



CITY OF WHITE CLOUD  
SPECIAL EVENTS APPLICATION

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 2 (two) people with local addresses who are responsible for the set-up and take down:

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

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.

**IF YES, 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?

\_\_\_\_\_  
\_\_\_\_\_



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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?

\_\_\_\_\_  
\_\_\_\_\_

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

Driver License #/State ID: \_\_\_\_\_

**SIGNATURE OF PROMOTER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



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**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 Department

\_\_\_\_\_  
Date

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APPROVED                      YES              NO

Notes:

Fees:

Copy to: Police Department, DPW, Applicant & City file