

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

**Must be filled out in its entirety and returned to the Village Clerk's Office 45 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: \_\_\_\_\_

PURPOSE OF EVENT: \_\_\_\_\_

- Non-Profit       For-Profit       Village Operated/Sponsored       Co-Sponsored  
 Marathon/Race       Festival/Fair       Arts & Crafts Show       Other \_\_\_\_\_

DATE(S): \_\_\_\_\_ FROM \_\_\_\_\_  A.M.  P.M. TO \_\_\_\_\_  A.M.  P.M.  
\_\_\_\_\_ FROM \_\_\_\_\_  A.M.  P.M. TO \_\_\_\_\_  A.M.  P.M.  
\_\_\_\_\_ FROM \_\_\_\_\_  A.M.  P.M. TO \_\_\_\_\_  A.M.  P.M.  
\_\_\_\_\_ FROM \_\_\_\_\_  A.M.  P.M. TO \_\_\_\_\_  A.M.  P.M.

RAIN DATE(S): \_\_\_\_\_ FROM \_\_\_\_\_  A.M.  P.M. TO \_\_\_\_\_  A.M.  P.M.  
\_\_\_\_\_ FROM \_\_\_\_\_  A.M.  P.M. TO \_\_\_\_\_  A.M.  P.M.

EVENT LOCATION: \_\_\_\_\_

ESTIMATED NUMBER OF ATTENDEES: \_\_\_\_\_

WILL YOU UTILIZE SHOWERS:       Yes       No

ESTIMATED NUMBER OF VOLUNTEERS: \_\_\_\_\_

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

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

**PARADE PERMIT**

Includes runs, walks, and other uses of the Village public right-of-way.

POLICE ESCORT NEEDED:  Yes  No

PARADE ROUTE PROVIDED WITH APPLICATION:  Yes  No

PROPOSED ROUTE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date and time Parade will start: \_\_\_\_\_  A.M.  P.M.

Date and time Parade will end: \_\_\_\_\_  A.M.  P.M.

**EVENT DETAILS**

**SITE MAP:** All applicants must provide a drawing of the event area and are due at application. Site map must be legible, be pre approved by Village Staff, and include and/or identify the following, if applicable:

- Lot lines
- Fire Hydrants
- Tents
- Table and chair diagram
- Bicycle Routes (including route into and out of town)
- All bicycle events will utilize the Village’s Hike and Bike Trail
- Label roads and closest cross roads
- Locate and label buildings
- Portable Restrooms
- Placement of food vendors
- Sidewalks
- Parking lots
- Ingress and egress points
- Parade Route
- All proposed modifications

WILL MUSIC BE PROVIDED DURING THIS EVENT:  Yes  No

TYPE OF MUSIC PROPOSED:  Live  Amplification  Recorded  Loudspeakers

PROPOSED TIME MUSIC WILL BEGIN: \_\_\_\_\_ END: \_\_\_\_\_  
(NO LATER THAN 10 P.M.)

**FOOD VENDORS/CONCESSIONS:** (Contact Emmet or Cheboygan 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  
See page 4 for required language naming the Village as an additional insured
- Provide Copy of Michigan Liquor Control License

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

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION:  Yes  No

Date insurance binder provided: \_\_\_\_\_  
See page 4 for required language naming the Village as an additional insured

WILL FIREWORKS BE APART OF EVENT:  Yes  No

- Provide Copy of Liability Insurance
- Provide Copy of Fireworks Permit  
See page 4 for required language naming the Village as an additional insured

**EVENT SIGNAGE:** Village Council approval is required for any temporary signing in the public right-of-way, across a street or on Village 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.)

**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.)

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

If yes, where do you propose your vendors park? \_\_\_\_\_

**EVENT LONG TERM PARKING:** Will there be long term parking?  Yes  No

If yes, from date \_\_\_\_\_ to ending date: \_\_\_\_\_

Long term parking identified on the site map?  Yes  No

**OVERNIGHT CAMPING:** Will there be camping over night?  Yes  No

Name of Facility where camping: \_\_\_\_\_

If yes, from date: \_\_\_\_\_ to ending date: \_\_\_\_\_

Camp sites identified on the site map?  Yes  No

**TENTS/CANOPIES/MISC:** The Village of Mackinaw City does have tables and/or chairs available for rental. You will need to provide a diagram of the area for set up. Will the following be constructed or located in the event area?:

**BOOTHS – QUANTITY** \_\_\_\_\_

Size \_\_\_\_\_

**TENTS – QUANTITY** \_\_\_\_\_

**CHAIRS – QUANTITY** \_\_\_\_\_

**AWNINGS – QUANTITY** \_\_\_\_\_

**TABLES – QUANTITY** \_\_\_\_\_

Seating diagram for booths, awnings, tables and chairs provided with application:  Yes  No

**PORTABLE RESTROOMS/TOILETS**

Have you made arrangements to provide portable restroom facilities at your event?  Yes  No

If yes, total number of portable toilets: \_\_\_\_\_ Number of ADA accessible portable toilets: \_\_\_\_\_

If no, explain: \_\_\_\_\_

Restroom Company Name: \_\_\_\_\_

Address Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Equipment set up: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Equipment pick up: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Portable restrooms identified on the site map?  Yes  No

## APPLICATION CHECK LIST

A = Applicant

V = Village

- | <u>A</u>                 | <u>V</u>                 |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Completed Application   |
| <input type="checkbox"/> | <input type="checkbox"/> | Special Event Fee received on _____, receipt no _____<br>amount: \$_____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Event Map Received (includes detailed event layout for vendors, booths, portable restrooms, fire hydrants, parking, ingress, egress, roads, sidewalks, table and chair diagram, etc.)                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Bicycle Route Map (use of the Mackinaw City Bike Trail is required)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Certificate of Insurance (listing the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701 as an additional insured) |
| <input type="checkbox"/> | <input type="checkbox"/> | Ambulance Standby included with Application paid on _____, receipt no. _____<br>amount \$_____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Fireworks Permit (if applicable)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Michigan Liquor Control Commission Special Event License (if applicable)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 coverage deemed necessary for the event, naming the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701, as an additional insured on all applicable policies and submit the certificate to the Village Clerk's Office no later than thirty (30) days prior to the event.

Comply with all Village Ordinances and Policies and applicable State laws, and acknowledges that the special event 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 Village's review of this application. The applicant and sponsoring organization understand that it may be necessary to meet with Village staff during, as well as after the event, for the review of this application and that Village Council approval is necessary.

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

Applicant further agrees to defend, indemnify and hold harmless the Village of Mackinaw City, 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 Village of Mackinaw City 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.

The Village of Mackinaw City expressly reserves the right in its sole discretion to cancel a private event for Village purposes and the Site user agrees, as a term of its use of a site, to release and waive all claims of any kind (including a claim for consequential damages), against the Village, its officers or employees arising out of cancellation of the user's event.

Is this an annual event?  Yes  No  
Is this event expected to occur next year?  Yes  No  
How many years has this event occurred? \_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature**  
**Print name of applicant:** \_\_\_\_\_

\_\_\_\_\_  
**Date**

**VILLAGE USE ONLY** – *Department representative please initial if approved*

[    ] DPW    [    ] FACILITY SERVICES  
[    ] POLICE    [    ] FIRE    [    ] AMBULANCE  
[    ] RECREATION

**VILLAGE COUNCIL COUNCIL APPROVAL DATE:** \_\_\_\_\_

**CONDITIONS, IF ANY:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**VILLAGE MANAGER**

**FOR VILLAGE USE ONLY**

**DEPARTMENT OF PUBLIC WORKS**

APPROVED

DENIED

Will this event require the use of any of the following municipal equipment:

Yes  No

LOADER – MODEL \_\_\_\_\_ TOTAL MEN \_\_\_\_\_

TOTAL MAN HOURS \_\_\_\_\_

PICK UP TRUCKS \_\_\_\_\_ TOTAL MEN \_\_\_\_\_

TOTAL MAN HOURS \_\_\_\_\_

OTHER EQUIPMENT \_\_\_\_\_ TOTAL MEN \_\_\_\_\_

TOTAL MAN HOURS \_\_\_\_\_

OTHER SERVICES PROVIDED OR REQUIRED \_\_\_\_\_

SITE MAP APPROVED:  Yes  No

**FACILITIES SERVICES DEPARTMENT**

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 \_\_\_\_\_

SITE MAP APPROVED:  Yes  No

**MACKINAW CITY POLICE DEPARTMENT**

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED?  Yes  No

If yes please describe & include times \_\_\_\_\_

Other (describe): \_\_\_\_\_

PARADE ROUTE RECEIVED AND APPROVED:  Yes  No

POLICE ESCORT NEEDED:  Yes  No LIQUOR APPLICATION RECEIVED AND REVIEWED:  Yes  No

SITE MAP APPROVED:  Yes  No

**MACKINAW CITY FIRE DEPARTMENT**

APPROVED

DENIED

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

Street closure date/time: \_\_\_\_/\_\_\_\_/\_\_\_\_  A.M.  P.M.

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

SITE MAP APPROVED:  Yes  No

**RECREATION DEPARTMENT**

APPROVED

DENIED

SHOWERS:  Yes  No

TABLES:  Yes  No Quantity: \_\_\_\_\_

CHAIRS:  Yes  No Quantity: \_\_\_\_\_

CAMPING:  Yes  No (identified on map)

LONG TERM PARKING:  Yes  No (identified on map)

PORTABLE RESTROOMS:  Yes  No (identified on map)

SITE MAP APPROVED:  Yes  No