



**CITY OF WHITE CLOUD
SPECIAL EVENTS APPLICATION**

Name of Event: _____

Date(s) of Event _____ Event Time: Begin _____ End _____

Place: _____

Describe the Event: _____

Full name of Promoter: _____

Address: _____

Phone #: _____

Email address: _____

Name & Address of Local Sponsor: _____

Is your organization Non-profit: Yes/No

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

What special assistance will you need from the City? Be specific (example: road closures, barrels, police escort etc)

What is the approximate attendance expected? _____



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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/vendors 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?

Are the restrooms in the area adequate? Yes / No



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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?

Provide a diagram of physical layout of event.

*** 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 TO CONDUCT A RECORD CHECK OF THE PROMOTER AND ANY OR ALL ASSOCIATES.

Date of Birth: _____

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

APPROVED YES NO

Notes:

Fees:

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