

# CITY OF HOWELL

## CIVIC EVENT APPLICATION

Complete and return this application to the City Clerk's Office  
 Please refer to the Civic Event Policy for application deadlines  
 \*\*\* A new application must be submitted each year.

\*\*\* FEES FOR CITY SERVICES WILL BE ASSESSED AT A MINIMUM OF 50% OF THE COST FOR ALL EVENTS

<b>EVENT</b>			
Event Name:			
Event Purpose:			
<b>SPONSORING ORGANIZATION INFORMATION</b>			
Legal Business Name:			
<input type="checkbox"/> Non-Profit	<input type="checkbox"/> For Profit	<input type="checkbox"/> City Operated/Sponsored	<input type="checkbox"/> Co-Sponsored
Address:	City:	State/Zip:	
Mailing Address:	City:	State/Zip:	
Telephone:	Email Address:		
Contact Name:			Title:
Telephone:	Cell Phone:	Email Address:	
<b>CONTACT PERSON ON DAY OF EVENT</b>			
Name:			Title:
Address:	City:		
Telephone:	Cell Phone:	Email Address:	
<b>TYPE OF EVENT (Check One)</b>			
<input type="checkbox"/> Marathon/Race	<input type="checkbox"/> Block Party	<input type="checkbox"/> Political or Ballot Issue Event	<input type="checkbox"/> Video or Film Production
<input type="checkbox"/> Festival/Fair	<input type="checkbox"/> Wedding	<input type="checkbox"/> Other (describe) _____	
<b>EVENT INFORMATION</b>			
Event Date(s):			
Rain Date(s):			
Event Location(s): Describe & Attach Map			
Event Hours(s):			
Estimate date/time for set up:			
Estimate date/time for clean up:			
Describe set up and clean up procedures:			

## EVENT INFORMATION (Continue)

Estimated Attendance:

Describe crowd control plans for this event:

Describe the Civic Event's impact on adjacent commercial and residential property:

Will sidewalks be used?  YES  NO *If yes, include a detailed map outlining the proposed sidewalk use.*

Describe sidewalk use:

Will street closures be necessary?  YES  NO

*If yes, include a detailed map including road closures and emergency vehicle access.*

Describe street closures:

Street closed: date/time:

Street re-open: date/time:

If the proposed event is a parade, list the point of origin, path, termination point and the number of entries.

Will parking lot closures be necessary?  YES  NO

*If yes, include a detailed map indicating proposed closures.*

Parking lot(s) location:

Parking lot(s) closed: date/time:

Parking lot(s) re-open: date/time:

What parking arrangements are proposed to accommodate attendance?

Will music be provided/included during the event?  YES  NO ***Music must conform to City Ordinance.***

Describe type of music proposed:  Live  Amplification  Recorded  Loudspeakers

Proposed time music will begin:

Proposed time music will end:

Proposed location of live band/disc jockey/loudspeakers/equipment:

Describe noise control:

**EVENT INFORMATION (Continue)**

Will the event require the use of any of the following municipal equipment?  YES  NO

<input type="checkbox"/> Barricades	Quantity:	
<input type="checkbox"/> Traffic Cones	Quantity:	
<input type="checkbox"/> Other (describe)	Quantity:	

Will the following be constructed or located in the event area?  
*No stakes of any kind allowed on asphalt.*

<input type="checkbox"/> Booths:	Quantity:	<input type="checkbox"/> Tables:	Quantity:
<input type="checkbox"/> Tents:	Quantity:	<input type="checkbox"/> Rides:	Quantity:
<input type="checkbox"/> Awnings:	Quantity:	<input type="checkbox"/> Other (describe)	Quantity:
<input type="checkbox"/> Canopies:	Quantity:	<input type="checkbox"/> *Portable Toilets:	Quantity:

\*May be required depending on event

*You must attach a plan of the proposed layout. Include the proposed location of booths, tents, tables, rides, routes, portable toilets, etc.*

Will the event have kiddie rides, inflatables, (i.e. moonwalk), amusement rides, climbing walls, live animals, etc.?  
 YES  NO *If yes, additional insurance coverage will be required.*

If yes, describe in detail the types of attractions proposed:

Will electric services be needed?  YES  NO *If yes, describe in detail.*

Will other utilities be needed?  YES  NO *If yes, describe in detail.*

Will other City facilities be needed?  YES  NO *If yes, describe in detail.*

Will the event have food, beverage or concessions?  YES  NO *If yes, please attach copy of valid Food License*  
Describe:

Do you plan to have alcohol served at this event?  YES  NO *If yes, Liquor Liability Insurance is required, as well as a Special License from the Michigan Liquor Control Commission*  
If yes, describe measures to be taken to prohibit the sale of alcohol to minors.

Do you plan to have special event signs?  YES  NO *Signs must conform to City ordinance.*  
Describe signs proposed locations, etc.

**APPLICATION CHECK LIST (failure to provide necessary documentation will delay application review and approval)**

I have attached the following items:

- Completed Application
- Event Map (include detailed event layout and boundaries for all activities)
- Detailed Plan showing road closures, sidewalk uses, etc.
- Certificate of Insurance and Indemnification (due to City Clerk's Office 30 days prior to first day of event)
- Event Signage (description & location)
- Schedule of activities for event
- Driver's License of Applicant

If document is missing, please explain:

The applicant and sponsoring organization understands and agrees to:

Provide a certificate of insurance with all coverages deemed necessary for the event, name the City of Howell as an additional insured on all applicable policies, and submit the certificate to the City Clerk's Office no later than thirty (30) days prior to the event.

Execute the attached Indemnification Agreement on the **sponsoring organizations letterhead** and submit it to the City Clerk's Office at the time of application.

Comply with all City and County ordinances, policies and applicable State & Federal laws, and acknowledges that the Civic Event permit does not relieve the applicant or sponsoring organization from meeting any application requirements of law or other public bodies or agencies. All sponsors are required to comply with the Americans with Disabilities Act when applicable. The ADA does not require the City of Howell to take any action that would fundamentally alter the nature of its services, programs, activities, and facilities, or impose undue financial or administrative burden.

Promptly pay any billing for City services which may be rendered or deemed necessary as part of the event and event approval. **For new events, a 75% deposit of estimated fees are required 30 days before the event.**

Applicant and sponsoring organization further understands the approval of this civic event may include additional requirements and/or limitations based on the City's review of this application, in accordance with the City's Civic Event Policy. The applicant and sponsoring organization understands that it may be necessary to meet with City staff during the review of this application and the City Council approval will be necessary. The applicant agrees the sponsoring organization will operate the event in conformance with the written approval.

Applicant understands that he/she (or the sponsoring organization) is responsible for contacting the Michigan Liquor Control Commission and or the Livingston County Health Department to secure any and all permits required for this event.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of the Civic Event and affirm the above understandings. The information provided on this application is true and complete to the best of my knowledge.

Applicant Signature	Date
Complete this application and return it, along with all required documentation, to the City Clerk's Office prior to the application deadline. Please note that a new application must be submitted each year.	Application Receipt Date

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## INDEMNIFICATION AGREEMENT

The \_\_\_\_\_ (*event sponsor*) agrees to defend, indemnify, and hold harmless the City of Howell, Michigan, from any claim, demand, suit, loss, cost of expense, or any damage which may be asserted, claimed or recovered against or from the \_\_\_\_\_ (*event name*) by reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss, cost of expense is caused in whole or in part by the negligence of the City of Howell or by third parties, or by the agents, servants, employees or factors of any of them.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_