DATE

VALIDATION OF LICENSE
(For Department Use Only)

LICENSE NUMBER: _____

DATE ISSUED: _____

LICENSE FEE: \$ _____

APPROVED BY: _____
SECRETARY OF THE BOARD OF SUPERVISORS

