

CITY OF THE VILLAGE OF DOUGLAS
86 West Center Street
P.O. Box 757
Douglas, MI 49406
(269) 857-1438 phone / (269) 857-4751 fax
www.ci.douglas.mi.us

APPLICATION FOR SPECIAL EVENT PERMIT

Applicant/Organization: _____

Contact Person(s): _____

Street Address/P.O. Box: _____

City/State/Zip Code: _____

Telephone/Fax/E-mail: _____

Event Date(s): _____

Event Start & End Hours (including time for set-up and clean-up:

Description of Event, Plan for Managing & the Number of Anticipated Attendees*:

Location of Event (designate location on attached map, including parade route,
etc. if applicable, and the location of barricades, parking restrictions, etc.):

Will the event include signs, if so, where: _____

Will tents/canopies be installed? _____ If yes, refer to Fire Chief for
requirements. (269) 857-3000

Do you plan to sell food or beverages? _____ If yes, Health Department
approval and license must be furnished.

NOTE: It shall be unlawful for any person within the city to consume intoxicating liquor of any kind in any street, alley, park, public building, or other land owned by the city, unless the consumption is authorized under a valid permit issued by the city or its authorized agent. (1995 Code, 42-166) (Ord.43, passed 6-5-1961)

Include an explanation and drawings where applicable, of your plans to provide for the services below. Which of the services below are you requesting the City to provide? Applicable permit fees may apply depending upon the assistance required by the City. Attach additional pages if necessary.

Communication Facilities	_____	Electrical Needs	_____
Emergency Vehicles & Equip.	_____	Clean Up & Waste Disposal	_____
Food/Water Supply	_____	Health & Sanitation	_____
Illumination	_____	Medical Facilities/Services	_____
Noise Control & Abatement	_____	Police & Fire Protection	_____
Sound Amplification System	_____	Vehicle Access & Parking	_____

Insurance & Bonding Arrangements (copies provided) _____

If food or beverages are to be sold, evidence of Health Department and other state approvals must be furnished. Evidence of liability insurance indemnifying or additionally insuring the city is required when applicable and determined by the City Manager.

The applicant below, hereby certifies that they will indemnify and hold the City harmless from any and all claims, lawsuits, and other liability arising from or as a result of the proposed special event, that the City shall also be named as additionally insured on all insurance policies, that reasonable costs and attorney fees incurred by the City in defense of any claim, action, or liability shall be the responsibility of the applicant.

The applicant also agrees to clean-up and leave the area as it was found. The City is not responsible for equipment or personal items left on public property.

Signature of applicant Date

(TO BE COMPLETED BY THE CITY)

Event Charges:	
ITEM	CHARGE
_____	_____
_____	_____

Total Charges: \$ _____ Received on: _____

Recommend Approval With/Without Conditions: _____ Yes _____ No

Conditions: _____

Notification to: (initial & date) _____ DPW _____ Police _____ Fire _____ Other