

APPLICATION FOR SPECIAL EVENT
Gatherings of 300 or More Concurrent Participants



Property Parcel # 10-01- _____

Property Address: _____

Property Zoning: _____ Property Size/Acreage: _____

Office Use Only:

Application #: _____	Signature: _____ <i>Zoning Administrator</i>
Payment: _____	Date: _____
Permit Status: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/ Conditions <input type="checkbox"/> Denied	Signature: _____ <i>Board of Trustees</i>
	Date: _____
Conditions: _____	

Property Owner (Mailing Address)

Name: _____
Address: _____
City: _____
State & Zip: _____
Phone: _____
Email: _____

Operator/Sponsor (Mailing Address)

Name: _____
Address: _____
City: _____
State & Zip: _____
Phone: _____
Email: _____

Complete the following, checking the appropriate boxes:

1. Indicate event type:

- | | |
|---|---|
| <input type="checkbox"/> Party or Festival | <input type="checkbox"/> Show or Exhibition |
| <input type="checkbox"/> Carnival or Circus | <input type="checkbox"/> Walk, Run, or Race |
| <input type="checkbox"/> Fair or Market | <input type="checkbox"/> Motorsport |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Other |

If Other, explain: _____

2. Provide a detailed description of event: _____

3. Indicate the number of event participants, including but not limited to attendees, guests, observers, staff, contractors, entertainers, volunteers, and operators?

Maximum concurrent participants (at any one time): _____

Maximum cumulative participants (throughout entirety of event): _____

I agree to limit the event to the maximum number of participants indicated above.

Applicant initials:

YES _____

NO _____

4. Indicate the dates and hours of the event, including setup and cleanup: _____

5. Indicate where the event will occur:

Private property

Public property

If public, explain: _____

6. Is this a new or recurring event?

New event

Recurring event

If recurring, explain: _____

7. Provide the following, as applicable:

Property deed

Recent tax statement

Recent survey

Association by-laws

Affidavit from Property Owner indicating consent to use parcel

Articles of Organization/Incorporation

8. Do Deed Restrictions or Association By-Laws restrict events?

- Yes No

If yes, explain: _____

9. Will event travel through or across the township?

- Yes No

If yes, provide the following:

- Detailed map indicating route List of all effected roads
 List of every building with restricted access due to the event

10. Provide a copy of an insurance policy that indicates the following:

- The policy covers this event
 The policy names Almira Township as an additional insured
 The policy provides liability coverage of at least one-million dollars (\$1,000,000) for each increment of three-hundred (300) cumulative participants

11. Identify emergency contact(s):

- Property Owner Operator/Sponsor
 Others: _____

I agree that the emergency contact(s) shall be available throughout the event.

Applicant initials:

YES _____ NO _____

12. Will the event require temporary sanitation facilities (e.g. toilets, showers, washbasins)?

- Yes No

If yes, explain: _____

13. Will the event provide overnight accommodations (e.g. camping)?

- Yes No

If yes, explain: _____

14. Will the event provide food service (e.g. serve food prepared from a temporary kitchen)?

- Yes No

If yes, explain: _____

15. Will the event provide bar service (i.e. serve alcohol to event participants)?

- Yes No

If yes, explain: _____

16. Will the Property Owner and/or Operator/Sponsor contract with any of the following?

- | | |
|---|---|
| <input type="checkbox"/> Security Firm | <input type="checkbox"/> Waste Disposal Company |
| <input type="checkbox"/> EMTs or Paramedics | <input type="checkbox"/> Food Catering Service |
| <input type="checkbox"/> Alcohol Catering Service | <input type="checkbox"/> Other |

If yes, provide copies of the contract(s): _____

17. For events on Private property, provide a Site Plan that includes the following:

- | | |
|--|--|
| <input type="checkbox"/> Existing buildings/structures | <input type="checkbox"/> Temporary buildings/structures |
| <input type="checkbox"/> Property line setbacks | <input type="checkbox"/> Driveway location(s) |
| <input type="checkbox"/> Parking location(s) | <input type="checkbox"/> Refuse container location(s) |
| <input type="checkbox"/> Temporary kitchen(s), as applicable | <input type="checkbox"/> Camping area(s), as applicable |
| <input type="checkbox"/> Emergency station(s), as applicable | <input type="checkbox"/> Emergency access, as applicable |
| <input type="checkbox"/> Neighboring driveways within three-hundred (300) feet | |

18. Provide the following, per request by Zoning Administrator:

- | | |
|---|---|
| <input type="checkbox"/> Emergency Response Plan | <input type="checkbox"/> Severe Weather Plan |
| <input type="checkbox"/> Sanitation & Waste Disposal Plan | <input type="checkbox"/> Security Plan |
| <input type="checkbox"/> Noise Control & Abatement Plan | <input type="checkbox"/> Communication Plan |
| <input type="checkbox"/> Lighting & Illumination Plan | <input type="checkbox"/> Sign-off by Benzie County Sherriff |
| <input type="checkbox"/> Sign-off by Almira Township Fire & EMS Department | |
| <input type="checkbox"/> Sign-off by Benzie-Leelanau District Health Department | |

19. I depose that the applicant will indemnify Almira Township for and hold it harmless from and defend it against any and all claims, lawsuits or other liability arising from or as a result of the Special Event, including all costs and attorney fees. Furthermore, I agree to reimburse Almira Township for any costs for services provided by Almira Township or its designated agents to mitigate any health, safety and welfare issues caused by the Special Event, including emergency services, traffic and/or crowd control, removal of structures, litter and equipment and any associated attorney fees and court costs resulting from this mitigation.

Applicant initials:

YES _____

NO _____

I hereby depose and say, under the penalties of perjury, that all of the statements and/or information contained herein or submitted with this application are true. If any statements and/or information are found at a later date to be false, this permit shall become null and void. I understand that I must meet all applicable Federal, and State code requirements including Almira Township Ordinances.

Applicant Signature: _____ **Date:** _____