

**CITY OF WHITE CLOUD
SPECIAL EVENTS APPLICATION
(PYROTECHNIC DISPLAYS NEED MORE PERMITS)**

Name of Event: _____

Date(s) & Time(s): _____

Place: _____

Describe the Event:

Full name and Address of the Promoter:

Phone# _____ Driver's Lic. /State ID: _____ - _____ - _____ STATE _____

Home office address of promoting business (if different from above):

Name and Address of Local Sponsor:

Is your organization nonprofit? YES / NO, Is the event for a special cause? YES / NO

What areas will be used for this event? (Use another sheet for more space).

What is the approximate attendance expected? _____

Describe your security and who will be responsible for that security. (if required)

What arrangements for parking have been made? _____

List two people with local addresses who are responsible for the set up and take down:

Are there amusement-type rides involved with the event? YES / NO

Are there exhibitors/concessions associated with your special event? If so, please describe:

Do you need a certificate from the health department? YES / NO
IF YES, PLEASE SUBMIT A COPY.

If any alcohol is to be consumed or sold at your event, this item needs specific approval from the City Council and you will need a license from the Michigan Liquor Control Commission. **PLEASE SUBMIT A COPY.**

What utilities are required for the event and does the area have them available? If not, how will they be provided? _____

Are the restrooms in the area adequate? YES / NO

If required, who will maintain them during the event? _____

What measures will be taken to keep the area clean and dispose of refuse during the event and after take down? _____

What special assistance will you need from the City? _____

LIABILITY INSURANCE MAY BE REQUIRED. IS THE CITY OF WHITE CLOUD LISTED AS “A NAMED INSURED” ON THE RIDER? DEPENDING ON THE SIZE OF THE EVENT AND EXPOSURE OF RISK, THE “PER INCIDENT” AND “PER PERSON” LEVEL OF LIABILITY COVERAGE REQUIRED WILL BE DETERMINED BY THE CITY AND ITS ATTORNEY.

A MINIMUM OF 45 DAYS FROM THE DATE OF APPLICATION TO DATE OF EVENT IS REQUIRED TO OBTAIN THE NECESSARY APPROVALS. A LARGER TIME FRAME IS STRONGLY RECOMMENDED.

FOR SECURITY OF THE CITIZENS OF WHITE CLOUD THERE WILL BE A BACKGROUND CHECK ON YOU AND YOUR ORGANIZATION.

I HEREBY AUTHORIZE THE CITY OF WHITE CLOUD POLICE DEPARTMENT TO CONDUCT A RECORD CHECK OF THE PROMOTER AND ANY OR ALL ASSOCIATES.

DATE: _____ **SIGNATURE OF PROMOTER:** _____

THIS FORM BECOMES THE **PERMIT FOR SPECIAL EVENT** WHEN SIGNED BELOW

SIGNATURE OF CLERK/DEPUTY CLERK

DATE

SIGNATURE OF CITY MANAGER

DATE

SIGNATURE OF SUPERINTENDENT DPW

DATE

SIGNATURE OF POLICE DEPT.

DATE