

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

App. No.: _____

SPECIAL EVENT APPLICATION

- 1) Name of Applicant/Contact: _____
- 2) Applicant's Address: _____
- 3) Applicant's Telephone No.: _____ Home Telephone No. _____
- 4) Applicant's Group Address (if different) : _____
- 5) Applicant's Work Telephone No. (if different): _____
- 6) Identify Name and Type of Event: _____
- 7) Identify Public Facility: _____
- 8) Provide Event Dates(s): _____
- 9) Provide Time of Event: From: _____ To: _____
- 10) Identify how many people will be attending event?: _____
- 11) Identify if Applicant is a Non Profit Organization?: _____
- 12) Will there be the sale of any goods during the event?: _____
- 13) Provide name, address, and telephone of Caterer, if any?: _____

- 14) Will there be a tent installed? _____ If so you must contact the Village prior to tent installation and provide the name, address and telephone number of the tent installation company:

- 15) Provide proof of liability insurance at least two weeks prior to the event (if waived, indicate yes: _____)

The Village of Mackinaw City, its Village Council,
Boards and Commissions, Citizens, Employees and Agents,
102 S. Huron Avenue, Mackinaw City, MI 49701
- 16) Will liquor be served?: _____ If yes, additional insurance must be provided to the Village from the caterer/business providing alcoholic beverages. (see 15 above for language).
- 17) Applicant hereby acknowledges that they are responsible for any and all damage incurred to the _____ (Name of Facility), and that they are responsible for keeping the grounds clean, and any installation of any tents must be coordinated by Village personnel prior to installation.

DATE _____

By: _____

Print Name: _____

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FOR VILLAGE USE ONLY

APPROVED BY: _____

DATE OF APPROVAL: _____ AMOUNT PAID: _____

CHECK NO. _____ RECEIPT NO.: _____

NOTES: _____