



CITY OF EASTON PENNSYLVANIA

SPECIAL EVENTS FORM

Must be completed and submitted to the Bureau of Health at least two (2) weeks prior to the proposed event.

FOOD VENDING-License & Inspection: \$30.00

CRAFT-License & Inspection: \$10.00

Event Name: _____

Event Description (be specific): _____

Event Date: _____ Starting Time: _____

Event Location: _____

Vendor Name: _____

Contact Person(s): _____

Address: _____

Phone #: _____ Email: _____

Sponsor(s)/Organization(s): _____

Contact Person(s): _____

Phone #: _____ Email: _____

Will there be any food: () Yes () No If Yes, please list:

Food Products	Site of food preparation	Site of food storage

Will there be any cooking grease or other potential fire hazards? () Yes () No

Do you anticipate serving or selling alcohol during the event? () Yes () No

Are you selling crafts/art etc: () Yes () No If Yes, please list:

Products being offered:

Does your event carry liability insurance listing the City of Easton as co-insured?
() Yes () No

If so, please attached copy to the application.

Event Checklist:

The following items must be submitted in order for your permit to be processed:

- Completed Permit Application
- Check made out to the City of Easton
- All applicants vending food must attach a copy of their current Food Employee Certification
- Proof of liability insurance in the amount of \$1 million dollars listing the City of Easton as co-insured.

Certification/Hold Harmless

Vendor warrants that it is and will be at all times during said event in full compliance with all applicable laws, regulations and ordinances. Vendor, his successors, heirs, assigns, executors and administrators shall defend and hold harmless the City from claims or liability, contingent and otherwise for injury to or death of any person or persons or damage to real or personal property arising in or by reason of or in connection with the vendor's negligence, whether sole or joint and vendor shall pay all judgments, interests, costs, legal and other expenses arising out of or in connection herewith. Unless otherwise agreed in writing by the City, vendor shall furnish the City with a comprehensive policy of public liability insurance insuring the city and its agents, officers and employees against claims of liability, contingent and otherwise for injury, death, damage or by reason of or in connection with the vendor's negligence to defend against all such claims, demands, actions or legal proceedings and to pay all costs arising out of or in connection therewith. The limits of liability of such policy shall be not less than \$1,000,000.00 combined single limits for bodily injury and/or property damage. Proof of worker's compensation insurance is to be furnished upon request, if applicable.

Vendor has read Certification/Hold Harmless and herein executes same and warrants that the undersigned is duly authorized to act for the vendor as set forth herein.

Signature, Titles & Date:

Please return the completed application with the correct fee and required documentation to:

City of Easton Health Bureau
One South Third Street – Third Floor
Easton, Pa 18042
Phone: 610-250-6608 Fax: 610-250-6607

(Internal Use)
 Amount Paid: _____ Account # 101-36521 License # _____

 Theodore J Veresink, Health Officer _____ Date _____