

MARION TOWNSHIP SPECIAL EVENT PERMIT/APPLICATION
Application shall be made 90 days prior to the event

Date of application: _____ SEP # _____

Name of Event: _____ Tax ID# _____

Date(s) of Event: _____

Description of Event: _____

Event address: _____

Number of Participants: _____ Estimated Attendance: _____

Hours of Event: _____

APPLICANT

Name: _____ Phone #: _____

Address: _____

ORGANIZATION/BUSINESS SPONSORING EVENT (if different from applicant)

Name: _____ Phone #: _____

Address: _____

Non-profit status if applicable _____

CONTACT PERSON(S) ON DAY OF EVENT

Name: _____ Phone #: _____

Address: _____

Cell Phone, Pager or Direct Connect#: _____

Using the checklist below, please provide us with the plan for your event on a separate sheet of paper. Include information on organizations/individuals providing services & contact numbers. If your event is large and includes multiple tents, vendors & participants, please provide a sketch of your event layout.

Security/crowd control _____

Vendors _____

Sanitation/restroom Facilities _____

Will music be provided? Yes No

If yes give beginning and end times _____

Will Alcoholic beverages be permitted on premises Yes No

If yes, what measures will be taken to prohibit the sale of alcohol to minors or visibly impaired individuals?

PLEASE INCLUDE

- \$200.00 Application fee (nonrefundable)
- Certificate of Liability Insurance event specific policy naming Marion Township as additional insured Indemnification Agreement
- Event plot plan
- Permits/Approvals from applicable agencies

Applicant acknowledges that he/she is responsible for contacting the Michigan Liquor Control commission and/or the Livingston County Health Department to secure any and all permits required from the State of Michigan and/or Livingston County for this event.

I hereby certify that all information and data attached and made part of this application are true and accurate to the best of my knowledge and belief. I agree to conform to all applicable laws and ordinances of this jurisdiction.

Applicant

Date

Copy of application (if applicable) sent to:

- Howell Area Fire Authority
- Livingston County Sheriff's Department
- Livingston County Emergency Medical Services
- Livingston County Department of Public Health
- Livingston County Road Commission

Approved

Date