

Council Action

_____ Approved

_____ Denied

_____ Date

**CITY OF FENTON SPECIAL/TEMPORARY EVENT
APPLICATION**

SPONSORING ORGANIZATION INFORMATION

BUSINESS NAME: _____ **TELEPHONE:** _____

MAILING ADDRESS: _____ **CELL PHONE:** _____

CONTACT NAME: _____ **E-MAIL:** _____

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:** _____

- Non-Profit For-Profit City Operated/Sponsored Co-Sponsored
 Marathon/Race Festival/Fair Video/Film Production Other _____

EVENT LOCATION: _____

ESTIMATED NUMBER OF ATTENDEES: _____

ESTIMATED NUMBER OF VOLUNTEERS: _____

ESTIMATE DATE/TIME FOR SET-UP: _____ A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: _____ A.M. P.M.

EVENT DETAILS

WILL MUSIC BE PROVIDED DURING THIS EVENT? Yes No

TYPE OF MUSIC PROPOSED? Live Amplified Other

PROPOSED TIME MUSIC WILL BEGIN: _____ **END:** _____

FOOD VENDORS (SUCH AS FOOD TRUCKS)/CONCESSIONS: Yes No

- Provide Copy of Health Department Food Service License
- Provide list of vendors
- Each Mobile Food Vendor **MUST** be registered with the City of Fenton

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 A PART OF EVENT: Yes No

MUNICIPAL EQUIPMENT NEEDED? Yes No

TENTS/CANOPIES/MISC: Will the following be constructed or located in the event area:

- | | |
|--|---|
| <input type="checkbox"/> BOOTHS – QUANTITY _____ | <input type="checkbox"/> TENTS – QUANTITY _____ |
| <input type="checkbox"/> AWNINGS – QUANTITY _____ | <input type="checkbox"/> TABLES – QUANTITY _____ |
| <input type="checkbox"/> PORTABLE TOILETS – QUANTITY
_____ | <input type="checkbox"/> TRAFFIC CONES – QUANTITY
_____ |
| <input type="checkbox"/> BARRICADES – QUANTITY _____ | <input type="checkbox"/> TRASH RECEPTACLES – QUANTITY
_____ |
| <input type="checkbox"/> PARKING SIGNS – QUANTITY _____ | <input type="checkbox"/> FENCING _____ |
| <input type="checkbox"/> WATER _____ | <input type="checkbox"/> ELECTRIC _____ |
| <input type="checkbox"/> OTHER: _____ | |

ADDITIONAL OFFICERS REQUIRED? Yes No

If yes, please describe & include times _____

Other (describe): _____

STREET CLOSURES: Yes No (please attach map with proposed closures)

Street closure date/time: _____ A.M. P.M.

Street re-open date/time: _____ A.M. P.M.

SIDEWALK CLOSURES: Yes No (please attach map with proposed closures)

Describe Sidewalk Use: _____

Sidewalk closure date/time: _____ A.M. P.M.

Sidewalk re-open date/time: _____ A.M. P.M.

PARKING LOT CLOSURES: Yes No (please attach map with proposed closures)

Parking Lot Location: _____

Lot closure date/time: _____ A.M. P.M.

Lot re-open date/time: _____ A.M. P.M.

SKETCH PLAN PROVIDED? Yes No

The applicant and sponsoring organization understand and agree to:

Provide a certificate of insurance with all coverages deemed necessary for the event, name the City of Fenton 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 an approval hereunder 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 understand 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 understand 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 all necessary agencies or bodies, including but not limited to the Michigan Liquor Control Commission and/or Genesee County Health Department, to secure all permits required for this event.

Applicant agrees to defend, indemnify and hold harmless the City of Fenton, 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 to the Special Event, 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 Fenton 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

For City Staff Use: _____	
Permit Fee	_____
Approved	_____
Denied	_____ Reason for Denial _____
Signature of Zoning Administrator	_____ Date _____
Police Chief	_____
Fire Chief	_____
City Clerk	_____
DPW Director	_____

Stipulations: