City of Potterville

SPECIAL EVENT PERMIT APPLICATION

319 N. Nelson St. • PO Box 488 • Potterville, MI 48876 • Phone: (517) 645-7641 Fax: (517) 645-7810 • www.pottervillemi.org

Applications are due ninety (90) days prior to the event

Permit #:	
Date:	
Staff:	
Fee:	
-	

Applicant (Binding Party)	Event Coordinator
Contact Person: Company:	Contact Person: Company:
Address:	Address:
Phone:	Phone:
Email:	Email:
Organization Type: Profit Non-profit	

EVENT INFORMATION:

ivent name:			
Date(s) of event:			
Type of event:			
Festival (city streets/sidewalks) Festival (city parks): Please state which park:			
Walk/Run (city streets/sidewalks) Walk/Run (city pa	rks): Please state which park:		
Please describe your event and purpose (concert, carnival, wedding, parade, etc.):			
Anticipated daily attendance of event:			
Event set-up date and time:	Event tear down date and time:		
Event start date and time:	Event end date and time:		

	ovide a list of the vendors, type of vending (vendor insurance policies are required to be submitted 30 event):
If yes, please pro Potterville Police	erved?YesNo ovide Michigan Liquor Control Commission (MLCC) Special License Application signed by City of Chief. The MLCC Special License shall be submitted 10 days prior to the event. (NOTE: serving of a separate insurance policy)
Will the event ha	ve fireworks? Yes No (if yes, please provide written approve from City of Potterville Fire Ch
Will the event ha	we a recreational fire? Yes No (if yes, please provide a copy of City of Potterville Burn Pern
If yes, please de any necessary b	ave a tent(s) or other temporary structure(s)? Yes No scribe the type and size of structure(s) (contact Eaton County Construction Code Department to obtain uilding/trade permit(s) and inspection(s); a copy of the permit is required to be submitted 30 days prior of inspections is required to be submitted prior to commencement of the event.):
Does the event r	CES REQUIRED: require streets to be closed?YesNo t the street(s) and time frame they are requested to be closed and submit proof of notice signed by
	v owners (document attached) with this application:

Does the event require the use of city owned parking lots?	Yes	No	
If yes, please list which parking lot(s) and how they will be	used (parking,	structure,	tables, etc.):

Does the event require other city services not listed?:	Yes	No
If yes, please describe:		

INSURANCE:

A general liability insurance policy in the amount of one-million dollars naming the City of Potterville as an additional name insured shall be submitted 10 days prior to the event. Said policy shall also include receipt of payment to the insurance company issuing the policy.

If alcohol is served, a liquor liability insurance policy in the amount of one-million dollars naming the City of Potterville as an additional name insured shall be submitted 10 days prior to the event. Said policy shall also include receipt of payment to the insurance company issuing the policy.

Vendors shall have proof of general liability insurance policy in the amount of one-million dollars indicating their policy covers the activity they are providing. The vendor shall also provide a certificate to said policy naming the City of Potterville as an additional name insured. Said policy and certificate shall be provided 10 days prior to the event.

ATTACHMENTS:

Please check all documents included with this application. Please identify each attachment with the corresponding letter:

A: Site Plan	G: Restroom/Portable Toilet Plan
B: Event Set-up Plan	H: Trash Receptacle Plan
C: Road Closure Plan	I: Michigan Liquor Control Commission Application
D: Road Closure Notification	J: Insurance Policies/Certificates
E: Burn Permit	K: Reduction of Fee Approved by City Council
F: Fireworks Display Approval	

S<u>IGNATURE</u>:

I acknowledge that if a permit is granted that the decision does not relieve me from compliance with all other federal, state and local laws and requirements. I affirm that I am involved in this application and that the answers and statements herein contained, and the information provided is true, accurate and correct. I understand that if it is not, this application and any approvals are void. I hereby give city officials permission to inspect the property to verify information and to verify compliance with rules and conditions. I also agree that I am able, financially, legally, and physically, and I will commence this use as approved.

Applicant(s) & Coordinator(s) Signature(s)	Date

STAFF USE ONLY:		Approved	Denied
Parks and Recreation Department Director	Date		
Police Chief	Date		
Fire Chief	Date		
Department of Public Works Director	Date		
City Manager	Date		

POTENTIAL STREET CLOSURE NOTIFICATION:

We, the undersigned, have been notified that _____

(street name)

May be closed for a Special Event on _____

(list dates and times)

Name	Address	Telephone	Signature	Date