

Application # BT2020- _____

Permit Issued ____/____/2020

Date Received: _____

Band Trailer Reservation Request 2020

Office Use Only:			
Rental Fees:	<input type="checkbox"/> \$640 in city	<input type="checkbox"/> \$690 out of city	<input type="checkbox"/> \$75 per additional day
	Total Amount Due: _____		
Other Requirements Received:	Insurance Approved Date: _____	\$100 Deposit Received Date: _____	Map Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
	All Requirements Received Date: _____	Remaining Balance Paid Date: _____	Event Completed Date: _____

	City of Allentown Department of Community & Economic Development 435 Hamilton St, Allentown PA 18101 Lucinda.Wright@allentownpa.gov		
	Event Title: _____		
Date(s) Needed: _____			
Place: _____			
Exact Location of Set-up: _____			
Set-up Time	Start of Event Time	End of Event Time	Tear-Down Time

Name of Applicant:		Company or Organization Name:	
Address:	Street: _____		
	City: _____	State: _____	Zip Code: _____
Telephone:	Work: _____	Home: _____	Cell: _____
E-mail Address:			

Application # BT2020- _____

Permit Issued ___/___/2020

Date Received:

Reason for Rental:		Number of People on Trailer:	
Comments:			

The City of Allentown reserves the right to:

1. Schedule City-Sponsored events for first priority
2. Cancel dates/events due to inclement weather
3. Refuse to place the trailer where safety hazards exist

Requirements:

- ❖ \$100 deposit due at the time of reservation.
- ❖ Please provide a map of location desired when submitting your application.
- ❖ Insurance requirements as follows:
 - *At least 30 days prior to your event*, please provide us with a copy of your Certificate of Liability Insurance naming the **City of Allentown as the additional insured in the amount of \$1,000,000**. The Certificate Holder must read:

**City of Allentown
435 Hamilton St.
Allentown, PA 18101**
 - Please be sure to include the date(s) of your rental in the “description” section.
 - Also, as part of the insurance, we will need a copy of the **Additional Insured Endorsement Page** in ADDITION to the certificate of liability insurance, naming the City of Allentown as the additional insured.
- ❖ ***Final balance due no later than 30 days following your event date.***

Signature of Applicant:	Date:
X	