Special Event ApplicationApplication, fee and deposit should be submitted 30 days prior to event

City of Tawas City 550 W. Lake St, PO Box 568 Tawas City, MI 48764

PERMIT NUMBER	

ADDITION TIMEODMATION

P	APPLICANI	INFOR	MATION	
ApplicantName				
Name	(,	E-mail :	address
Address	Zip Code	Telepho	ne Number	Fax Number
Date of Application Spon	sor(s)			
Organization (if applicable)				N. I
			Teleph	one Number
Names, Addresses, and Daytime Telephone Numbers 1	of Two Organ	ization Of	ficers (Chairper	son and Co-Chairperson if applicable)
2				
	EVENT IN			
Have you held this event before? Yes No If yes, provide event name, date:				
Type of Event	Dat	te of Event	t	
Name of Park or Location	Loca	ation in Pa	ark (be specific) _	
(If appropriate) Start Location	Fini	ish Locatio	on	
Route				
Number of Participants				
Set-Up Begins	Cle	ean-Up En	ds	
Set-Up Begins (Date & Time)		- г		(Date & Time)
Time Event Begins	Tin	ne Event E	ends	
(Date & Time)				(Date & Time)
* Will participants or spectators be charged?	YES	NO		
* Will there be vendors at the event?	YES	NO	If yes, fee cha	rged
* Will profit vendors be selling food at the event?	YES	NO	If so provide a	a copy of District Health Dept Certification
* Will non-profit vendors be selling food at the event?	YES	NO	If so provide a	a copy of District Health Dept Certification
* Will there be merchandise available for sale	YES	NO		
* Will the event be advertised? If so, describe advertising plan including date	YES es and media o	NO outlets		
* Will the event be advertised with banners or signs at	the location?	YES	NO	

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Applicant				
* Have you made any provision for on-site emergency	y service	s?	YES NO	
* Have you made any provision for on-site security?	YES	NO	Contact person:Name	Phone Number
* Do you plan to have amplified sound at event?	YES	NO	If yes, local ordinance must be followed	
* Do you have insurance? If so, whom? Name	YES	NO	(Please include a liability insurance certificate insured on the policy for \$1,000,000)	e listing the City as additional
* Do you have contractors? If so, whom? Name	YES	NO	(Please include a liability insurance certificate insured on the policy for \$1,000,000)	e listing the City as additional
* Do you have cross guards? If so, whom? Name	YES	NO	(Cross guards are recommended for events at	the Shoreline Park)
* Will electricity be needed?	YES	NO	List location(s):	
* Will water be needed?	YES	NO	List location(s):	
* Will Sprinklers need to be turned off for the event?	YES	NO		
* Will fencing be installed? (Miss Dig must be contracted)	YES	NO	If so, who will be installingRemoval date	
* Will a tent be installed? (Miss Dig must be contacted)	YES	NO	If so, who will be installingRemoval date	
* Do you plan to drive trailers onto Park Grounds?	YES	NO		
* Will barricades or cones be needed?	YES	NO	Contact person: Name	Phone Number
All fees for trash disposal and port-a-johns will be	the resp	onsik	oility of the Applicant.	
* Have you made any provision for trash removal?	YES	NO		
* Will extra bathroom facilities be used?	YES	NO	If so, who will be installingRemoval Date	

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Park Rules: (Listed below are to be followed unless special authorization is given by Council)

No stakes to be driven into grounds (due to infrastructure in the parks)
No vehicles to be driven on to park grounds
No overnight stays or camping
No Pets (Dogs, Cats, etc.)
No Alcohol is allowed in the parks

Permits are not transferable

Applicants are responsible for cleaning and restoring the site after the event to the original state. The cost of any employee overtime incurred because of applicant failure to clean and/or restore the site following the event will be borne by the applicant.

Applicants shall be held liable for any and all damages or injuries to persons or property that may occur or be caused by the use of the permit. By accepting a permit, applicants agree to indemnify and hold harmless the City and the Department from any and all claims whatsoever that may result from such use.

As the applicant, I hereby certify that the information I have provided on the form is complete and accurate to the best of my knowledge. I agree to abide by the terms set forth in this application, and the Rules & Regulations of the City of Tawas City. I understand that failure to do so may lead to the cancellation of the event, the denial of future permit applications, or other legal action by the City.

AND A \$250.00 DEPOSIT REFUNDABLE UPON FINAL INSPECTION OF THE PARK CHECKS OR MONEY ORDERS SHALL BE PAYABLE TO: CITY OF TAWAS CITY

SIGNATURE OF APPLICANT		
THERE IS	A \$110.00 NON-REFUNDABLE ADMINISTRATIVE PROCESSING FEE	

FINAL INSPECTION APPR	COVED	(DPW Inspector)	DATE
REFUND \$	DATE		

Date Received:
Received By:

City of Tawas City
550 West Lake Street • PO Box 568 • Tawas City, Michigan 48764

Shoreline Park Electronic Message Sign/ To be use only with **Park Reservations**

Date of Park	Reserva	ation					
EVENT:							
Shoreline Park El	lectronic N	Aessage Si	gn (application n	nust be receive	ed at least 7 d:	ays prior to d	ate requested)
Applicant		Name			E-mail a	address	
Address			Zip Code	Telephone!	 Number	() Fa) ax Number
MESSAGE TO B	BE PLACE	D ON ELF	ECTRONIC S	IGN			
Date & Time		+					
Location			1			+	
Гime Event Begins	(Date & Ti		Time	; Event Ends		(Date & Time)	
Requested Posting	g Date						
Signature:				Date: _			
			FOR CITY U	USE ONLY			
Tawas City Clerk	:: Approve	d	Denied	Date _			
Days to be Displa	ayed:						