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WASHINGTON TOWNSHIP MUNICIPAL COMPLEX | ADMINISTRATIVE OFFICES  
11798 BUCHANAN TRAIL EAST, WAYNESBORO, PA 17268  
Phone: 717-762-3128 | Fax: 717-762-1775 [www.washtwp-franklin.org](http://www.washtwp-franklin.org)

## Application for OUTDOOR CARNIVAL

*Non-Profit:* YES \_\_\_ or NO \_\_\_

This application must be filed with Washington Township a minimum of 60 days in advance of the event.

Application is hereby made for an outdoor carnival license as required by the Township of Washington, Franklin County, Pennsylvania, in accordance with Chapter 109 of the Code of Washington Township, and any amendments thereto, to obtain an outdoor carnival license for the following event:

Name & address of the person or organization sponsoring the event: \_\_\_\_\_

Type of outdoor carnival proposed: \_\_\_\_\_

Dates on which outdoor carnival is to be conducted: \_\_\_\_\_

Hours during which the outdoor carnival to be conducted on dates indicated above: \_\_\_\_\_

Site / Location on which the Outdoor Carnival to be conducted: \_\_\_\_\_

Anticipated attendance for each date indicated above: \_\_\_\_\_

Outdoor carnivals conducted for non-profit must provide to Washington Township certification of public liability insurance for the event and certified copies of any county or state licenses required.

If Non-Profit; Charity to which funds will be donated: \_\_\_\_\_

A copy of the report of the amount of funds donated to charity, and accounting for all income gained from the event, must be provided to Washington Township within 7 days of the completion of the event.

**ONCE VALIDATED, THIS LICENSE IS ONLY FOR THE TIMES REQUESTED ABOVE.**

A sketch plan of the proposed outdoor carnival must be submitted with this application, showing the proposed location of the carnival, parking and sanitation facilities provided.

I am applying for an Outdoor Carnival License as described above. I have read and understand the requirements of Chapter 109 of the Code of Washington Township. I hereby certify that all profits will be donated in their entirety to the charity listed above.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

FEE PAID & DATE: \_\_\_\_\_