



## SPECIAL EVENTS APPLICATION

Borough of Lemoyne, Cumberland County

Applications for special events, street and alley closings, redirection of pedestrian and/or vehicular traffic, and/or rental of Borough facilities must be submitted no less than sixty (60) days prior to the proposed event, or ninety (90) days prior if the event includes closure of State highways, to:

West Shore Regional Police Department  
510 Herman Avenue Lemoyne, PA 17043  
717-737-8734

**NOTE:** Completed applications, including all supporting documentation, are required for final approval. Pending applications (submitted and under review) that are still considered incomplete ten (10) calendar days prior to the proposed event will automatically be denied.

One application must be submitted for each event, street or alley closing, or rental of Borough property. The following documentation must accompany each application:

- A sketch/map of the proposed location(s) for events requiring closure of streets.
- Certificate of Comprehensive General Liability Insurance.
- Hold Harmless and Indemnification Agreement.
- Copies of appropriate permits/licenses issued by state or appropriate regulating agencies.

*It is understood that not all sections of this application form will apply to every Special Event Permit. If certain sections are not applicable, please indicate N/A in the space provided. You will be contacted if additional information is required.*

**NOTE:** The Borough reserves the right to revoke any permit and assess the appropriate penalty should conditions or parameters outlined in the submitted application change following initial approval. The Borough also reserves the right to alter parade routes at its sole discretion based upon traffic control, detour routes, number of participants, and other factors.

Submittal Date: 5-1-24

Sponsoring Organization: Grace United Methodist Church Website: www.graceumlemoyne.org

Address: 309 Herman Ave Lemoyne PA 17043

Phone: 717-763-7632 Email: office@graceumlemoyne.org

Person Responsible for the Event: Jason Schwartzman

Address: 321 Herman Ave.

Phone: 717-608-1880 Email: jschwartzman@susunc.org

Type of Request (check all that apply):

☐ Facility Rental

☐ Use of the Park

☐ Parade

☒ Closing Public Streets

☒ Use of Public Sidewalks

☐ Other: \_\_\_\_\_

Event Date(s): 7/20/2024

Start Time: 2pm End Time: 8pm

Rain Date(s): \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

1. Name of Activity/ Event:

Lemoine Block Party

*Attach copy of program/brochure if available.*

2. Description of activity/ event: Games, food trucks, entertainment

3. Date and type first advertising/PR will occur: Advertising via social media and other means will begin immediately

4. Location/address of property to be utilized for event: 309 Herman Ave.

5. Approximate number of persons expected to attend: 200

6. Are "No Parking" areas or street closures requested? ☒ Yes ☐ No

If yes, where: Herman Ave. from 3<sup>rd</sup> Street to 4<sup>th</sup>

7. Approximate number of persons volunteering/working the event: 25

8. Will entertainment be provided? ☒ Yes ☐ No

If yes, does this include sound amplification ☒ Yes ☐ No

and/or semi-permanent structures? ☐ Yes ☒ No

If yes, describe type and location of proposed structure: \_\_\_\_\_

9. Are vehicles involved? ☒ Yes ☐ No

If yes, number/type Food trucks (3)

Describe involvement and location: on the closed portion of Herman Ave.

10. What is your plan for providing medical services during the event?

Many congregation members are first aid certified.

11. What are your plans for providing utilities, i.e., water, electricity, etc.?

Using utilities from church building + parking lot.

12. Plans for notifying residents and businesses on streets to be closed: Attach a copy of any flyer/communication to be disseminated.

We will place flyers on affected porches with an invite

13. Will food and drink be available for sale? ☒ Yes ☐ No

If yes, describe location of proposed food/drink sales Food trucks

If yes, Pennsylvania Department of Agriculture approval may be necessary. Applicant is responsible for securing appropriate licenses/permits and arranging any required inspections.

14. Plans for Garbage/Recycling Services: Our church has a dumpster on Peach Street.

15. Will portable toilets and/or hand-washing sinks be utilized? ☐ Yes ☒ No

If yes, where will they be located?

When will they be delivered? N/A

When will they be picked up? N/A

16. Coordination with other community events: Provide a list of known activities occurring on the same day/time and the probable impact of this application upon those events.

No other known events

17. Have all appropriate permits and approvals been secured? (Check all that apply and include copies with application submittal):

☐ Penn DOT Form TE-300

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

☐ PA Dept of Agriculture (retail food license)

☐ West Shore Regional Police Department

☐ PA Liquor Control Board

☐ Transient Retail Business Permit

☐ West Shore Bureau of Fire Commission

18. Written description of route and/or streets, alleys, and/or municipal parking lots to be closed (attach map). NOTE: If a State highway is proposed to be closed, Penn DOT Form TE-300 must be filed with Penn DOT, and a copy attached to this application.

Map is attached - Herman b/w. 3<sup>rd</sup> & 4<sup>th</sup>

19. What are your plans for parking and traffic control? If applicable, provide comprehensive detour routes and traffic control staffing plans, including the name/address of those handling these arrangements. If required, Traffic control Training and Safety Certification Form must be attached to this application.

Half our parking lot will be open. Vehicles can also use 4<sup>th</sup> street.

20. What are your plans for providing crowd control and security? If applicable, provide contact person, phone number, and name/address of security firm.

Volunteers from church.

21. Will you need to borrow any Borough property (signs, cones, barricades, etc.) If yes, what equipment will be needed? Barricades & Signs, please.

Any request for Borough property must be coordinated through the Chief of Police to ensure availability and appropriateness for the requested event. A deposit fee may apply.

22. Will alcoholic beverages be available? ☐ Yes ☒ No

If yes, please indicate the location of proposed alcoholic beverages: \_\_\_\_\_

If yes, please attach a list of all vendors providing alcohol, along with copies of their PLCB Certificate License (s) Note: Open alcoholic containers are not permitted on public property as per Lemoyne Borough Code, Chapter 135, Section 2.

As the applicant for this event, I agree to abide by the terms and conditions of the Borough of Lemoyne Event Permit Rules & Regulations, the Borough Special Events Ordinance, and the conditions of the approved application. It is the responsibility of the applicant (identified on page 2 of the permit) to acquire approval from the owner(s) of private property that may be used during the event described in the application. Special Event Permit approval is limited to the approval for conducting certain activities on public property, which includes, but is not limited to, streets, alleys, public parking lots, park lands, and other public facilities as described and approved in the Special Event Permit.

☒ I have attached the required Certificate of Comprehensive General Liability Insurance in the amount of at least \$1million for each occurrence and \$2 million aggregate for property damage, which policy names the Borough as an additional insured (contact any insurance provider to secure this policy). *Pending*

☒ I have attached the required Hold Harmless and Indemnification Waiver form (*see Special Permit Waiver of Liability Form*).

☒ I have attached all appropriate permits and applications to support this application as per Section 17 herein.

☒ I have attached a detailed traffic control and detour plan, if applicable, as per Section 18 herein.

☒ I have attached the Traffic Control Training and Safety Certification Form, if applicable, as per Section 19 herein.

☒ I have read, understand, and agree to terms and conditions contained in this application.

☒ I attest that all information in this application is accurate to the best of my knowledge.

  
Signature

5-1-24  
Date

● ————— ●

**DO NOT WRITE BELOW THIS LINE – OFFICIAL USE ONLY**

Chief of Police: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Recommend Approval: \_\_\_\_\_ Recommend Denial: \_\_\_\_\_

Borough Manager: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Recommend Approval: \_\_\_\_\_ Recommend Denial: \_\_\_\_\_

Reason(s) application should be denied: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Notes: \_\_\_\_\_

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\_\_\_\_\_

Borough Council Vote: Date \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Conditions of approval: \_\_\_\_\_

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



### Special Event Permit Waiver of Liability and Agreement

Grace UMC (applicant) stipulates that Lemoyne Borough, its agents, employees, and/or representatives have made no representation, promises or guarantees regarding parade positions or preferential treatment of any kind. All motorized vehicles, whether individually or organizationally owned, must possess proof of current insurance at the time of the event. I/we have read, understand, and will comply with rules and regulations outlined on Penn DOT Form TE-300 relative to special events. All licenses/permits for this event required by the Pennsylvania Department of Agriculture for food preparation, sale, and distribution will be secured and any required inspections will be arranged by the Permittee at their/its sole expense.

In consideration of inclusion as a participant in Lemoyne Block Party (event), participant agrees to indemnify and hold harmless the Borough of Lemoyne and the Borough Councilmembers, agents, employees, representatives and assigns from and against any and all liability, loss, costs, demands, claims, fines, debts or judgments that participant or participant's members, performers, employees, independent contractors and/or volunteers may sustain or incur as a result of or arising from participant's involvement in Lemoyne Block Party (event), such indemnification shall include reasonable attorney fees and costs of defense.

BY SIGNING THIS WAIVER OF LIABILITY AND AGREEMENT, I/WE AGREE THAT I/WE HAVE READ AND UNDERSTAND ALL THE FOREGOING. I/WE ALSO AGREE TO COMPLY WITH THE RULES AND REGULATIONS ASSOCIATED WITH SPECIAL EVENT PERMITS IN LEMOYNE BOROUGH AS WELL AS WITH ALL APPLICABLE LAWS, ORDINANCES, AND STATUTES.

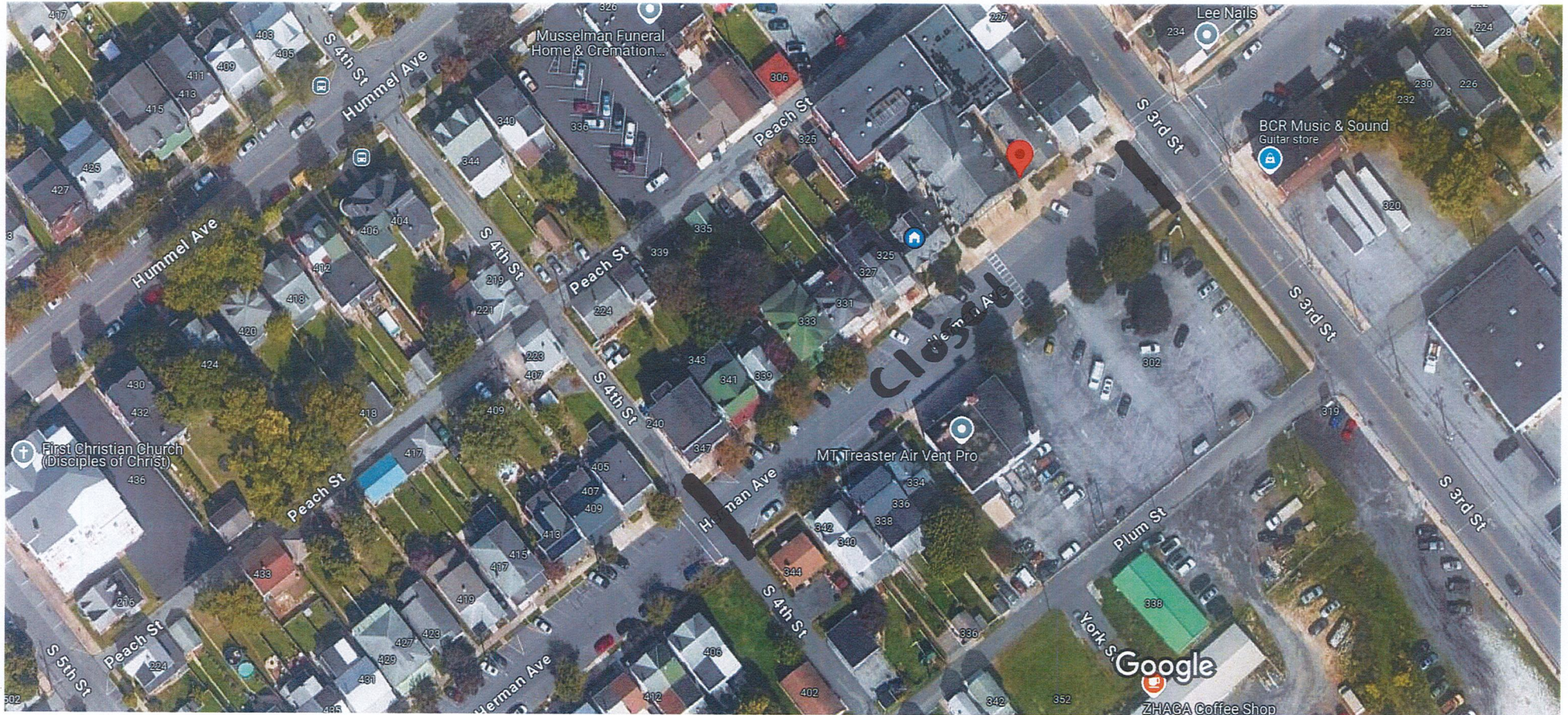
Jason M Schwartzman  
Applicant (please print)

[Signature]  
Signature

Pastor  
Title

5-1-24  
Date

Google Maps 309 Herman Ave



Imagery ©2024 Maxar Technologies, Map data ©2024 Google 50 ft

Propose to close Herman  
between 3<sup>rd</sup> and 4<sup>th</sup>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/1/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Graham Company, a Marsh & McLennan Agency, LLC company One Penn Square West Philadelphia PA 19102	<b>CONTACT NAME:</b> John Kilgarriff/Brett Nealis <b>PHONE (A/C, No, Ext):</b> 800-564-7040 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> Kilgarriff_Unit@grahamco.com
<b>INSURED</b> Susquehanna Conference of the United Methodist Churches 303 Mulberry Drive Mechanicsburg PA 17050	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Philadelphia Indemnity Insurance Company <b>INSURER B:</b> GuideOne Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES****CERTIFICATE NUMBER:** 1856289446**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Named Insured	Y		PHPK2638641	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2638646	1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB894676	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B	Professional Liability Property			PHPK2638641 10035592	1/1/2024 1/1/2024	1/1/2025 1/1/2025	Per Claim/Aggregate Limit 1M/3M 500,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Abuse/Molestation - Philadelphia Indemnity Insurance Company - Policy# PHPK2638641 - Effective Date: 1/1/2024 to 1/1/2025  
Per Claim - \$1,000,000 Aggregate - \$3,000,000

Excess Liability Policy - Everest Indemnity Insurance Company - Policy # XC5EX01515-241 - Effective Date: 1/1/2024 to 1/1/2025  
Per Occurrence: \$10,000,000 Per Aggregate: \$10,000,000  
RE: Event 7/20/2024

Grace UMC Lemoyne  
See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

Borough of Lemoyne  
510 Herman Avenue  
Lemoyne PA 17043

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Graham Company,		NAMED INSURED Susquehanna Conference of the United Methodist Churches 303 Mulberry Drive Mechanicsburg PA 17050
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE309 Herman Avenue  
Lemoyne PA 17043

Borough of Lemoyne is additional insured on the above General Liability Policy if required by written contract.