

## City of Mason Special Events Application

Complete and return this application to the City Clerk's Office at least 21 calendar days prior to the starting date of the event.  
A new application must be submitted each year.

<b>Event</b>		
Event Name:		
Event Purpose:		
<b>Sponsoring Organization Information</b>		
Legal Business Name:		
Address:	City:	State/Zip:
Mailing Address:	City:	State/Zip:
Telephone:	Email Address:	
Contact Name:	Title:	
Telephone:	Email Address:	
<b>Contact Person on Day of Event</b>		
Name:	Title:	
Address:	City	State/Zip:
Telephone:	Cell Phone:	Email Address:
<b>Type of Event (Check one)</b>		
<input type="checkbox"/> City Operated/Sponsored Event	<input type="checkbox"/> Political or Ballot Issue Event	<input type="checkbox"/> Run Event
<input type="checkbox"/> Co-sponsored Event	<input type="checkbox"/> Wedding	<input type="checkbox"/> Other (describe)
<input type="checkbox"/> Non-Profit Event	<input type="checkbox"/> Block Party	
<input type="checkbox"/> For Profit Event	<input type="checkbox"/> Video or Film Production	
<b>Event Information</b>		
Event Location(s):		
Event Date(s):		
Event Hours:		
Date/time for set up:		
Date/time for clean up:		
Describe set up and clean up procedures:		

**Estimated DAILY attendance:**

**Describe crowd control plans for this event:**

**Describe the Special Event's impact on adjacent commercial and residential property:**

A Signature Form must be attached.

**Will sidewalks be used?**  YES  NO

*If yes, include a detailed map outlining the Sidewalks must be accessible for pedestrian traffic.*

**Describe sidewalk use:**

**Will street closures be necessary?**  YES  NO

*If yes, include a detailed map indicating road closures, emergency vehicle access, and barricade locations.*

**Describe street closures:**

\* Streets closed: Date/Time:

\* Streets re-open: Date/Time:

**Will parking lot closures be necessary?**  YES  NO

*If yes, include a detailed map indicating proposed closures and barricade locations*

**Describe parking lot closures:**

\* **Parking lot(s) closed: Date/Time:**

\* **Parking lot(s) re-open: Date/Time:**

**What parking arrangements are proposed to accommodate attendance?**

**Will music be provided/included during the event?**  YES  NO

**Describe type of music proposed:**  Live  Amplification  
 Recorded  Loudspeakers

*Sound Amplification Equipment Registraton Statement must be completed and attached with receipt of payment.*

**Will the event require the use of any of the following municipal equipment:**

*Sponsoring organization should expect to be charged for use, placement, and maintenance of these items*

*\*Sponsoring Organization may be required to supply a dumpster\**

- Trash Receptacles\*      Quantity: \_\_\_\_\_
- Barricades      Quantity: \_\_\_\_\_
- Traffic Cones      Quantity: \_\_\_\_\_
- Other (describe): \_\_\_\_\_

**Will the following be constructed or located in the event area?**

*No stakes of any kind allowed in asphalt.*

- | <u>Item</u>                        | <u>Quantity</u> | <u>Item</u>                                | <u>Quantity</u> |
|------------------------------------|-----------------|--|-----------------|
| <input type="checkbox"/> Booths:   | _____           | <input type="checkbox"/> Tables:           | _____           |
| <input type="checkbox"/> Tents:    | _____           | <input type="checkbox"/> Rides:            | _____           |
| <input type="checkbox"/> Awnings:  | _____           | <input type="checkbox"/> Portable Toilets: | _____           |
| <input type="checkbox"/> Canopies: | _____           | (may be required depending on event)       |                 |
| <input type="checkbox"/> Rides:    | _____           | <input type="checkbox"/> Other (describe): | _____           |

**You must attach a plan of the proposed layout. Include the proposed location of booths, tents, tables, portable toilets, rides, routes, etc.**

**Will the event have kiddie rides, inflatables (i.e. moonwalk), amusement rides, climbing walls, live animals, hot air balloon, etc.?**

YES  NO *If yes, additional insurance coverage will be required*

**If yes, describe in detail the types of attractions proposed:**

**Will the event have food, beverage or concessions?  YES  NO**

*(Health department approvals and temporary food license requirements)*

**Describe:**

**Do you plan to have alcohol served at this event?  YES\*  NO**

*\* Include proposed location(s) on event layout*

*If yes, Liquor Liability Insurance is required*

**If yes, describe measures to be taken to prohibit the sale of alcohol to minors or visibly impaired individuals.**

**Do you need electricity for this this event?  YES\*  NO**

*\* Include proposed locations on event layout*

**If you do not identify all of the proposed locations that need electricity, the City cannot guarantee electricity will be made available for the duration of your event.**

Do you plan to have special event signs?  Yes  No

*Signs must conform to City ordinances*

**Describe signs, proposed locations, etc.**

Do you plan to have banners?

Yes  No

**Describe banner, location, what it will be attached to.**

**Application Check List** (failure to provide necessary documentation will delay application review and approval)

**Check the following items that are attached:**

- Completed Application
- Event Map (includes detailed event layout for vendors, rides, booths, electrical needs, etc.)
- Detailed Plan showing road closures, sidewalk use, etc.
- Certificate of Insurance and Indemnification (due to City Clerk's Office within 1 week following notice of event approval)
- Sound Amplification Equipment Registration Statement
- Copy of Health Department approvals and temporary food license (for all food and beverage vendors)
- Liquor Liability Insurance (if serving alcohol)
- Signature Page
- Event Signage (description)
- Driver's License of Applicant

**If document is missing, please explain:**

The applicant and sponsoring organization understands and agrees to:

**Provide a certificate of insurance with all coverages deemed necessary for the event, name the City of Mason as an additional insured on all applicable policies, and submit the certificate to the City Clerk's Office no later than one week following notice of the event approval.**

Execute an Indemnification Agreement on the sponsoring organizations letterhead and submit it to the City Clerk's Office no later than one week following notice of the event approval.

Comply with all City and County ordinances and applicable State laws, City policies and acknowledges that the special events permit does not relieve the applicant or sponsoring organization from meeting any application requirements of law or other public bodies or agencies;

Promptly pay any billing for City services which may be rendered or deemed necessary as part of the event and event approval.

Applicant and sponsoring organization further understands the approval of this special event may include additional requirements and/or limitations based on the City's review of this application, in accordance with the City's Special Events Policy. The applicant and sponsoring organization understands that it may be necessary to meet with City staff during the review of this application and that City Council approval may be necessary. The applicant agrees the sponsoring organization will operate the event in conformance with the written approval.

Applicant understands that he/she (or the sponsoring organization) is responsible for contacting the Michigan Liquor Control Commission and/or the County Health Department to secure any and all permits required for this event.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event and affirm the above understandings. The information provided on this application is true and complete to the best of my knowledge.

***Indemnity, Hold Harmless and Insurance Agreement***

***In consideration of the closing of the public street and permitting its use by \_\_\_\_\_***  
(Name of Company)

***on the \_\_\_\_ day of \_\_\_\_\_, 2014, to the fullest extent permitted by law, the***

***\_\_\_\_\_ agrees to defend, pay on behalf of, indemnify, and hold harmless the***  
(Name of Company)

***City of Mason, its elected and appointed officials, employees, agents and volunteers, and others working on behalf of the City of Mason against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed, or recovered against or from the City of Mason, by reason of personal injury or otherwise, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of, or is in any way connected or associated with (describe event).***

***\_\_\_\_\_ further agrees to procure and maintain during the life of this***  
(Name of Company)

***agreement, Liability Insurance for events of this nature on an "Occurrence Basis" with limits of liability not less than \$1,000,000 per occurrence and aggregate. Liability insurance, as described above, shall include an endorsement stating the following shall be additional insureds: The City of Mason, all elected and appointed officials, all employees and volunteers, agents, all boards, commissions, and/or authorities and board members, including employees and volunteers thereof. It is understood and agreed by naming the City of Mason as additional insured, coverage afforded is considered to be primary and any other insurance the City of Mason may have in effect shall be considered secondary and/or excess.***

By: \_\_\_\_\_

<b>Applicant Signature</b>	<b>Date</b>
<p><b>Complete this application and return it, along with all required documentation, to the City Clerk's Office at least 21 calendar days prior to the starting date of the event. Please note that a new application must be submitted each year.</b></p>	<p><b>OFFICE USE: Application Receipt Date</b></p> <p>April 2014</p>