



102 Butler Street • P.O. Box 86 • Saugatuck, MI 49453
Phone: 269-857-2603 • Website: www.saugatuckcity.com

SPECIAL EVENT APPLICATION

Must be filled out in its entirety & returned to the City Clerk's Office 30 days prior to scheduled event

SPONSORING ORGANIZATION INFORMATION

LEGAL BUSINESS NAME: _____

TELEPHONE: _____

MAILING ADDRESS: _____

CONTACT NAME: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

CELL PHONE: _____

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

CELL PHONE: _____

EVENT INFORMATION

NAME OF EVENT: _____

DATE(S) OF EVENT: _____

PURPOSE OF EVENT: _____

RAIN DATE: _____

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> For-Profit | <input type="checkbox"/> City Operated/Sponsored | <input type="checkbox"/> Co-Sponsored |
| <input type="checkbox"/> Marathon/Race | <input type="checkbox"/> Festival/Fair | <input type="checkbox"/> Video/Film Production | <input type="checkbox"/> Other _____ |

EVENT LOCATION: _____

EVENT HOURS: _____

ESTIMATED NUMBER OF ATTENDEES: _____

ESTIMATED NUMBER OF VOLUNTEERS: _____

ESTIMATE DATE / TIME FOR SET-UP: ____/____/____ _____ A.M. P.M. (circle one)

ESTIMATE DATE / TIME FOR CLEAN-UP: ____/____/____ _____ A.M. P.M. (circle one)

EVENT DETAILS

WILL MUSIC BE PROVIDED DURING THIS EVENT: Yes No

TYPE OF MUSIC PROPOSED: Live Amplification Recorded Loudspeakers

PROPOSED TIME MUSIC WILL BEGIN: _____ END: _____

FOOD VENDORS/CONCESSIONS: (Contact Allegan County Health Department) Yes No

Provide Copy of Health Department Food Service License

WILL ALCOHOL BE SERVED AT THIS EVENT: Yes No

Provide Copy of Liquor Liability Insurance (listing the City as additionally insured)

Provide Copy of Michigan Liquor Control License

If yes, describe measures to be taken to prohibit the sale of alcohol to minors: _____

WILL FIREWORKS BE APART OF EVENT: Yes No

Provide Copy of Liability Insurance (listing the City as additionally insured)

Provide Copy of Fireworks Permit

EVENT SIGNAGE: City Council approval is required for any temporary signing in the public right-of-way, across a street or on City property. Which of the following signs are requested for this event:

“YARD” SIGNS - Number requested: ____ (Maximum size is 2’ x2’. Cannot be displayed no more than 15 days prior to first day of event and must be removed 24 hours after end of event.)

BANNER OVER CITY STREET - Location: _____
(Size cannot be greater than 16 square feet. Cannot be displayed no more than 15 days prior to first day of event and must be removed 24 hours after end of event.)

SIGNAGE AT EVENT SITE - Location(s): _____

Description of signs: _____

(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.)

TENTS/CANOPIES/MISC: The City of Saugatuck does not have tents, stage, tables or chairs available for rental. There are a number of businesses listed in the yellow pages under “Rental Service Stores” that specialize in the rental of event supplies. Will the following be constructed or located in the event area:

BOOTHS – QUANTITY _____ **TENTS – QUANTITY** _____

AWNINGS – QUANTITY _____ **TABLES – QUANTITY** _____

PORTABLE TOILETS – QUANTITY _____

VENDOR PARKING: Have you made arrangement for vendor parking? Yes No

If yes, where do you propose your vendors park? _____

Will the Interurban be utilized? Yes No Time(s) _____

DEPARTMENT OF PUBLIC WORKS

APPROVED

DENIED

Will this event require the use of any of the following municipal equipment: Yes No

TRASH RECEPTACLES – QUANTITY _____

BARRICADES – QUANTITY _____

TRAFFIC CONES – QUANTITY _____

PARKING SIGNS – QUANTITY _____

FENCING WATER ELECTRIC

RESTROOM CLEANING

OTHER _____

SAUGATUCK/DOUGLAS POLICE DEPARTMENT

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED? Yes No

If yes please describe & include times _____

Other (describe): _____

SAUGATUCK TOWNSHIP FIRE DISTRICT

APPROVED

DENIED

STREET CLOSURES: Yes No (use attached map to outline proposed closures)

Street closure date/time: ____/____/____ _____ A.M. P.M. (circle one)

Street re-open date/time: ____/____/____ _____ A.M. P.M. (circle one)

SIDEWALK CLOSURES: Yes No (use attached map to outline proposed closures)

Describe Sidewalk Use: _____

Sidewalk closure date/time: ____/____/____ _____ A.M. P.M. (circle one)

Sidewalk re-open date/time: ____/____/____ _____ A.M. P.M. (circle one)

PARKING LOT CLOSURES: Yes No (use attached map to outline proposed closures)

Parking Lot Location: _____

Sidewalk closure date/time: ____/____/____ _____ A.M. P.M. (circle one)

Sidewalk re-open date/time: ____/____/____ _____ A.M. P.M. (circle one)

What parking arrangements are proposed to accommodate potential attendance: _____

CITY USE ONLY – Department representative please initial if approved

[] DPW [] POLICE [] FIRE

CITY COUNCIL APPROVAL DATE: _____

AUTHORIZED BY: _____ DATE: _____

MONICA LOOMAN -CITY CLERK

APPLICATION CHECK LIST

- Completed Application
- Event Map (includes detailed event layout for vendors, booths, porta potties, etc.)
- Road/Sidewalk/Parking Lot Closure Map
- Certificate of Insurance (listing the City of Saugatuck as additionally insured)
- Fireworks Permit (if applicable)
- Michigan Liquor Control Commission Special Event License (if applicable)
- Health Department Food Service License (if applicable)

If document is missing, please explain: _____

The applicant and sponsoring organization understand and agrees to:

Provide a certificate of insurance with all coverages deemed necessary for the event, name the City of Saugatuck as an additional insured on all applicable policies and submit the certificate to the City Clerk's Office no later than one (1) week following notice of the event approval.

Comply with all City and County Ordinances and applicable State laws, City policies and acknowledges that the special events permit does not relieve the applicant or organization from meeting any application requirements of law or other public bodies or agencies.

Applicant and sponsoring organization further understands the approval of this special event may include additional requirements and/or limitations based on the City's review of this application. The applicant and sponsoring organization understands that it may be necessary to meet with City staff during the review of this application and that City Council approval is necessary.

Applicant understands that he/she is responsible for contacting the Michigan Liquor Control Commission and/or Allegan County Health Department to secure all permits required for this event.

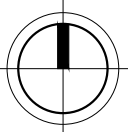
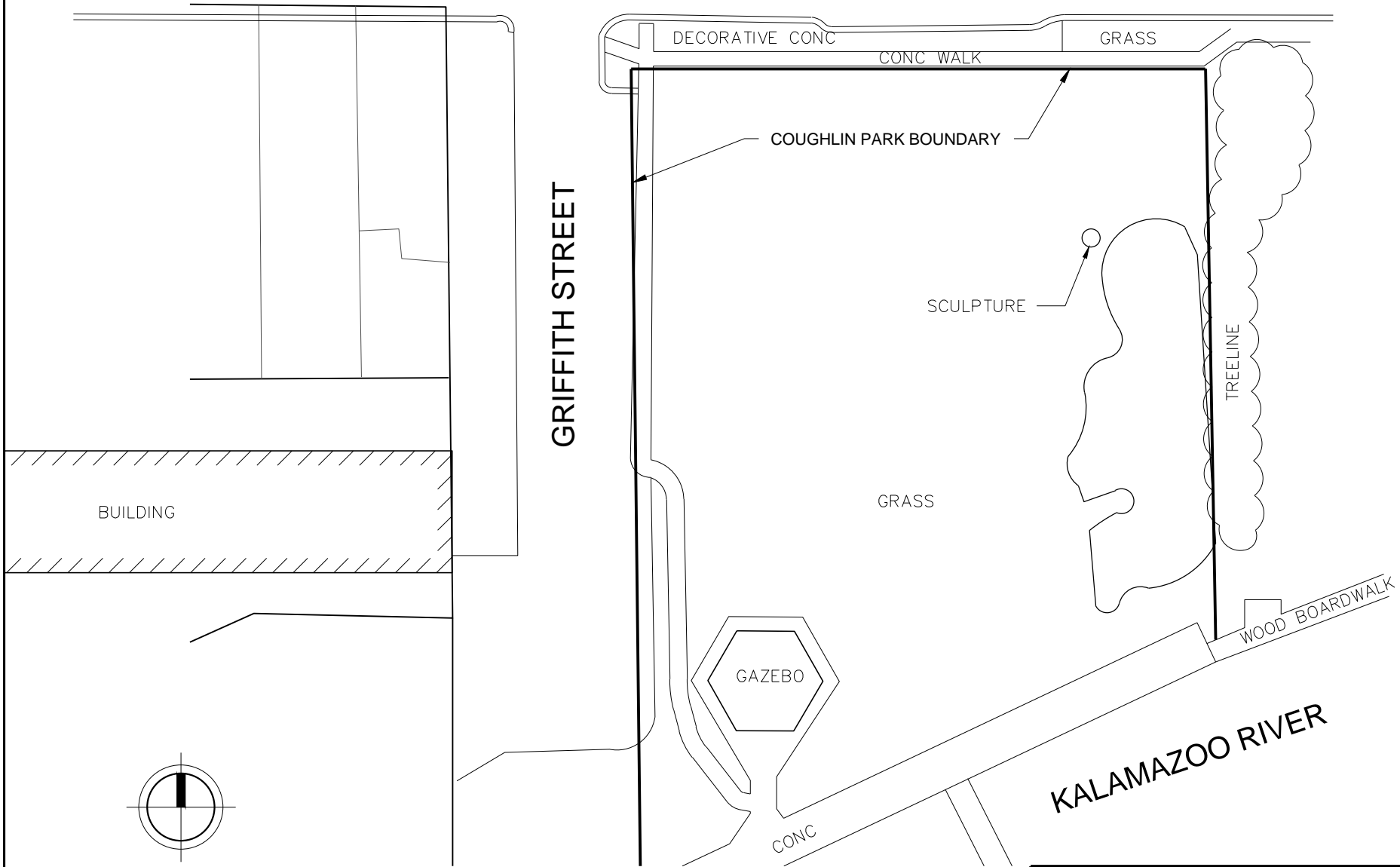
Applicant agrees to defend, indemnify and hold harmless the City of Saugatuck, Michigan from any claim, demand, suit, loss, cost of expense or any damage which may be asserted, claimed or recovered against or from this Special Event by reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss cost of expense is caused in whole or in part by the negligence of the City of Saugatuck or by third parties, or by the agents, servants, employees or factors of any of them.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event and affirm the above understandings. The information provided on this application is true and complete to the best of my knowledge.

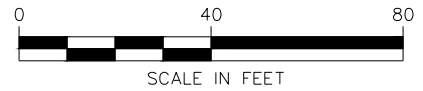
Applicant Signature

Date

CULVER STREET



NORTH



APPLICANT TO SKETCH LOCATION OF PROPOSED
 TEMPORARY STRUCTURES, TENTS, STAGES,
 EQUIPMENT, TRAILERS, PORTA POTTYS, ETC...

CITY OF SAUGATUCK
 ALLEGAN COUNTY, MICHIGAN

COUGHLIN PARK
 PARK USE PERMIT APPLICATION