

**CITY OF OAK PARK  
MICHIGAN  
APPLICATION FOR SPECIAL EVENT LICENSE**

Today's Date: \_\_\_\_\_

**Applicant Information**

Applicant/Business Name: \_\_\_\_\_

Applicant/Business Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Relation of applicant to business: \_\_\_\_\_

Has applicant ever been convicted of a felony?  Yes  No

**Owner Information**

Owner or manager of site: \_\_\_\_\_ Phone: \_\_\_\_\_

Names and addresses of partners or officers of corporation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Event Information**

Proposed date(s) of event: \_\_\_\_\_ Has this event been held previously?  Yes  No

Address or location of event: \_\_\_\_\_

Is this a City owned park? \_\_\_\_\_

If this event is to take place in a City owned park, have you received and do you agree to abide by the City's Parks and Recreation rules and regulations?  Yes  No

Nature, purpose, and detailed description of event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will the event be open to the public?  Yes  No

If yes, please describe how so: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Estimated number of people attending event? \_\_\_\_\_ Hours of Event: \_\_\_\_\_

Are you requesting to have a parade?  Yes  No **If yes, please attach a map of the parade route**

Where will the parade participants be walking?  Sidewalks  Streets

Will the parade require streets to be blocked off?  Yes  No

If yes, how many streets/intersections will need to be blocked : \_\_\_\_\_

Please attach a sign off from the residences located on the affected streets, indicating that they are aware of the event to take place, the date, times and location.

### **Food Services**

Will food or beverages be sold at event?  Yes  No, if yes please list type(s) of food to be sold:

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Will the food be prepackaged or prepared on site: \_\_\_\_\_

**Please note:** *If your application is approved and you plan to prepare food on site, you will need to contact the Oakland County Health Department at 248-424-7000 for inspection. You will also need to provide temporary water services at the site where the food is prepared.*

### **Mechanical Amusement**

Will there be any mechanical rides at event?  Yes  No, if yes, please provide the name and the address of amusement operators: \_\_\_\_\_

Will the event have a moonwalk?  Yes  No, if yes, please provide the name and address of Company/Entity providing moonwalk: \_\_\_\_\_

Will the event have video games, etc.? If so, please provide the names and address of company providing the Games: \_\_\_\_\_

**Please Note:** *You must provide proof of insurance for all mechanical rides, moonwalks, circus rides/games, etc. The City of Oak Park must be listed on the insurance certificate as “additionally insured.” A copy of the City Ordinance with required liability insurance coverage for these events is attached. Also, certification by the State of Michigan Department of Labor is required for all mechanical amusement devices and rides.*

**Technical/Support**

Will the event require use of electrical supply source?  Yes  No, if yes, please describe:

\_\_\_\_\_

Will sanitary facilities be required at event?  Yes  No

Will tent(s) be used at the event?  Yes  No, if yes, please state size(s) of tent:

\_\_\_\_\_

Will the event have banners displayed?  Yes  No, if so, please provide the number of signs and dimension(s):

\_\_\_\_\_

\_\_\_\_\_

**Please Note:** *If a temporary generator or electric supply source is provided, you must provide an Electrical permit by a licensed electrical contractor. Also, you will need certification of flame spread rates of all canvas and/or cloth enclosures.*

***Other possible Special Event requirements include: additional application, inspection and bond fees, temporary sign permit.***

The fee for a Special Event application is \$100: The fee is non-refundable. Once an application is received, the City Clerk's Office will send copies of the application to the following departments: City Manager, Public Safety, Public Works, and Recreation. Each department will review the application and provide a written estimate of services they will need to provide, along with man-hours and costs (if any). The City Clerks' office will contact the applicant to inform them of the additional costs involved. At that time the applicant can decide whether or not to proceed with the event. If so, the event will be placed on the City Council agenda for approval.

Should any of the above information prove to be inaccurate or untruthful, it will be grounds to deny the applicant's request or revoke any approvals. I hereby certify the above information to be true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

State of Michigan

ss

County of \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by  
\_\_\_\_\_.

My Commission expires: \_\_\_\_\_  
\_\_\_\_\_  
Notary Public