

SPECIAL EVENT APPLICATION

Per City Ordinance section 21.300, all special events in the City of Mount Clemens must be approved and permitted in order to protect the health and safety of persons and property within the City.

This application must be returned to the Community Development Department at least forty-five (45) days prior to your event. This provision may only be waived in extreme cases for events that involve a security issue. Please return the attached application with the following documentation:

- **Detailed plan/map of the proposed event showing locations of signs, amusement rides, food services, tents, parking facilities, etc.**
- **Block parties require the signatures of all abutting homeowners granting their permission for the closing of any roads.**
- **Required insurance documentation, including a concession waiver of liability to be signed prior to the opening of any vending operation. The City shall require a \$1,000,000.00 liability insurance policy naming the City as an additional insured. The City may also require additional or higher limits based upon risk factors. Insurance is not required for low hazard events of less than 50 people, include no physical activities and require no city services.**

If you would like the Sheriff and /or Fire Department to participate in your event, please contact them directly.

APPLICATION FOR SPECIAL EVENT PERMIT

CITY OF MOUNT CLEMENS
ONE CROCKER BLVD., MOUNT CLEMENS, MI 48043
(586) 469-6818 EXT. 901 FAX (586) 469-7695

NOTE: A COMPLETE AND DETAILED SITE PLAN/SITE MAP OF THE PROPERTY SHOWING THE EVENT AREA IS REQUIRED. PLAN MUST SHOW LOCATIONS OF SIGNS, TENTS OR ANY STRUCTURES, AMUSEMENT RIDES, FOOD SERVICES, PARKING AREA, THE LOCATION OF EXISTING BUILDINGS, ETC. REQUEST WILL NOT BE REVIEWED UNTIL THIS PLAN IS RECEIVED.

IF A TENT IS TO BE ERECTED, SPECIFICATIONS ARE REQUIRED
ADDITIONAL PERMITS MAY BE REQUIRED FOR BUILDING, ELECTRICAL AND MECHANICAL, IF APPLICABLE.

APPLICANT'S NAME: (Please include name of partner, if a partnership or all officers/directors, if corporation)

APPLICANT ADDRESS:

_____ CITY ST ZIP

APPLICANT'S PHONE: Office: _____ Cell: _____

RELATION OF APPLICANT TO BUSINESS/EVENT/SALES: Owner Manager Representative Other

PROPERTY OWNER NAME:

ADDRESS OF THE PROPERTY AT WHICH THE EVENT OR SALES WILL BE CONDUCTED:

DOES APPLICANT OWN OR OCCUPY THE PROPERTY AT WHICH THE EVENT IS TO BE HELD?
_____ YES _____ NO IF NOT, *ATTACH THE WRITTEN CONSENT OF THE PROPERTY OWNER.*

GIVE A DETAILED DESCRIPTION OF THE PROPOSED EVENT: (use back if needed)

DATE OF THE EVENT: _____

TIME OF YOUR EVENT: _____

IS THE EVENT OPEN TO THE GENERAL PUBLIC? _____ YES _____ NO

IF SPECIAL EVENT, WILL ANY GOODS OR MERCHANDISE BE OFFERED FOR SALE TO THOSE ATTENDING:
_____ YES _____ NO IF YES, PLEASE CONTACT THE CLERK'S OFFICE DIRECTLY FOR
VENDOR INFORMATION.

MAXIMUM NUMBER OF PEOPLE PROPOSED TO ATTEND OR PARTICIPATE EACH DAY: _____

HAS THE APPLICANT, PARTNERS, OFFICERS OR DIRECTORS EVER BEEN CONVICTED OF A FELONY?

_____ YES _____ NO IF YES, DESCRIBE: _____

PERMANENT STRUCTURES ARE **NOT ALLOWED** TO BE ERECTED. DO YOU PLAN ANY TEMPORARY STRUCTURES SUCH AS A TENT, STAGE, ETC?

_____ YES _____ NO IF YES, PLEASE DESCRIBE WHAT THOSE ARE:

IF A TENT IS PROPOSED, INDICATE THE SIZE AND NAME AND ADDRESS OF THE COMPANY PROVIDING THE TENT AND WHO IS ERECTING THE TENT:

NOTE: A certificate of Flame Resistance for the Tent needs to be provided 10 days prior to the date of event/sales.

WILL ELECTRICAL EQUIPMENT BE USED FOR THIS EVENT? _____ YES _____ NO
IF YES, DESCRIBE IN DETAIL WHAT TYPE OF ELECTRICAL EQUIPMENT WILL BE USED:

WILL A WATER HOOK UP BE REQUIRED FOR THIS EVENT? _____ YES _____ NO
IF YES, PLEASE DESCRIBE THE PROPOSED LOCATION OF THE WATER HOOK UP:

*** PLEASE NOTE THAT A SEPARATE INSPECTION WILL BE REQUIRED TO INSURE PROPER BACKFLOW PROTECTION DEVICES ARE BEING USED.

WILL THE EVENT HAVE FOOD VENDORS? _____ YES _____ NO
IF YES, DESCRIBE IN DETAIL WHAT TYPE OF FOOD AND NUMBER OF VENDORS:

***PLEASE NOTE THAT ALL FOOD VENDORS MUST ALSO BE APPROVED BY THE MACOMB COUNTY HEALTH DEPARTMENT AND HAVE A VALID CERTIFICATE OF INSURANCE NAMING THE CITY OF MOUNT CLEMENS AS AN ADDITIONAL INSURED.

WILL ALCOHOL BE SERVED OR SOLD AT THE EVENT? _____ YES _____ NO
IF YES, PLEASE PROVIDE PROOF OF LIQUOR LIABILITY INSURANCE AND APPROVAL BY THE LCC

WILL ANY CITY SERVICES BE REQUIRED FOR THIS EVENT? _____ YES _____ NO
IF YES, DESCRIBE IN DETAIL THE TYPE OF SERVICES REQUESTED:

***THE CITY MAY CHARGE THE ACUTAL COST OF PROVIDING THESE SERVICES FOR THE EVENT.

IS ANY SIGNAGE PROPOSED? _____ YES _____ NO IF YES, NOTE LOCATIONS OF ANY SIGNS PROPOSED ON THE MAP PROVIDED WITH THIS APPLICATION.

IS THIS EVENT TO TAKE PLACE IN A CITY OWNED PARK _____ YES _____ NO

IF YES, WHICH PARK ARE YOU REQUESTING? _____

Applicant's Signature

DATE: _____

Printed Name of Applicant

Note: Other permits and/or inspections **MAY** be required along with permission to conduct the special event. This could be for health facilities (food), electric services, fire issues, or a certificate of use from the city's Building Department

RECEIVED

Application
Fee
Clean Up Deposit
Insurance Certificate
Complete Site Plan/Map

IF APPLICABLE:

Neighborhood Signatures
Tent Cert. of Flame Resistance
Tent Co. Information (see above)

FOR OFFICE USE ONLY

APPROVALS:

Community Development _____
DPS _____
Sheriff _____
Fire Inspector _____
Traffic Safety _____

