

3800 Lapeer Road, Port Huron, MI 48060

(810) 987-6600
FAX (810) 987-6712

SPECIAL EVENTS APPLICATION

Entity Name _____ Date _____

Contact Person _____ Address _____

City _____ State _____ Zip _____ Phone # _____

Is the entity the sponsor of the event? Yes _____ No _____

Co-sponsor Yes _____ (In what capacity?) _____ No _____

Does the event take place on entity-owned property? Yes _____ No _____

If entity is not the sponsor of the event; name the sponsor _____

Name and location of event (need address or area) _____

Desired Date(s) _____ Rain Date _____

Full Schedule and description of all events to be covered (brochure or flyer)

Diagram/Site Plan is required for all activities. Diagram attached? Yes _____ No _____

If event includes outside contractors or services (i.e. tractor pulls, horse pulls, carnivals, mid-ways, inflatable equipment, etc.)

FOR CONTRACTED SERVICES OR VENDORS AN INSURANCE CERTIFICATE IS REQUIRED. THE INDEPENDENT CONTRACTOR OR VENDOR SHOULD HAVE AT LEAST 1,000,000 IN LIABILITY COVERAGE NAMING THE MUNICIPALITY AS ADDITIONAL INSURED AND HAVE A HOLD HARMLESS/INDEMNIFICATION WAIVER FOR MUNICIPALITY.

An Insurance Certificate has been requested from Contractors or Vendors and is attached.
Yes _____ No _____
(copies of insurance certificates should be included with application)

Is the entity named as an additional insured on contractor's or vendor's policy?
Yes _____ No _____

Are alcoholic beverages allowed? Yes _____ No _____

If selling alcoholic beverages, who is the license holder?

(A diagram of the beverage tent indicating entrance, exit, fencing, and ID check stations must be included)

Describe security protection (Include police, fire, ambulance, on call, and emergency vehicle staging for entire event

Describe emergency evacuation procedures (In case of medical emergency, Fire, Weather, Etc.

Estimated Total Attendance per day _____

Number of year event has been held _____

Losses _____

Please complete a diagram/site plan on additional page

For Township Use Only:

Fees Due from Entity \$ _____

Paid / Date _____

Approvals if applicable:

_____ Commission/Board

Date approved _____

_____ Fire Chief

Date approved _____

_____ Building/Zoning Official

Date approved _____

_____ Township Supervisor/Board

Date approved _____

Sketch/Site Plan: