



Received by: _____

Date: _____

CITY OF EASTPOINTE

SPECIAL EVENT APPLICATION

RETURN TO: THE BUILDING DEPARTMENT

23200 Gratiot Avenue

Eastpointe, MI 48021

(586) 445-3661 Ext. 2

www.EastpointeMi.gov

A SITE PLAN/LAYOUT IS REQUIRED WITH THE COMPLETED APPLICATION.

Special Events and activities permitted in the City of Eastpointe require approval of the City Council, in accordance with Chapter 6, Amusements and Entertainments, Article V - Special Events. Application must be made to the Building Department **30 days in advance** of the proposed event. (This application is not for a Temporary Outdoor Sales Permit - which can be obtained from the Building Department in accordance with Chapter 50, Article 18, Section 18.05).

The application fee is outlined in the City's Fee Schedule.

I. EVENT INFORMATION

1. EVENT NAME _____

2. LOCATION OF EVENT: _____

To reserve a City of Eastpointe Park Pavilion or Gazebo, you must contact R.A.R.E. at 1 (586) 445-5480.

3. IS THIS EVENT PUBLIC? ☐ YES ☐ NO

4. IS THIS AN ANNUAL EVENT? ☐ YES ☐ NO

5. EVENT WEBSITE: _____ ☐ N/A

6. EVENT TYPE: ☐ Charity Event ☐ Walkathon ☐ Run/Marathon ☐ Carnival/Circus

☐ Concert/Performance ☐ Bike Ride/Race ☐ Religious Ceremony ☐ Political Event

☐ Festival ☐ Filming ☐ Parade ☐ Sports/Recreation ☐ Rally/Demonstration

☐ Convention/Conference ☐ Fireworks/Pyrotechnics ☐ Other _____

7. DESCRIBE EVENT:

8. EVENT DATE(S): _____ EVENT START TIME: _____

Day(s) of the week: _____ EVENT END TIME: _____

EXAMPLE:

EVENT DAY(S)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
X							

9. LOCATION: ☐ Park ☐ Street ☐ Sidewalk ☐ Private Property

☐ Other: _____

10. SET-UP TIME: BEGIN: _____ AM/PM DISMANTLE: _____ AM/PM

11. ESTIMATED CROWD: _____ NUMBER OF VOLUNTEERS: _____

12. WILL TENTS BE USED AT YOUR EVENT? ☐ YES ☐ NO

IF YES, WHAT SIZE ARE THE TENTS? (WITH MEASUREMENTS) _____

HOW MANY TENTS? _____

PLEASE NOTE:

- ALL SPECIAL EVENTS REQUIRE A SITE PLAN WITH TENT PLACEMENT AND PROOF OF FLAME-RESISTANT CERTIFICATION. ALL TENTS MUST BE INSPECTED AND APPROVED BY THE EASTPOINTE FIRE DEPARTMENT.
- YOU ARE REQUIRED TO PROVIDE PROOF OF INSURANCE FOR ALL MECHANICAL RIDES, BOUNCE HOUSES, MECHANICAL RIDES/GAMES, ETC. THE CITY OF EASTPOINTE MUST BE LISTED ON THE CERTIFICATE OF INSURANCE AS "ADDITIONAL INSURED."

13. WILL YOU BE WORKING WITH A SANITATION SERVICE FOR PORT-A-JOHNS? ☐ YES ☐ NO

IF YES, PLEASE LIST: _____

PORT-A-JOHNS: (THERE MUST BE AT LEAST ONE (1) HANDICAP ACCESSIBLE RESTROOM); ONE (1) PORT-A-JOHN PER **250 PEOPLE** IS RECOMMENDED.

I HAVE READ AND AGREE TO COMPLY WITH THE ABOVE GUIDELINES FOR PORT-A-JOHNS.

PLEASE CHECK THIS BOX: ☐ **INITIAL HERE →** _____

14. CLEAN-UP PLAN: PLEASE LIST YOUR CLEAN-UP & RECYCLING PLANS.

15. WHAT ARE YOUR SECURITY PLANS FOR THE EVENT? (EX. HIRING EASTPOINTE POLICE OR PRIVATE SECURITY FIRM) *ALL SERVICES FOR THE DEPARTMENT OF PUBLIC WORKS (DPW), POLICE & FIRE ARE AT AN ADDITIONAL COST AND ARE NOT INCLUDED IN THE APPLICATION FEE.*

16. PARKING: PLEASE DESCRIBE AVAILABLE PARKING AREAS: _____

17. ARE YOU REQUESTING A ROAD CLOSURE? ☐ YES ☐ N/A

IF YES, THE CITY OF EASTPOINTE POLICE AND DPW MAY BE REQUIRED TO BE PRESENT FOR CLOSURE, AT AN ADDITIONAL COST.

ROUTE / LOCATION(S) REQUESTED FOR SETUP **(ATTACH SITE PLAN / ROUTE)**

NOTE:

- **ALL SERVICES FOR THE DEPARTMENT OF PUBLIC WORKS (DPW), POLICE & FIRE ARE AT AN ADDITIONAL COST AND ARE NOT INCLUDED IN THE APPLICATION FEE.**
- **THE CITY OF EASTPOINTE MAY REQUIRE CERTAIN PUBLIC SAFETY STANDARDS TO BE MET BY THE EVENT ORGANIZER.**

II. ENTERTAINMENT

1. WILL YOU HAVE ENTERTAINMENT? ☐ YES ☐ NO
 2. TIME(S) OF ENTERTAINMENT: _____
 3. DESCRIBE ENTERTAINMENT: _____

 4. LIST OF ENTERTAINERS/BANDS TO PERFORM AT THE EVENT: _____

 5. SOUND SYSTEM? ☐ ACOUSTIC ☐ AMPLIFIED ☐ N/A
 6. WILL A GENERATOR BE USED? ☐ YES ☐ NO IF YES, WHAT TYPE OF FUEL AND
WHAT SIZE GENERATOR WILL BE USED: _____
 7. WILL YOU NEED AN ELECTRICAL TIE-IN? ☐ YES ☐ NO
 8. LOCATION REQUESTED FOR ELECTRICAL? _____
- PLEASE REMEMBER TO MARK, AND LABEL THE ELECTRICAL LOCATION(S) ON THE SUBMITTED SITE MAP.**

III. ACCESSIBILITY INFORMATION

Please check Yes, No, or N/A next to each question. Check N/A only if a question truly does not apply to your event (i.e. an event that is held only outdoors would not have an answer to a question asking about doorway widths.)

ACCESSIBLE AREA(S)	YES	NO	N/A
Are all sections of the event accessible, if not, are there separate sections providing the same function serving people with and without disabilities?			
ENTRANCE			
Is the route of travel to the entrance firm, stable, and slip-resistant?			
If portions of this event are held indoors, are there accessible entrances?			
PATHS OF TRAVEL			
Are pedestrian pathways of proper width?			

	YES	NO	N/A
Are all curb cuts clear of obstructions?			
Are all pedestrian pathways free from barriers or if there are barriers are they detectable to white cane users?			
PARKING AND TRANSPORTATION			
Are the proper amount of handicapped parking spaces available?			
RESTROOMS			
If permanent or portable restrooms are available to the participants, are the proper number of restrooms accessible?			
TABLES AND CONCESSIONS			
Are the proper number of tables in eating areas accessible?			
Are concession stands and/or vendors accessible?			
SEATING			
Are there enough accessible seating spaces provided?			
Are accessible seats with companion seats dispersed throughout the seating area?			
SIGNAGE			
Is directional signage using the proper format provided?			
If an entrance is not accessible, are signs placed near it directing participants to the nearest accessible entrance?			
Are accessible restrooms marked?			
Are all signs placed in the proper areas?			

IV. VENDING & SALES

1. ANY VENDING OR SALES? ☐ YES ☐ NO

2. ARE THE PROPOSED SALES TO BE CONDUCTED OUTSIDE OF THE BUILDING? ☐ YES ☐ NO

3. ARE THE PROPOSED SALES RELATED TO THE BUSINESS? ☐ YES ☐ NO

CHECK ALL THAT APPLY: ☐ FOOD ☐ BEVERAGES ☐ T-SHIRTS/HATS

☐ BUTTONS ☐ BOOKS ☐ BALLOONS

☐ OTHER: _____

OUTDOOR FOOD SALES/SERVICES: CONTACT THE MACOMB COUNTY HEALTH DEPARTMENT AT (586) 469-5235.

BEER/LIQUOR/WINE: ☐ YES ☐ NO **THE CITY OF EASTPOINTE REQUIRES AN ATTACHED BEER, WINE, ALCOHOL PERMIT APPROVAL WITH APPLICATION UPON SUBMISSION.**

EXTENSION OF PREMISES PERMIT IS REQUIRED THROUGH THE MICHIGAN LIQUOR CONTROL COMMISSION (MLCC).
FOR QUESTIONS AND PROCESS INFORMATION, PLEASE CONTACT THE MLCC FOR ALL REQUIREMENTS:

MICHIGAN LIQUOR CONTROL COMMISSION: (866) 813-0011

*** I HAVE READ AND AGREE TO COMPLY WITH THE ABOVE GUIDELINES FOR OUTDOOR FOOD SALES,
BEER AND WINE, AND ALCOHOL PERMITS***

PLEASE CHECK THIS BOX: ☐ **INITIAL HERE →** _____

V. COMMUNICATIONS & PROMOTIONS

1. WILL THIS EVENT BE MARKETING, PROMOTED, OR ADVERTISED IN ANY MANNER?

☐ YES ☐ NO

IF YES, PLEASE INDICATE THE TYPE OF ADVERTISING (**CHECK ALL THAT APPLY**):

☐ LOCAL RADIO ☐ NATIONAL RADIO ☐ LOCAL TV ☐ NATIONAL TV ☐ CABLE TV

☐ LOCAL NEWSPAPER ☐ NATIONAL NEWSPAPER ☐ DIRECT/MAIL/FLYERS

☐ INTERNET ☐ EMAIL ☐ BILLBOARDS

2. WILL THERE BE LIVE MEDIA COVERAGE DURING THE EVENT?

☐ YES ☐ NO

If yes, please describe:

3. SIGNS: DESCRIBE ALL SIGNS/BANNERS YOU PROPOSE FOR THIS EVENT: (SIZE, LOCATION, TYPE)

4. **PLEASE ATTACH COPIES OF ANY MARKETING MATERIAL FOR THIS EVENT.** (EXAMPLE: FLYERS, ETC.)

5. IS THERE ANY OTHER INFORMATION YOU FEEL IS IMPORTANT REGARDING YOUR EVENT?

VI. SUMMARY

THE FEE FOR A SPECIAL EVENT APPLICATION IS NON-REFUNDABLE. THE DEADLINE FOR RECEIPT OF THE APPLICATION IS THIRTY (30) DAYS BEFORE THE EVENT. Once an application is received, the City of Eastpointe department heads will review it and the required site plans to determine if any additional requirements are needed. The application will be presented to the City Council for approval at a regularly scheduled meeting before the proposed event.

(Applicant will be notified of scheduled meeting; attendance is encouraged but not required.)

The Eastpointe City Council approves any non-city-related sponsorships and/or partnerships. All requests must be detailed on your application. Details should include if the request is for financial contribution, advertising, planning execution, attendance, waiver of DPW and/or Police costs, etc.

**** I HAVE READ AND AGREE TO COMPLY WITH ALL THE ABOVE. ****

PLEASE CHECK THIS BOX: ☐ INITIAL HERE → _____

ALL APPLICATION FEES MUST BE PAID AT THE TIME OF SPECIAL EVENT APPLICATION SUBMISSION. THE CITY OF EASTPOINTE ACCEPTS PAYMENT BY CASH, CREDIT CARD, DEBIT CARD, MONEY ORDER, AND CHECK MADE PAYABLE TO:

THE CITY OF EASTPOINTE
23200 Gratiot Avenue
Eastpointe, MI 48021

VII. APPLICANT INFORMATION

1. ORGANIZATION: ☐ NONPROFIT ☐ GOVERNMENT CORPORATION ☐ BOARD & COMMISSIONS ☐ OTHER

3. ORGANIZATION NAME: _____

APPLICANT NAME: _____

TITLE: _____

ADDRESS & ZIPCODE: _____

EMAIL ADDRESS: _____

PHONE NUMBERS:

CELLULAR: _____

OFFICE: _____

HOME: _____

FAX: _____

4. **EVENT ON-SITE CONTACT PERSON:** _____

PHONE NUMBERS:

CELLULAR: _____

OFFICE: _____

HOME: _____

VIII. AFFIDAVIT OF APPLICANT

I hereby certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief and that I have read, understand, and agree to abide by the City's ordinances and regulations governing this proposed Special Event. I also agree to comply with all other local, state, and/or federal laws that are applicable to this Event.

I further certify that I understand that allowing non-permitted or unscheduled activities to occur during my event may result in increased costs to me and/or the Organization/Sponsor due to unanticipated operational expenses.

I certify that I am the property owner of record, and I authorize this event. If I am not the property owner of record, I have attached the property owner's written approval of the event with contact information.

I further certify that I, on behalf of myself and/or the Organization/Sponsor (for which I have submitted a letter indicating I am authorized to act on his/her/its behalf), agree to be financially responsible for paying any costs and fees to the City of Eastpointe that are incurred by the City or on behalf of the event.

If I cancel my event, I will notify the City of Eastpointe immediately, to cut down on any cost recovery. I understand that I will be charged for the City of Eastpointe services provided in advance of the event up through the time of notification.

APPLICANT (PRINT NAME)

DATE: (MM/DD/YYYY)

SIGNATURE OF APPLICANT

IX. INDEMNIFICATION STATEMENT

The undersigned represents, stipulates, contracts and agrees that the sponsor of the event permitted pursuant to this Application will jointly and severally indemnify and hold the City harmless against liability, including court costs and attorney's fees, and attorney's fees on appeal, for any and all claims for damage to property, or injury to, or death of persons arising from the sponsor's activities authorized by the Special Event permit.

APPLICANT (PRINT NAME)

DATE: (MM/DD/YYYY)

SIGNATURE OF APPLICANT AS AUTHORIZED REPRESENTATIVE /
AGENT FOR THE SPONSOR/ORGANIZER OF THE EVENT

*** THIS APPLICATION MUST BE SIGNED WHEN SUBMITTED, OR IT WILL NOT BE CONSIDERED COMPLETE. ***

CHAPTER 6 ARTICLE V, SECTION 6-111.

LIABILITY INSURANCE AND HOLD HARMLESS PROVISIONS

(a) INSURANCE REQUIREMENTS

- 1)** An application for a license required by this chapter shall be accompanied by policies of insurance to protect the City, its elected and appointed officials, employees and volunteers and others working on behalf of the City from any liability or damage whatsoever, for injury, including death, to any person or property. Said insurance shall be in amounts established by resolution of the City Council. An applicant shall during the duration of its license maintain:
 - A.** Workers compensation and public liability insurance in an amount sufficient to protect itself from any liability or damages for injury, including death, to any of its employees including liability or damage which may arise by virtue of any statute or law in force or which may hereafter be enacted.
 - B.** Public liability insurance in an amount sufficient to protect itself and the City, its elected and appointed officials, employees and volunteers and others working on behalf of the City against all risks of damage or injury, including death, to property or persons wherever located, resulting from any action or operation in connection with the license.
 - C.** Automobile liability insurance, including property damage, covering all owned or rented equipment used in connection with the business.
- 2)** All insurance policies shall be issued by companies authorized to do business under the laws of the State. Such policies shall contain appropriate endorsements to save and hold the City, and licensee harmless from any liability or damage whatsoever. Certificates of insurance evidencing such insurance and endorsements shall accompany the application for license. The City shall at all times maintain a copy of each certificate of insurance.

(b) HOLD HARMLESS AGREEMENT

- 1)** The applicant shall sign a hold harmless agreement whereby it agrees to the fullest extent permitted by law to defend, pay on behalf of, indemnify and hold harmless the City, its elected and appointed officials, employees, volunteers and others working on behalf of the City against any and all claims, demands, suits or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City, its elected and appointed officials, employees, volunteers and others working on behalf of the City by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, or any matter which arises out of or is in any way connected or associated with the sale of goods and services for which a license was issued.

(Ord. 24-1242. Passed 10-15-24.)