

Permit Application for

Permit #: _____

Date: _____

___\$25___ \$50 < 30 Days

FESTIVALS & SPECIAL EVENTS

The City of East Jordan welcomes festival and major events to the city. This application process is designed to provide notice to the City, provide guidelines to the organizer(s), while maintaining flexibility for the company and ensuring the safety and well-being of the citizens and businesses of East Jordan.

APPROVAL PROCESS BEGINS WITH CITY HALL STAFF

Non-Refundable Application Fee: \$25, less than 30 days, \$50

This form should be submitted NO LESS THAN 60 BUSINESS DAYS PRIOR to the start of the event, however, an expedited process may be possible depending on requirements.

A. APPLICANT & EVENT INFORMATION

Name of Event: _____

Applicant Name: _____

Affiliated Organization/Company: _____

Non-Profit?_Yes_No If yes, circle one: 501c3 or 501c6 and attach a copy of the IRS designation letter.

Mailing Address: _____

City:_____ State:_____ Zip Code: _____

Work Phone:_____ Email:_____

Link to Event Website: _____

Who is your Target Audience? _____

How will you ensure a Diverse Audience? _____

Does the event have (check all that apply):___Twitter ___Facebook ___Instagram ___Other _____

EVENT INFORMATION

Event Location:_____ Date of Event: _____

Event Address: _____

Event Location Website: _____

Start Time:_____ End Time: _____

Road Closure Begins:_____ Road Closure Ends: _____

Set-Up Begins:_____ Clean-up Ends: _____

Estimated Attendance: _____

The Event is:___Private (by invitation only) ___Open to the General Public ___Gated Admission

If private or paid admission, how will you monitor? _____

E. EVENT SCHEDULE

Please provide a detailed schedule of the event including dates and times for entertainment, activities, hours of events, start time, finish time, etc. If the event requires an extended time frame for set up, include details with a timeline listing the times and locations where streets or public property will be impacted and when dismantling will be completed. (Use additional sheets if needed.)

DATE	TIME	ACTION	ASSIGNED TO

B. RESIDENT AND/OR BUSINESS NOTIFICATION

Events that require road closures or may cause disruption for the City of East Jordan residents, businesses, churches, etc., must provide notification to the affected parties two weeks prior to the event. **Notices must reflect the date(s), day(s) and location(s) of the event, type of activities taking place during your event and the event coordinator's contact information.** The notice must give detour or alternate route information if normal access is affected.

Applicants may be required to provide advisory signs (placed a minimum of one week prior to the event) if your event impacts a major roadway. Advisory signs are intended to provide advanced notice to the regular users of a roadway of the scheduled closure.

Are you requesting roads to be closed? Yes No

Will your event require roads to be closed? _____

If yes, please provide a sample of the notice and a proposed list of recipients with your application.

Road closure verification: _____ DATE DELIVERED: _____ METHOD: _____

C. PUBLIC PROPERTY CLEAN-UP

Applicants are responsible for cleaning and restoring the site after the event. Please pick up the trash including paper, plastic, bottles, cans and event marketing signs. The cost of any employee overtime incurred because of an applicant's failure to clean and/or restore the site following the event will be the responsibility of the applicant. If you believe no litter will be generated during your event, please state this in your plan.

- ✓ Trash and recycling containers must be used at all events where trash is created as a result of the event.
- ✓ Vendors that sell beverages must have a recycling or trash bin available.
- ✓ Glass, plastic and aluminum must be collected separately.
- ✓ All cardboard must be broken down and kept separately next to collection containers.

Contracted personnel or volunteers may be used to restore the site to its original condition after the event is over.

Event Clean-up plan: _____

D. CITY PUBLIC WORKS SERVICES

STAFF – Are Barricades needed for this event? Yes _____ No _____
 If needed, how many are being requested? _____
 (Please provide a map indicating location of barricades)

Will the event need street sweepers prior to the event or at the conclusion of the event?

____ Before ____ After ____ No Specify where: _____

ELECTRIC PLAN

Will generators or electrical service be used? ____ Yes ____ No (If yes, please indicate where on site plan.)

Service beyond that which is generally available must be provided and arranged for by the applicant. Restrictions may apply at certain sites. Generators CANNOT be refueled within the event site during event operating hours. Use additional sheets if needed.

ITEM	LOCATION	AMPERAGE

Water Hook-up/Plan

Will water hook-ups be used? ____ Yes ____ No (If yes, please indicate where on site plan.)

Service beyond that which is generally available must be provided and arranged for by the applicant. Restrictions may apply at certain sites. Use additional sheets if needed.

ITEM	LOCATION	AMPERAGE

PORTABLE RESTROOMS

The City of East Jordan recommends one (1) chemical or portable toilet for every 250 people, or portion thereof that attends the event. At least one of these facilities should be ADA accessible or ten percent (10%) of all facilities. This figure is based upon the maximum number of attendees at your event during peak time. The City of East Jordan may determine the total number of required facilities on a case-by-case basis.

You are required to provide portable facilities at your event unless you can substantiate the sufficient availability of both ADA accessible and non-accessible facilities in the immediate area of the event site which will be available to the public.

Do you plan to provide portable restroom facilities at your event? ____ Yes ____ No
 If yes, how many? _____ How many ADA accessible portable toilets? _____

If no, please explain: _____

Sanitation/Portable Provider: _____ Telephone: _____
 Equipment Set-up: Date: _____ Time: _____
 Equipment Pick-up: Date: _____ Time: _____

E. SAFETY AND SECURITY

Will you have security for the event? Yes / No

Indicate all the location of Security:

Beer/Alcohol Tent Security Stage Security Event Area Security
 Gate Security Money Handling Security
 Other: _____

TOTAL: _____

Date and Time for Security to be on site: _____

Additional Security Company Information:

Name: _____ Contact Phone: _____

Fireworks

Are you planning to have fireworks: Yes NO

Fireworks Company Info: Name: _____

Contact Person: _____ Phone _____

Date(s) of Fireworks: _____ Time: _____

Alternate Date: Yes/No Date(s) of Fireworks: _____ Time: _____

Has a permit been applied for through the City _____ If not, please fill out the form to be considered for approval and attach the Fireworks Company's Liability Insurance.

If there will be any fireworks or pyrotechnics, please refer to City Ordinance - Public displays permitted. Approval from the Fire Chief and City Commission must be received 30 days prior to the event.

E. EVENT SCHEDULE

Please provide a detailed schedule of the event including dates and times for entertainment, activities, hours of events, start time, finish time, etc. If the event requires an extended time frame for set up, include details with a timeline listing the times and locations where streets or public property will be impacted and when dismantling will be completed. (Use additional sheets if needed.)

DATE	TIME	ACTION	ASSIGNED TO

F. ROADS, TRAFFIC AND ROUTES

Does the event restrict access to any private or public parking lots? ___Yes ___No

If yes, the applicant must provide a signed letter of consent from the private parking lot owners. **This may require the event applicant to lease the lot, pay for relocating the occupants, or reimburse the property owners for any loss of revenue.** This letter must be submitted before the permit will be issued.

ROAD CLOSURES

Will the event need to close any road? ___Yes ___No (Requests to close roads are not guaranteed, may depend on MIDOT)

If yes, please fill in the following information (attach additional sheets if needed):

Applicant should post "No Parking" signs along city roads where public parking spaces exist within the event site.

ROUTE AND TRAFFIC PLAN

___Parade ___Road Race ___Bike Race ___Bike Tour ___Walk ___Other: _____

Start Location (if applicable): _____ Finish Location: _____

Parade

Are you Planning on having a Parade: ___Yes ___No

Date(s): _____ Time BEGIN _____:END _____:

Alternate Date(s): _____ Times BEGIN _____: END _____:

What is the parade route? _____

Is a permit from MDOT required (closing off a state highway) _____

Where is the staging area? _____ Do you have permission to use the staging area? Yes / No

What is the estimated length/duration of the parade? _____

Times BEGIN: _____ END: _____

If your event involves road closures, a parade or any other procession, or more than one location, please attach a map outlining the route and traffic Plan. When planning a moving route, please consult the East Jordan Police Department before submitting application.

Please note: the City of East Jordan Police Department has final discretion over your Route and Traffic Plan including but not limited to the placement of all barricades, signs and police/volunteer locations.

G. CRISIS MANAGEMENT PLAN

Each event must develop a communication and crisis management plan. This plan must be approved by the Fire Chief, Police Chief and County Emergency Manager before the Special Event permit is issued. *Plan must include:*

___ Name and phone number of responsible person: _____

If there are different people for each day or event please attach a sheet with the indicating the event, person responsible, contact information (cellphone and email) both prior to and during event.

___ Method by which emergency services will be notified in the event of an emergency:

___ Method event staff and volunteers will use to communicate with each other:

STREET	FROM	TO	DATES	TIMES

FIRST AID

Please indicate what arrangements you will make for providing First Aid staffing and equipment during your event.

Site Location(s):

Times of operation:

HAZARDOUS MATERIALS

Will the event have any hazardous materials such: (please check all that apply)

___ Propane ___ Butane ___ Gasoline ___ Helium cylinders ___ other upright tanks

___ Portable heaters ___ Deep fat fryers ___ Diesel tanks ___ fireworks, torches, candles or pyrotechnics

Please indicate where on the site where these items will be located.

All tanks must be secured in a manner to prevent accidentally being knocked over. All helium tanks not being used shall have their caps in place.

H. SITE PLAN

Provide a detailed Site Plan Sketch of the event. Include maps, outline or diagram of the entire event venue including the names of all streets or areas that are part of the venue and the surrounding area. The plan should include the following if applicable.

- | | | |
|---|--|---|
| <input type="checkbox"/> Tents (include tent sizes) (X) | <input type="checkbox"/> First Aid and/or EMS (FA) | <input type="checkbox"/> Public Recycling receptacle (PR) |
| <input type="checkbox"/> Food vendors (FV) | <input type="checkbox"/> Garbage receptacles (G) | <input type="checkbox"/> Vendor recycling receptacle (VR) |
| <input type="checkbox"/> Beverage vendors (BV) | <input type="checkbox"/> Retail Merchant (RM) | <input type="checkbox"/> Alcoholic Beverage vendors (ABV) |
| <input type="checkbox"/> Barricades (B) | <input type="checkbox"/> Sign or banners (S) | <input type="checkbox"/> Stages or amplified sound (SO) |
| <input type="checkbox"/> Fire Extinguisher (EX) | <input type="checkbox"/> Fire Lane (FL) | <input type="checkbox"/> Trailers, vehicles, storage (ST) |
| <input type="checkbox"/> Portable toilet (T) | <input type="checkbox"/> Hand washing sinks (HWS) | <input type="checkbox"/> Bleachers (BL) |
| <input type="checkbox"/> Security (P) | <input type="checkbox"/> Generator/Electricity (E) | |

FIRE HYDRANTS OR SIDEWALK CURB BREAKS THAT ARE USED FOR ADA ACCESSIBILITY MAY NOT BE BLOCKED DURING ANY TIME.

The area requested must be reasonably suited relative to the accessibility, size and nature of the proposed special event. The event must accommodate the special needs of disabled persons whose rights are protected under the Americans with Disabilities Act and who choose to participate in the event.

I. VENDORS

A vendor is anyone who is serving, selling, sampling, or displaying food, beverages, merchandise or services. Use Section J to list all vendors. Use additional sheets if needed.

Does the event include vendors? Yes (Submit Complete Vendor List) No How many? _____

FOOD & BEVERAGE VENDORS

Does the event include food concession or cooking areas? Yes No _____ Attach Health Dept. Permit _____

Fire Code requires a fire extinguisher at each cooking location. Food and beverage shall not be sold at an event unless approved and licensed, if necessary, by the Health Department of Northwest Michigan. Event organizers are responsible for arranging health inspections for their events. Applicant must show a plan for clean-up and grease removal.

SPECIAL ATTRACTIONS

Does the event include mechanical rides, spacewalks, or other attractions? Yes No How many? _____

Please list special attraction sites on your site plan.

Name of Vendor(s):

Contact Person:

Phone:

Email:

J. ALCOHOL

Please follow all applicable laws for selling, serving and consuming alcoholic beverages.

Will alcoholic beverages be served? Yes No

How will you keep beverages confined to a particular area? Define area on site plan.

What type of alcohol will be served? Beer (served in plastic or paper cup) Wine Other

What method of determining age will you use? _____

Times for serving alcohol: BEGIN: _____ END: _____

Please list locations where alcohol will be served on your site plan.

K. EVENT VENDOR LIST

Please list all commercial vendors who will be present during the event (serving, selling, sampling, or displaying).

Vendor Name	Vendor Address & Phone Number	Type of Vendor
		___ Food Cooked by: ___ Gas ___ Electric ___ Charcoal ___ Beverages: ___ Non-Alcohol ___ Beer ___ Wine ___ Merchandise ___ Services ___ Special Attraction
		___ Food Cooked by: ___ Gas ___ Electric ___ Charcoal ___ Beverages: ___ Non-Alcohol ___ Beer ___ Wine ___ Merchandise ___ Services ___ Special Attraction
		___ Food Cooked by: ___ Gas ___ Electric ___ Charcoal ___ Beverages: ___ Non-Alcohol ___ Beer ___ Wine ___ Merchandise ___ Services ___ Special Attraction
		___ Food Cooked by: ___ Gas ___ Electric ___ Charcoal ___ Beverages: ___ Non-Alcohol ___ Beer ___ Wine ___ Merchandise ___ Services ___ Special Attraction
		___ Food Cooked by: ___ Gas ___ Electric ___ Charcoal ___ Beverages: ___ Non-Alcohol ___ Beer ___ Wine ___ Merchandise ___ Services ___ Special Attraction
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		___ Food Cooked by: ___ Gas ___ Electric ___ Charcoal ___ Beverages: ___ Non-Alcohol ___ Beer ___ Wine ___ Merchandise ___ Services ___ Special Attraction

L. VOICE/MUSIC AMPLIFICATION

Are there any musical entertainment features related to your event? ___Yes___No

If yes, attach a schedule of any music or entertainment proposed to occur during the event including band's name and type of music.

Number of stages? _____ Number of bands/performers? _____

Will your event use amplified sound? ___Yes___No If yes, Start time: _____ Finish Time: _____

O. TENTS AND SIGNAGE

When required by International Fire Code, tents and canopies must be "flame resistant."

Will tents be used for the event ___Yes___No Are the tents flame resistant? ___Yes___No

List the number, size and type of tents used: (Use additional sheets)

Pavement Holes/Marring: Drilling into pavement (parking lots, streets, sidewalks, curbs, etc.) is strictly prohibited. All signage and anchoring must be accomplished with weights such as sandbags, concrete or water filled barrels or weights.

Will any signs or banners be hung? ___Yes___No How many? _____

If yes, list sizes and locations on site plan.

Fastening or attaching any rope, signs banner or flyer or any other object to any tree shrub or park feature on City of East Jordan property is strictly prohibited.

P. INSURANCE REQUIREMENTS

The applicant shall submit a certificate of insurance verifying the following minimum coverage(s) and identifying The City of East Jordan as an additional insured for the duration of the event.

Has liability insurance listing the City as an additional insured been secured? Yes No

Event Type	General Liability \$1,000,000 Individual \$2,000,000 Aggregate	Liquor Liability* \$1,000,000 Individual
Major Event or Festival (road closures, food service, pyrotechnics, and entertainment stages)	Required	Required
Parade, Procession, March, Road Race, Bicycle Race	Required	N/A
Filming and Photography	Required	N/A

*(If alcoholic beverages are served for either a private or public event on City property.)

Your permit will not be issued if the insurance certificate has not been received prior to the event.

Q. APPLICANT ACCEPTANCE

Please read and attest to the following conditions and areas of responsibility before signing application.

The authorized agent(s) sponsoring the EVENT attests that the information provided in this application is actual and true and will make every effort to amend the permit should any substantial changes arise.

Notice is hereby given that this permit may be revoked by the Chief of Police, the Fire Chief or City Administrator or their designees for any violation of city/state or federal law or violation of permit conditions, or in the event of any emergency affecting the public health or safety, in addition to appropriate legal action(s).

HOLD HARMLESS CLAUSE:

Applicant/organization hereby shall assume all risks incident to or in connection with the permitted activity and shall be solely responsible for damage or injury, of whatever kind or nature, to person or property, directly or indirectly arising out of or in connection with the permitted activity or the conduct of applicant's operation. Applicant hereby expressly agrees to defend and save the City harmless from any penalties for violation of law, ordinance, or regulation affecting its activity and from any and all claims, suits, losses, damages or injuries directly or indirectly arising out of or in connection with the permitted activity or conduct of its operation or resulting from the negligence or intentional acts or omissions of applicant or its officers, agents and employees.

My signature below acknowledges that I have read and understand the above terms and conditions.

Name of Authorized Agent: _____ Title: _____

Signature: _____ Date: _____

Receipt #:	Amount:	Taken by:	Date:
Payment Type (Check One)	<input type="checkbox"/> Cash <input type="checkbox"/> Check		<input type="checkbox"/> Money Order
Check /MO#:		Exp Date:	
Special Event Form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fireworks Application/Permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Application Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Liquor License approved?	<input type="checkbox"/> Yes <input type="checkbox"/> NO	Site Plan provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Barricade Map provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parade Map Provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERMIT APPLICATION STATUS

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APPROVAL	NAME	SIGNATURE	D A T E
Police			
Fire			
Administration			
Public Works			
Parks Staff			
EOC			
Comments:			
Commission Approval:			

