



CITY OF CLARE
202 WEST FIFTH STREET
CLARE, MI 48617
989/386-7541 (Ext. 201 or 202)

SPECIAL EVENT PERMIT APPLICATION

Together with any supplementary information as may be required by the City of Clare and fees as set forth by the City Commission, this form should be filed with the City Clerk's office, **thirty (30) days prior to the event date but not less than (15) days**, to ensure proper processing. For events involving alcohol, this form along with supplementary paperwork must be submitted to the City Manager **not less than thirty (30) days prior to the event date** to ensure proper processing.

The permit shall not be issued until each affected department has signed off on the event:

PLEASE TYPE OR PRINT ALL INFORMATION. THANK YOU.

1. NAME OF EVENT: _____

Type of event/function (check all that apply):

| | | | | | |
|-------------------|--------------------------|------------------|--------------------------|------------------------|--------------------------|
| Family Reunion | <input type="checkbox"/> | Class reunion | <input type="checkbox"/> | Other (please explain) | <input type="checkbox"/> |
| Wedding | <input type="checkbox"/> | Birthday Party | <input type="checkbox"/> | _____ | _____ |
| Wedding Reception | <input type="checkbox"/> | Meeting | <input type="checkbox"/> | _____ | _____ |
| Anniversary Party | <input type="checkbox"/> | Training/seminar | <input type="checkbox"/> | _____ | _____ |

2. EVENT COORDINATOR: _____

Name: _____

Title: _____

Mailing Address: _____

Telephone Number: _____

3. ORGANIZATION SPONSORING THE EVENT:

Organization Name: _____

Mailing Address: _____

Telephone Number: _____

Principal Contact: _____

Relationship of Applicant to Sponsor: _____

4. PERSON IN CHARGE THE DAY OF THE EVENT:

Name: _____

Title: _____

Mailing Address: _____

Telephone Number: _____

5. EVENT DETAIL INFORMATION: (Tear down must be complete within 24 hours of the end time of the event).

****SEE ADDITIONAL REQUIREMENTS NOTED IN SECTION 10**

Event Date(s): _____

Setup Date & Time: _____ Start Time: _____ End Time: _____

Location/Streets Intended to be used: _____

What portion of the streets traversed will be occupied by the event? _____

6. ESTIMATED NUMBER OF ATTENDEES: _____

7. WILL ALCOHOL BE SERVED AT THIS EVENT: _____

****SEE ADDITIONAL REQUIREMENTS NOTED IN SECTION 10.**

Application for events involving alcohol must be approved by the City Manager.

8. WILL THERE BE MUSIC AT THIS EVENT: _____

8. ARRANGEMENTS FOR DISPOSAL OF COMBUSTIBLE MATERIAL: _____

9. VERIFICATION STATEMENT

I verify that I am an authorized representative of the organization specified in Item #3 and that, as such, I have the power to execute this application on their behalf.*** All of the above statements are true to the best of my knowledge, information, and belief. All questions have been answered completely and, if any change in fact or method occurs subsequent to the date of this application, or the issuance of the event permit, the applicant will notify the City of Clare in writing within twenty-four (24) hours of said change.

Application Prepared By: _____ Date: _____

Signature: _____ Phone: _____

Mailing Address: _____

10. ATTACHMENTS:

YES NO Proof of applicant's authority to act on behalf of the sponsor.

YES NO Written Permission for Assembly from property owner if on private property.

YES NO Signed Indemnification Agreement .

YES NO ****Proof of Insurance is required if the event is on public property. The applicant must obtain liquor liability (if applicable) and general commercial liability insurance coverage of at least \$1,000,000 which names the City (including its officers and employees) as an insured or additional insured and certificate holder. A Certificate of Insurance must be submitted to the City Clerk prior to the event.**

YES NO ***** Written Authorization from the person/organization the event is being held on behalf of a person or organization other than the organization specified in Item #3.**

This Box for City Use Only

Department representative should initial by their department and make a copy of any documentation they require.

POLICE FIRE DPW/TRAFFIC CITY MANAGER
 CITY CLERK PARKS & REC

Authorized By: _____ Date: _____
City Designee

Authorized By: _____ Date: _____
City Manager

Credit/Debit Card Check Cash Receipt No. _____ By _____ Date _____

RELEASE OF ALL CLAIMS

KNOW ALL MEN BY THESE PRESENTS, that:

_____ of
_____ (applicant)

_____ of
_____ (sponsor)

_____ of
_____ (event organizer)

hereinafter referred to as first party, and City of Clare, hereinafter referred to as second party, hereby agree as follows:

First party, by participation for themselves or minors, or their organizations, in the following special event:

does for themselves, minor, myself, my heirs, executors, administrators, successors, and assigns, released, acquitted and discharged and by these presents do release, acquit and forever discharge second party, his, her, their, its heirs, executors, administrators, successors or assigns of and from any and all actions, causes of action, damages or demands of whatever name or nature in any manner arisen, arising or to grow out of any and all accidents or matters related to participation involving the above specified special event.

First party shall indemnify and hold second party harmless for any

injury or other damages or claims related to or caused by my participation, or minor's participation, in activities related to the above specified special event.

IN WITNESS WHEREOF, first party has hereunto set his/her/ hand and seal this _____ day of _____, 20____.

IN PRESENCE OF:

Applicant

Sponsor

Event Organizer
