

BOROUGH OF CHESTER
APPLICATION FOR SPECIAL BUSINESS LICENSE

Name of applicant _____

Address _____

Phone # _____ Date of Application _____

Name of Representative _____

Signature of Representative _____

Name of Property Owner _____

Address of Property Owner _____

Name of Event _____

Date(s):

Hours of Operation:

From To:

Location on Property _____

Estimated attendance per day _____

Maximum anticipated being present at any one time _____

Please provide a brief narrative description of the nature, scope and purpose of the proposed event, listing the location, nature and extent of any deviation from the existing site plan for the subject property: _____

A detailed diagram of the site showing the following must be attached to this application:

- The area to be licensed;
- Layout of fixed and movable facilities, such as tents or stands, indicating the nature, size, extent, and construction thereof, signs, displays, pennants, banners, balloons, and similar advertising or attraction devices;
- All proposed deviations from the existing site plan, including the nature and dimensions of all proposed deviations, and
- Circulation (on and off site), loading and unloading, crowd and traffic control, fire prevention, lighting and emergency access plans.

1. **Will there be food handling at this event?** Yes No
(If yes, all food concessionaires will need to see the Board of Health for an event food-handling license)

2. **Will there be a promotional banner put across any street?** Yes No
(If yes, a banner permit must be applied for through the Clerk's office)

3. **Will there be any of the following activities during the event?**

Cooking with, or use of an open flame Yes No

Cooking with, or use of propane? Yes No

Use of tents with sides? Yes No

4. **Will any raffles or games of chance take place during the event?** Yes No
(If yes, an application for the appropriate license will need to be applied for)

5. **Will the existing, available parking spaces on site be sufficient to accommodate the scope of the proposed event?**

6. **Is traffic congestion expected within the scope of this activity, and has the applicant made arrangements for remote area parking with a shuttle service to and from the event?**

Location(s) of remote parking areas: _____

Routes of travel for the shuttle(s) _____

Please list any other factors regarding traffic control, which are relevant for this event

7. **Have you obtained the property owner's consent for the proposed activity?**

(If yes, attach hereto the original written consent of the property owner, if other than applicant, setting forth in the consent a full description of the proposed activity, and duration thereof)

8. **Will you comply with all other ordinances of the Borough of Chester?**

(If not, describe in detail those ordinances that you will not comply with.)

MUNICIPAL APPROVALS - FOR MUNICIPAL USE ONLY

BOARD OF HEALTH

Special Business Applicant _____

Date of event _____

- The proposed activity meets with the requirements of the Board of Health for adequate sanitary facilities, and food handling licenses with the Borough of Chester.

- The applicant is required to meet directly with the Secretary to the Board of Health prior to the proposed activity, as a condition of this approval.

Signed _____ Dated _____
Authorized representative of the Bd. of Health

Other Comments:

ZONING OFFICER

Special Business Applicant _____

Date of event _____

- The proposed activity does not violate any existing Zoning regulations of the Borough of Chester (other than set forth in the Diagram of the site submitted).

- The applicant is required to meet directly with the Zoning Officer prior to the proposed activity, as a condition of this approval.

Signed _____ Dated _____
Zoning Officer

Other Comments:

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ADMINISTRATOR/CLERK

Special Business Applicant _____

Date of event _____

- All appropriate fees (\$100/day) have been submitted
- Applicant has submitted the event diagram
- Applicant has submitted the property owner's written consent
- All required department approvals have been issued

Signed _____ Dated _____
Administrator/clerk