



**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](http://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): \_\_\_\_\_  
\_\_\_\_\_

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

\*\*\*BOUNCE HOUSES/INFLATABLES REQUIRE A SEPARATE AND ADDITIONAL CERTIFICATE OF LIABILITY 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 ACUTAL COST OF PROVIDING THESE SERVICES FOR THE EVENT.

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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.

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Applicant's Signature

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Date

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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.



## INSURANCE REQUIREMENTS

All insurance coverage shall be with issuance carriers acceptable to the City of Mount Clemens. If any insurance is written with a deductible or self-insured retention, the contractor/subcontractor shall be solely responsible for said deductible or self-insured retention. The purchase of insurance and the furnishing of a certificate of insurance shall not be a satisfaction of any requirement for indemnification of the City of Mount Clemens. Not all of the following will be applicable to every special event, this is intended as a general guideline:

- a. Workers Compensation Insurance in accordance with all applicable statutes of the State of Michigan. Coverage shall include Employers Liability Coverage.
- b. Commercial General Liability Insurance on an "Occurrence" basis with limits of liability not less than \$1,000,000.00 (as stated above level of hazard) per occurrence and/or aggregate combined single limit, Personal Injury, Bodily Injury, and Property Damage.
- c. Motor Vehicle Liability Coverage, including Michigan No-Fault Coverage with limits of liability not less than \$500,000.00 per occurrence combined single limit bodily injury and property damage for all vehicles used in the performance of the contract. The City reserves the right to require specific limits of coverage if the contract involves the use of a motor vehicle for other than transportation to the work site.
- d. Additional Insured. Commercial General Liability Insurance as described above shall include an endorsement stating the following shall be an additional insured: **"The City of Mount Clemens, including all elected and appointed officials and employees and all other individuals working on behalf of the City."**
- e. Cancellation Notice. Workers Compensation Insurance, Commercial General Liability Insurance, and Motor Vehicle Liability Insurance as described above shall include an endorsement stating that thirty (30) days advance written notice of cancellation, non-renewal, reduction and/or material change shall be sent to:

City of Mount Clemens  
Terese G. Lucci, Purchasing Assistant  
One Crocker Boulevard  
Mount Clemens, MI 48043

- f. Professional Liability, where applicable