3195 Wilson Avenue
Grandville, MI 49418-1274
(616) 531-3030

APPLICATION FOR SPECIAL EVENT PERMIT

A completed application must be submitted to the City Clerk's Office at least 60 days prior to the date of the event. Failure to submit required documents may result in the denial of the application.

SPONSORING ORGANIZATION INFORMATION:

LEGAL BUSINESS NAME: _____

PHONE: _____ FAX: _____

MAILING ADDRESS: _____

_____

CONTACT NAME: _____

PHONE: _____ CELL: _____

EMAIL: _____

CONTACT PERSON ON DAY OF EVENT:

CONTACT NAME: _____

PHONE: _____ CELL: _____

EMAIL: _____

EVENT INFORMATION:

NAME OF EVENT: _____

DATE(S) OF EVENT _____ RAIN DATE _____

TYPE OF EVENT: (check all that apply)

☐ Walk/Race/Marathon
_____ Foot
_____ Bike
_____ Other

☐ Festival/Fair/Carnival

☐ Other:
Type: _____

☐ Co-sponsored

☐ City Operated/Sponsored

☐ Non-profit

☐ For-profit

NUMBER OF YEARS THAT HAS BEEN HELD: _____

LOSSES: _____

EVENT LOCATION: _____

EVENT HOURS: _____

ESTIMATED ATTENDANCE PER DAY _____

ESTIMATED NUMBER OF VOLUNTEERS: _____

ESTIMATED DATE/TIME OF SETUP: _____ (DATE) _____ (TIME) AM PM

ESTIMATED DATE/TIME OF CLEANUP: _____ (DATE) _____ (TIME) AM PM

EVENT DETAILS:

MUSIC:

Will music be provided during this event: ☐ YES ☐ NO

Type of music proposed:

☐ Live ☐ Amplification ☐ Recorded ☐ Loudspeakers

Proposed time music will begin: _____ End: _____

FOOD VENDORS/CONCESSIONS:

Will food be served: ☐ YES ☐ NO

Will food be sold: ☐ YES ☐ NO

If you are planning on cooking/preparing food onsite for your event, you will need to contact the Kent County Health Department at (616) 632-9600 to receive a Temporary Food License

☐ Copy of Health Department Temporary Food License

ALCOHOL: (If your event includes alcohol, you must comply with all Michigan Liquor Control Commission rules)

Will alcohol be served: ☐ YES ☐ NO

Will alcohol be sold: ☐ YES ☐ NO

List all vendors that you will be using: _____

_____

Describe procedure for verifying the age of attendees (if applicable): _____

_____

Describe procedure for preventing over-consumption of alcohol (if applicable):

_____

☐ Copy of liquor liability insurance certificate (listing the City of Grandville as additionally insured) – this is in addition to the $1,000,000 general liability insurance required for all events

☐ Copy of Michigan Liquor Control license

FIREWORKS:

Will fireworks be a part of this event: ☐ YES ☐ NO

☐ Copy of Liability Insurance (listing the City of Grandville as additionally insured)

☐ Copy of State of Michigan Fireworks Permit

Will any of the following items be located in the event area:

	QUANTITY		QUANTITY
☐ BOOTHS	_____	☐ TENTS	_____
☐ AWNINGS	_____	☐ TABLES	_____
☐ PORTABLE TOILETS	_____		

DEPARTMENT OF PUBLIC WORKS

☐ APPROVED ☐ DENIED

Will this event require the use of any City equipment: ☐ YES ☐ NO

	TYPE OF EQUIPMENT	QUANTITY		TYPE OF EQUIPMENT	QUANTITY
☐	_____	_____	☐	_____	_____
☐	_____	_____	☐	_____	_____
☐	_____	_____	☐	_____	_____

POLICE DEPARTMENT

☐ APPROVED ☐ DENIED

Do you believe this event will require police officers: ☐ YES ☐ NO

If yes, give reason and include times: _____

_____

NOTE: Depending on the scope of the event Police Officers may be assigned to the event.

FIRE DEPARTMENT

☐ APPROVED ☐ DENIED

Street Closures (map attached outlining proposed closures): ☐ YES ☐ NO

	DATE	TIME	
Street closure date/time :	_____	_____	AM PM
Street re-open date/time:	_____	_____	AM PM

Sidewalk Closures: (map attached outlining proposed closures): ☐ YES ☐ NO

DATE TIME

Sidewalk closure date/time : _____ _____ AM PM

Sidewalk re-open date/time: _____ _____ AM PM

Describe use of sidewalk: _____

_____ _____

Applicant Signature Date

APPLICATION CHECKLIST:

- ☐ Completed application
- ☐ Event map (includes detailed event layout for vendors, booths, porta potties, etc.)
- ☐ Road and sidewalk closure maps
- ☐ Certificate of General Liability Insurance in the amount of $1,000,000 (listing the City of Grandville as additionally insured
- ☐ Medical and security plans
- ☐ Severe weather plan (for all outdoor events)
- ☐ Fireworks permit (if applicable)
- ☐ Michigan Liquor Control Commission Special Event License (if applicable)
- ☐ Certificate of Liquor Liability insurance (listing the City of Grandville as additionally insured) – if applicable
- ☐ Kent County Health Department Food Service License (if applicable)

If any documents are missing, please explain:

_____

_____

FOR CITY USE ONLY –
Department representative please initial if approved

_____ DPW

_____ POLICE

_____ FIRE

PERMIT APPROVED BY: _____ DATE: _____