



**CITY OF MOUNT CLEMENS
APPLICATION FOR SPECIAL EVENT APPROVAL**

ONE CROCKER BLVD., MOUNT CLEMENS, MI 48043
(586) 469-6818 EXT. 901 FAX (586) 469-7695
www.cityofmountclemens.com

Date Received by
Community Development
Department

**NOTE: A COMPLETE AND DETAILED SITE PLAN/SITE MAP OF THE PROPERTY SHOWING THE EVENT AREA IS REQUIRED. PLAN MUST SHOW LOCATIONS OF SIGNS, TENTS OR ANY STRUCTURES, AMUSEMENT RIDES, FOOD SERVICES, PARKING AREA, THE LOCATION OF EXISTING BUILDINGS, ETC. REQUEST WILL NOT BE REVIEWED UNTIL THIS PLAN IS RECEIVED.
IF A TENT IS TO BE ERECTED, SPECIFICATIONS ARE REQUIRED
ADDITIONAL PERMITS MAY BE REQUIRED FOR BUILDING, ELECTRICAL AND MECHANICAL, IF APPLICABLE.**

Sponsoring Organization's Legal Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: Office: _____ Cell: _____ Email: _____

Sponsoring Organization's Agent's Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: Office: _____ Cell: _____ Email: _____

Event Name: _____

Event Purpose: _____

Event Location: _____

Event Date: _____

Event Time(s): _____

GIVE A DETAILED DESCRIPTION OF THE PROPOSED SPECIAL EVENT: (use back or attach additional sheets if necessary)

IS THE EVENT OPEN TO THE GENERAL PUBLIC ____ YES ____ NO

NUMBER OF PEOPLE PROPOSED TO ATTEND OR PARTICIPATE EACH DAY: _____

WILL ELECTRIC EQUIPMENT BE USED AND/OR WILL WATER HOOK-UPS BE REQUIRED _____ YES _____ NO

IF YES, PLEASE DESCRIBE THE PROPOSED LOCATION(S):

WILL TENTS OR BOUNCE HOUSES/INFLATALES BE USED DURING THE EVENT? _____ YES _____ NO

***BOUNCE HOUSES/INFLATABLES REQUIRE A SEPARATE AND ADDITIONAL CERTIFICATE OF LIBALITY INSURANCE FROM THE PROVIDER

WILL THE EVENT HAVE FOOD OR OTHER VENDORS? _____ YES _____ NO

*** ALL FOOD VENDORS MUST BE APPROVED BY THE MACOMB COUNTY HEALTH DEPARTMENT.

WILL ALCOHOL BE SERVED OR SOLD AT THE EVENT? _____ YES _____ NO

***IF YES, PLEASE PROVIDE PROOF OF LIQUOR LIABILITY INSURANCE AND APPROVAL BY THE LCC

WILL ANY CITY SERVICES BE REQUIRED FOR THIS EVENT? _____ YES _____ NO

IF YES, DESCRIBE IN DETAIL THE TYPE OF SERVICES REQUESTED:

***THE CITY MAY CHARGE THE ACTUAL COST OF PROVIDING THESE SERVICES FOR THE EVENT.

IS ANY SIGNAGE PROPOSED? _____ YES _____ NO

IF YES, NOTE LOCATIONS OF ANY SIGNS PROPOSED ON THE MAP PROVIDED WITH THIS APPLICATION.

CERTIFICATION AND SIGNATURE: I understand and agree on behalf of the sponsoring organization that

- a) A Certificate of Insurance must be provided which names the City of Mount Clemens as an additional insured party on the policy.
- b) All food vendors must be approved by the Macomb County Health Department
- c) The approval of this Special Event may include additional requirements and/or limitations, based on the City's review of this application. The event will be operated in conformance with the approved guidelines from the City Commission. Such additional requirements may include but are not limited to the procurement of permits and/or inspections in regards to health services, electric or water services, fire issues, or a certificate of use from the building department. Please note: You should contact the Mount Clemens Fire Inspector regarding specific tent requirements well in advance of your event. A certificate of Flame Resistance for the Tent needs to be provided 10 days prior to the date of event/sales.

As the duly authorized agent of the sponsoring organization, I hereby apply for the approval of this Special Event, affirm the above understandings, and agree that my sponsoring organization will comply with the City's Special Event Policy, the terms of the approval as given by the City Commission, all other City requirements, ordinances and other laws which apply to this Special Event.

Applicant's Signature

Date

Printed Name of Applicant

For City Use Only:

Approved _____

Approved, with Conditions _____

Denied _____

Date of City Commission Decision _____

SPECIAL EVENT APPLICATION GUIDELINES

- Per City Ordinance section 21.300, all special events in the City of Mount Clemens must be approved and permitted by the City Commission in order to protect the health and safety of persons and property within the City.
- An application must be returned to the Community Development Department *at least forty-five (45) days* prior to your event. This provision may only be waived in extreme cases for events that involve a security issue.
- There is a \$50.00 application fee for ALL *Applications for Special Event Approval*. This includes events for nonprofit organizations and events for charitable solicitations.
- Certain large-scale special events may be subject to a separate Special Event Permit, after the *Application for Special Event Approval* is approved by the City Commission.
- Depending on the size of any tents being erected, it may require inspections and fees from the Building Department and Fire Department. The Fire Inspector should be contacted well in advance of the event date for specific tent requirements such as flame resistance certificates.
- There is a \$500.00 tap fee for the use of a fire hydrant and 30.00 fee for a back flow preventer. A separate inspection will be required to insure proper backflow protection is being provided.
- If you would like the Macomb County Sheriff's Office, the Mount Clemens Department of Public Services or the Mount Clemens Fire Department to participate in your event, please contact them directly, to determine availability any costs for participation.
- Required insurance documentation, including a concession waiver of liability to be signed prior to the opening of any vending operation, shall be submitted prior to the date of the event. The City shall require a \$1,000,000.00 liability insurance policy naming the City as an additional insured. The City may also require additional or higher limits based upon risk factors. Insurance is not required for low hazard events of less than 50 people, include no physical activities and require no city services.
- If your event will have bounces houses and/or inflatables, the City requires an additional and separate Certificate of Liability Insurance from the inflatable provider.

