

**Washington Township**  
**Washington Township, Franklin County, Pennsylvania**  
13013 Welty Road, Waynesboro, PA 17268  
717-762-3128 FAX: 717-788-0372

1779  
**Application for OUTDOOR CARNIVAL**

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

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

Application is hereby made for a 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 amusement 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 is 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 exhibition must be submitted with this application, showing the proposed location of the exhibition, parking and sanitation facilities provided.

I am applying for an **Outdoor Amusement 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:** \_\_\_\_\_