FACILITY RENTAL APPLICATION

VILLAGE OF MACKINAW CITY, 102 S. HURON AVENUE, MACKINAW CITY, MI 49701 (231) 436-5351

APPLICATION DUE 45 DAYS PRIOR TO THE EVENT

Identify Facility: ☐ Recreation Center (Please specify) Upstairs _____ Downstairs _____ Rink _____

Showers Only_____

☐ Pavilion ☐ Alexander Henry Park ☐ Heritage Village ☐ Other _____

Name/Type of Event: _____

Name of Applicant/Contact:_____

Mailing Address:_____

City_____ State _____ Zip _____

Phone no.:_____ Cell No.:_____ Email: _____

Applicant's Group Name (if different): _____

Mailing address (if different):_____

City_____ State _____ Zip _____

Phone no. (if different):_____Fax:_____

Event Date(s) and Time(s): Date:_____ From_____ To _____

Date:_____ From_____ To _____

Date:_____ From_____ To_____

How many people will be attending event?: _____

Is this a Non-Profit Organization?: ☐ Yes ☐ No

Will there be any goods sold during the event?: ☐ Yes ☐ No

If yes, what items will be sold:_____

_____

Will there be a tent installed? ☐ Yes ☐ No If yes, you must contact the Village prior to tent installation and provide the name, address and telephone number of the tent installation company:_____

_____

Provide name, address, and telephone of Catering Service, if any?:_____

_____

Provide proof of liability insurance at least two weeks prior to the event (if waived, indicate yes:_____)
(Those waived are The Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701)

Will liquor be served? ☐ Yes ☐ No If yes, approval must be obtained from State Liquor Control prior to the event. You are required to provide the Village with proof of insurance and bond. If there is a caterer involved, a copy of their bond and insurance must be provided.

Applicant acknowledges they are responsible for any and all damage incurred to the Village's facility, and they are responsible for keeping the grounds clean, and any installation of any tents must be coordinated by Village personnel prior to installation.

Signature:_____Print Name:_____DATE_____