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

AP	PLICA	NT INF	ORMATION			
Applicant						
Name		(E-mail :)			
Address	Zip Code	e	Telephone Number	Fax Number		
Date of Application Spo	onsor(s)_					
Organization (if applicable)			Teleph	one Number		
Names, Addresses, and Daytime Telephone Number 1	rs of Two	Organiza	ation Officers (Chairper	son and Co-Chairperson if applicable)		
2			RMATION			
Have you held this event before? Yes No If yes, provide event name, date:						
Type of Event		Date	of Event			
Name of Park or Location		Locati	on in Park (be specific) _			
(If appropriate) Start Location		Finish	Location			
Route						
Number of Participants		Numl	per of Spectators			
Set-Up Begins		Clear	_ Clean-Up Ends			
(Date & Time)			•	(Date & Time)		
Time Event Begins		Time	Event 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 charged			
* Will profit vendors be selling food at the event?	YES	NO	If so provide a copy o	f District Health Dept Certification.		
* Will non-profit vendors be selling food at the even	t? YES	NO	If so provide 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 da	YES ates and n		lets			
* Will the event be advertised with banners or signs	at the loc	ation?	YES NO			

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Applicant			<u></u>
* Have you made any provision for on-site emergency	service	es?	YES NO
* Have you made any provision for on-site security?	YES	NO	Contact person: Name Phone Numb
* 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?	YES	NO	(Please include a liability insurance certificate listing the City as
additional Name			insured on the policy for \$1,000,000)
* Do you have contractors? If so, whom?	YES	NO	(Please include a liability insurance certificate listing the City as
additional Name			insured on the policy for \$1,000,000)
* Do you have cross guards? If so, whom?	YES	NO	(Cross guards are recommended for events at the Shoreline Park
Name			
* 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 contacted)	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: Phone Number
All fees for trash disposal and port-a-johns will be	the resp	onsil	bility 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 installing

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

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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.

THE APPLICATION PROCESSING FEES ARE NON-REFUNDABLE

CHECKS OR MONEY ORDERS SHALL BE PAYABLE TO: CITY OF TAWAS CITY

	Name of Park	Park Rental Per Park First Day \$ 110.00	\$25.00 X Additional Days Per Park Rental	Total
1		\$110.00	\$25.00 X	
2		\$110.00	\$25.00 X	
3		\$110.00	\$25.00 X	
4		\$110.00	\$25.00 X	
	DEPOSIT WILL BE REFUNDED	\$250.00		

SIGNATURE OF APPLICANT				
Approved Denied	Date		-	
Special conditions of approval:				
FINAL INSPECTION APPROVED	(DPW Inspector)	DATE		
REFUND \$ DATE				