



THE BOROUGH OF BEAVER
Application For
2024 PARK RESERVATION FORM
469 Third Street, Beaver, PA 1500
www.beaverpa.us
Phone: 724-773-6700 Fax: 724-773-6711
beaverborough@comcast.net

Select Park for Reservation: ☐ McIntosh ☐ Quay ☐ Irvine (Gazebo) ☐ Shaw (Pavilion)
Classification: Please select one: ☐ Private Rental ☐ Company/Organization/Public Event
(Copy of Photo ID) (Copy of Photo ID + Certificate of Liability)

Today's date: _____ Date requested: _____ Actual times of event: _____
Type of event: _____
Name of organization: _____
Applicant name: _____
Address: _____
Phone: _____ Alternate phone: _____
Number of people expected: _____ Email address: _____

Will you be using any outside services (catering, DJ, rentals, etc)? ☐ Yes ☐ No
If yes, please specify: _____

Please check all that apply & details.

☐ DJ/Band/Amplified Sound: _____
☐ Food/Beverage **Served** : _____
☐ Food/Beverage **Sold**/Food Trucks: _____
☐ Fundraiser/Admission/Registration Fee/Donations: _____
☐ Tents/Chairs: _____
☐ Event advertised - where: _____
☐ Walk/5K (Additional permit required from Police Department) _____

Rental Fee \$200 - checks payable to the Borough of Beaver - NO Refunds [Cash/Check#_____]

A Security Deposit, in the form of (Cash/Certified Bank Check/Money Order- NO Personal Checks) may apply for certain events needing a Certificate of Liability. This fee may be refundable within 30 days after the event, if no damage, extra cleaning, or staff hours is needed by the Borough. Notification of the amount for a Security Deposit will be given after a review of this application. [Amount Paid:_____]

The Borough of Beaver Park Reservation Rules & Regulations

- Park rental is between the hours of 8am and 10pm.
- The Applicant must be at least 25 years of age and must be present at all times.
- A copy of a photo ID with birthdate must accompany this application.
- The Applicant of the reservation and signer is responsible for the group adhering to our park policies.
- The Applicant is personally responsible for returning the premises in the same condition as when the renter took possession.
- Decorations, if used, will be put on with **masking tape only**. No nailing, stapling or tacking will be allowed. Decorations must be removed before leaving.
- All vehicles are restricted from parking in the grass, unless special permission is given by the Borough.
- All garbage must be put in trash containers. All parks are tobacco & alcohol free.
- The Borough will require a Certificate of Liability insurance from the applicant, naming the Borough of Beaver as additionally insured. General aggregate limit \$2,000,000. Each occurrence for bodily injury and property damage \$1,000,000. The certificate holder shall be named as: Borough of Beaver, 469 Third Street, Beaver, PA 15009.
- A Temporary Health License will be required for any vendor serving or selling food as required by the borough's ordinance. Our state health inspector has specific requirements that include completing the Retail Food License Application. (see attached)
- The Borough of Beaver will be held harmless against any liability, loss or expense relating to property damage or personal injury resulting from or occurring during the applicant's use of the park(s).
- Security deposits will be refunded to the applicant within 30 days of the event if it is determined that the applicant has adhered to all event agreements including but limited to number of people attending and full disclosure of event activities and there has been no damage to the park(s) and/or pavilion and/or gazebo.
- Portable toilets may be required for events with 200 or more attendees. Location of portable toilets is subject to the Borough of Beaver approval. The use of the Pavilion at Shaw Park does not include the restroom facilities.
- The Borough has the right to cancel any event. If an event is canceled by the Borough of Beaver, the reservation fee and security deposit may be refunded to the applicant at the discretion of the Borough of Beaver.
- Use of the gazebo, pavilion and park(s) in Beaver Borough requires that you follow all State and CDC guidelines for COVID-19. this includes but is not limited to face mask requirements and the limit of the amount of people at your event. By signing this application you take responsibility for oversight and ensuring compliance with State and CDC guidelines at your event. for most up-to-date COVID-19 information, please visit www.pa.gov and www.cdc.gov.

I acknowledge that the information provided in this application is true and correct AND I have read and accept the Park Reservation Rules & Regulations.

INDEMNIFICATION: I/We hereby agree to, at all times, indemnify and save harmless the Borough of Beaver, its agents, employees and public officials from and against all damages, judgements legal fees, expense and claims which the Borough of Beaver, its agents, employees, or officials may suffer because of the use of the Borough of Beaver facilities by the organization indicated on this application and their vendors. The existence of insurance shall in no way limit the scope of this indemnification. I acknowledge that I have read and accept the Borough of Beaver Park Rules and Regulations.

Sign

Date

THE BOROUGH OF BEAVER

Park Reservation Approval

Office Use Only

Date of Event: _____ Reservation #: _____

Event Approval: ☐ Yes ☐ No - Reason: _____

Check all that apply for approval:

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Reservation Fee Paid - Amount: _____	Date paid: _____
<input type="checkbox"/>	<input type="checkbox"/>	Security Deposit Paid - Amount: _____	Date paid: _____
<input type="checkbox"/>	<input type="checkbox"/>	Copy of photo ID _____	
<input type="checkbox"/>	<input type="checkbox"/>	Signed Indemnification Form/ Guidelines _____	
<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Insurance _____	
<input type="checkbox"/>	<input type="checkbox"/>	Outside Vendor Cert of Ins _____	
<input type="checkbox"/>	<input type="checkbox"/>	Outside Vendor Cert. of Ins _____	
<input type="checkbox"/>	<input type="checkbox"/>	Outside Vendor Temporary Health License _____	
<input type="checkbox"/>	<input type="checkbox"/>	Outside Vendor Temporary Health License _____	
<input type="checkbox"/>	<input type="checkbox"/>	Police/Security _____	
<input type="checkbox"/>	<input type="checkbox"/>	Porta Johns _____	
<input type="checkbox"/>	<input type="checkbox"/>	Road Closure _____	
<input type="checkbox"/>	<input type="checkbox"/>	Dumpster _____	
<input type="checkbox"/>	<input type="checkbox"/>	Garbage Bags (30 gallon) _____	
<input type="checkbox"/>	<input type="checkbox"/>	5K Walk/Run Permit from Police Dept. _____	
<input type="checkbox"/>	<input type="checkbox"/>	Other _____	
<input type="checkbox"/>	<input type="checkbox"/>	Other _____	

Special Notes/Instructions: _____

Borough signature _____ Date _____