

**MELROSE TOWNSHIP**  
**04289 M-75 N, PO Box 189**  
**Walloon Lake, MI 49796**

**Mass Gathering Permit Fee:**

**Non-profit - \$30; Profit \$55**

**MASS GATHERING PERMIT APPLICATION**

1. Applicant's Name: \_\_\_\_\_
2. Applicant's Address: \_\_\_\_\_  
Applicant's e-mail address: \_\_\_\_\_
3. Applicant's Telephone: \_\_\_\_\_ Lot/Parcel Size: \_\_\_\_\_
4. Date and hours of proposed mass gathering: \_\_\_\_\_  
\_\_\_\_\_
5. Estimated maximum number of people expected to attend: \_\_\_\_\_
6. Description of the kind, character, and type of mass gathering proposed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Address or location of the site (if not owned by applicant, attach a signed statement from the property owner consenting to the use. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Tax ID #:15-010-\_\_\_\_-\_\_\_\_-\_\_\_\_      7. Property zoning district: \_\_\_\_\_
9. Attach a written statement that indicates how the sponsor(s) plan to provide for the following:
  - a. Police and Fire Protection.
  - b. Medical facilities and services, including emergency vehicles and equipment.
  - c. Food and water supply facilities.
  - d. Health and sanitation facilities.
  - e. Vehicle access and parking facilities.
  - f. Cleanup and waste disposal.
  - g. Noise Control
  - h. Insurance and bonding arrangements
9. Attach ten copies of a detailed site plan and property boundary map showing existing structures and proposed locations for the mass gathering activities. Indicate any wetlands, lakes or streams on this and on neighboring property.

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10. Sign and date the application, agreeing to the following statements: I certify that all the statements contained in or submitted with this application are true. As owner or applicant representing the owner, I authorize Melrose Township (Board or Commission members or staff) to enter upon the subject property for purposes of making inspections related to the mass gathering request identified in this application. Such inspections or site walks shall be conducted at reasonable hours and times.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of owner Signature of applicant  
If different from owner

The Township Planning Commission (PC) may impose such additional conditions and safeguards deemed necessary for the general welfare, for the protection of individual property rights of nearby parcels, and for insuring that the purposes of this Ordinance and the general spirit and purpose of the district in which the special use is proposed will be observed. The PC makes a recommendation to the Township Board who decides on the application.

<b>Township Use Only</b>	
Date Received: _____	Planning Commission Review: _____
Planning Commission Action: _____	
Board of Trustee Review: _____	Decision: _____
_____	
_____	

Return signed application, along with Check (payable to Melrose Township), to Zoning Administrator, P.O. Box 189, Walloon Lake, MI 49796 or at the drop box at the Township hall. Phone: 231-535-2310