

Special Event Application

Application, 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 _____

APPLICANT INFORMATION

Applicant _____

Name

E-mail address

Address

Zip Code

Telephone Number

Fax Number

Date of Application _____ Sponsor(s) _____

Organization (if applicable) _____

Telephone Number

Names, Addresses, and Daytime Telephone Numbers of Two Organization Officers (Chairperson and Co-Chairperson if applicable)

1. _____

2. _____

EVENT INFORMATION

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 _____ Location in Park (be specific) _____

(If appropriate) Start Location _____ Finish Location _____

Route _____

Number of Participants _____ Number of Spectators _____

Set-Up Begins _____ 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 of District Health Dept Certification.

* Will non-profit vendors be selling food at the event? 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? YES NO
If so, describe advertising plan including dates and media 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 services? 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? YES NO
If so, whom? _____ (Please include a liability insurance certificate listing the City as
additional Name insured on the policy for \$1,000,000)
- * Do you have contractors? YES NO
If so, whom? _____ (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? YES NO
If so, whom? _____ (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? YES NO If so, who will be installing _____
(Miss Dig must be contacted) Removal date _____
- * Will a tent be installed? YES NO If so, who will be installing _____
(Miss Dig must be contacted) Removal 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 responsibility 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 _____
Removal Date _____

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 UPON FINAL INSPECTION OF THE PARK				\$250.00
TOTAL AMOUNT DUE				

SIGNATURE OF APPLICANT _____

Approved _____ Denied _____ Date _____

Special conditions of approval:

FINAL INSPECTION APPROVED _____ DATE _____
(DPW Inspector)

REFUND \$ _____ DATE _____