



Chester County Parks & Recreation Department

WEDDING AGREEMENT APPLICATION

APPLICANT INFORMATION

APPLICANT NAME: \_\_\_\_\_
ADDRESS: \_\_\_\_\_
PHONE (day): \_\_\_\_\_ PHONE (eve): \_\_\_\_\_ (mobile): \_\_\_\_\_
E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

EVENT INFORMATION

DATE REQUESTED: \_\_\_\_\_ ALTERNATE DATE(S): \_\_\_\_\_

REQUESTED LOCATION within PARK: \_\_\_\_\_

ACTUAL EVENT HOURS: \_\_\_\_\_ AM/PM - \_\_\_\_\_ AM/PM

SETUP/ASSEMBLY DATE: \_\_\_\_\_ START TIME: \_\_\_\_\_ AM/PM END TIME: \_\_\_\_\_ AM/PM

Please describe the scope of the setup/assembly (provide specific detail & diagram, if possible):
\_\_\_\_\_
\_\_\_\_\_

Estimated # of guests (includes wedding party & contracted vendors) \_\_\_\_\_

EVENT DESCRIPTION

Please provide a DETAILED DESCRIPTION of your event (attach additional sheet if necessary).
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

YES NO
Are you requesting use of electricity? If YES, please list operational needs:
\_\_\_\_\_
\_\_\_\_\_

YES NO
Does this event involve the closure of any park facilities/ areas? If YES, list requiring closures as a result of this event. Include trail name(s), date and time of closing and reopening:
\_\_\_\_\_
\_\_\_\_\_

**1. Food Service and/or Food Preparation Areas**

YES NO

Will the event be catered? Caterer's Name: \_\_\_\_\_  
Describe how food will be served at the event: \_\_\_\_\_  
\_\_\_\_\_

If food will be cooked on site, please specify method:

Gas/Propane Electric Charcoal Other (specify): \_\_\_\_\_

**2. Portable Toilet Facilities**

Number of standard portable toilets to be supplied: \_\_\_\_\_ REQUIRED → 1 for every 200 people

Number of ADA Accessible toilets to be supplied: \_\_\_\_\_ REQUIRED → 10% of total portable toilets (1 minimum)

**3. Trash and Recycling Receptacles and Management**

You must properly dispose of waste and garbage throughout your event and immediately upon conclusion of the event. The area must be returned to a clean, pre-event condition. The Department does not provide sanitation services for special needs. Please describe your waste management and cleanup plan:

\_\_\_\_\_  
\_\_\_\_\_

Number & size of dumpsters w/lids: \_\_\_\_\_ REQUIRED → 1 for every 400 people

Number of trash receptacles to be supplied: \_\_\_\_\_ Number of recycling receptacles to be supplied: \_\_\_\_\_

**PARKING PLAN**

Please provide a description of your **PARKING** and/or **TRANSPORTATION/SHUTTLE** plans: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please describe your plan for **HANDICAP ACCESSIBLE PARKING**: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ENTERTAINMENT / CONTRACTED SERVICES / RELATED ACTIVITIES**

YES NO

Will musical entertainment/ DJ be provided at your event? If **YES**, please indicate:  
Name of Band/ DJ Service: \_\_\_\_\_ No. of Persons \_\_\_\_\_

Will amplified sound be used? If **YES**, please indicate:  
Start time: \_\_\_\_\_ AM/PM Finish time: \_\_\_\_\_ AM/PM

Please describe the sound equipment that will be used:  
\_\_\_\_\_

YES NO

Any inflatables, moon bounces or similar devices? If **YES**, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

Any signs, banners, decorations or special lighting? If **YES**, please describe and give location:  
\_\_\_\_\_  
\_\_\_\_\_

Any tents, canopies or temporary structures? If **YES**, please indicate size, number and location:  
\_\_\_\_\_  
\_\_\_\_\_

Any animals to be on site? If **YES**, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

**DEPARTMENT SUPPORT / SPECIAL REQUESTS**

YES NO

Is park staff support requested? If **YES**, please describe needs:  
\_\_\_\_\_

Is use of park equipment requested? If **YES**, please describe needs:  
\_\_\_\_\_

**INSURANCE REQUIREMENTS**

Before final permit approval will be granted, the applicant may be required to provide an original and current certificate of general liability insurance including bodily injury and property damage in the amount of \$1,000,000 per occurrence and aggregate of \$2,000,000 naming County of Chester/ Parks & Recreation as an “additionally insured”. Insurance coverage must be maintained for the duration of the event.

The County of Chester reserves the right to request a copy of the entire insurance policy.

Name of Insurance Carrier: \_\_\_\_\_

Agent’s Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Type: \_\_\_\_\_

## AFFIDAVIT OF APPLICANT

**The Department has the right to cancel or shut down an event due to severe weather conditions.**

**ADVANCE CANCELLATION NOTICE REQUIRED:** If you decide to cancel your event, please notify the Park at least five (5) working days prior to the scheduled event. Otherwise, personnel and equipment may be needlessly dispatched and approvals of future applications can be jeopardized.

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief; that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Activities Agreement as set forth by Chester County Parks & Recreation Department, and I understand that this application is made subject to the rules and regulations established by the County of Chester. I agree to abide by these rules, and further certify that I am financially responsible for any cost and fees that may be incurred by or on behalf of the event on County property.

I, through the signing of this application, indemnify, hold harmless, and defend the County of Chester and its agents, officials and employees from all suits and actions, including reasonable attorneys' fees and all costs of litigation and judgment of every name and description against the County as a result of loss, damage, or injury to any person or property by reason of any action or omission by the event organizer, or in the conduct of the approved activity.

Name of Applicant (print): \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

## FEE SCHEDULE

Adopted December 17, 2009 by the Chester County Board of Commissioners.

- |                             |                       |
|-----------------------------|-----------------------|
| 1. Application Fee          | \$25 (non-refundable) |
| 2. Event Fee                | \$75 (minimum)        |
| 3. Security/ Damage Deposit | Event-specific        |
| 4. Personnel Cost           |                       |
| a. Ranger w/vehicle         | \$60.00/hour          |
| b. Maintenance w/vehicle    | \$60.00/hour          |
| c. Administrative           | \$75.00/ hr           |