

City of Saugatuck
102 Butler St. PO Box 86
Saugatuck MI 49453
269-857-2603 269-857-4406 (FAX)

APPLICATION FOR SPECIAL EVENT PERMIT

Name of Applicant/Organization: _____

Contact Person: _____

Street Address/PO Box: _____

City/State/Zip Code: _____

Telephone/Fax/email: _____

Date(s) of proposed event: _____

Hours of operation of proposed event: _____

Description of proposed event: _____

Location of proposed event (include route map for parade): _____

Do you plan to sell/provide alcoholic beverages? _____ If yes, refer to City Code Chapter 90:
Alcoholic Beverages.

Do you plan to install tents or canopies? _____ If yes, refer to the Fire Chief for requirements.

Remember to include an explanation, including drawings where applicable, of the applicant's plans to provide for the following. Attach additional pages as necessary.

- Police and/or fire protection
- Communication facilities
- Health and sanitation facilities
- Facilities for clean up and waste disposal
- Sound Amplification
- Medical facilities and services, including emergency vehicles and equipment
- Illumination facilities
- Food and water supply and facilities
- Vehicle access and parking facilities
- Insurance and Bonding arrangements
- Noise control and abatement

NOTE: A permit, if issued, must be displayed. The permit is subject to revocation for cause. If food or beverages are to be sold, evidence of Health Dept. approval must be furnished. Evidence of public liability insurance may be required as determined by the City Manager.

Signature of Applicant

Date

TO BE COMPLETED BY CITY

PLACE OF EVENT _____ \$ _____ Date Received _____

NOTE: GAZEBO RENTAL \$100.00

Approved: _____
Signature and Date

Not Approved: _____
Signature and Date

- ____ Fire Department ____ D.P.W. ____ Interurban ____ OVAL
- ____ CVB ____ City Council ____ Applicant
- ____ Police Department ____ KLSWA ____ SABA

ADDITIONAL NEEDS: PLEASE LIST

DPW

POLICE