

**BOROUGH OF WILKINSBURG**  
**\*\*\*\*\*PERMIT APPLICATION\*\*\*\*\***  
**BANNERS**

DATE OF APPLICATION: \_\_\_\_\_

\*\*\*\*\*  
NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS OF ORGANIZATION: \_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON (NAME): \_\_\_\_\_

ADDRESS OF CONTACT PERSON: \_\_\_\_\_

PHONE NUMBER OF CONTACT PERSON: \_\_\_\_\_

DATE (Posting of Banner) FROM: \_\_\_\_\_ TO: \_\_\_\_\_

BANNER PURPOSE: \_\_\_\_\_

REQUEST FOR SPECIAL INSTRUCTIONS:  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*\*\* THE APPROVED PERMIT WILL BE SENT DIRECTLY TO THE APPLICANT\*\*\*\*\***

**THE FOLLOWING RESTRICTIONS APPLY:  
BANNERS WILL BE POSTED A MAXIMUM OF THREE WEEKS.**

**Banner approval is required by full Council and requires the request at least two weeks in advance of dates for posting and at least two weeks prior to the meeting at which the matter will be considered.**

**FOR BOROUGH USE ONLY**  
**BOROUGH OF WILKINSBURG**  
**\*\*\*\*\*PERMIT APPLICATION\*\*\*\*\***  
**BANNERS**

**COPIES TO:**

D.P.W.                      DATE \_\_\_\_\_ ROY CLARK

ADDITIONAL SERVICE NEEDS: \_\_\_\_\_

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

APPROVED

DISAPPROVED

\_\_\_\_\_  
**BOROUGH COUNCIL**

\_\_\_\_\_  
**BOROUGH MANAGER**

**REMARKS:**

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

**BOROUGH OF WILKINSBURG**  
**\*\*\*\*\*PERMIT APPLICATION\*\*\*\*\***  
**BANNERS**

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**WAIVER OF BOROUGH LIABILITY**

I (WE) THE UNDERSIGNED, DO HEREBY AGREE THAT AS A CONDITION TO THE BOROUGH OF WILKINSBURG EVENT PERMIT, AND IN ORDER TO HOLD AN EVENT WITHIN THE BOROUGH OF WILKINSBURG, TO INDEMNIFY AND HOLD HARMLESS THE BOROUGH OF WILKINSBURG FROM ANY EXPENSES, DIRECT OR INDIRECT, AND ANY CLAIMS, DEMANDS, OR CAUSES OF ACTION WHATSOEVER, IF ANY, ARISING BY REASON OF THE USE OF PUBLIC PROPERTY FOR THE EVENT AS DESCRIBED ON THE ATTACHED PERMIT.

FURTHER, I (WE) DO HEREBY AGREE THAT CLEAN UP OF THE FACILITY AND RESTORATION IS THE RESPONSIBILITY OF THE PERMIT HOLDER AFTER EACH EVENT(S)

IN WITNESS WHEREOF, THE PARTIES HERETO BY THEIR PROPER SIGNATURES DO HEREBY EXECUTE THIS WAIVER THIS \_\_\_\_DAY of \_\_\_\_\_, 20\_\_.

WITNESS:

\_\_\_\_\_  
BOROUGH OF WILKINSBURG OFFICIAL

\_\_\_\_\_  
PERMIT HOLDER

\_\_\_\_\_  
PERMIT HOLDER (#2) IF APPLICABLE

\_\_\_\_\_  
ORGANIZATION

\*\*Please attach a copy of your organization's Certificate of Insurance