

Leoni Township

Address: 913 Fifth Street Michigan Center, Michigan 49254
 Phone: (517) 764-4694
 Website: www.leonitownship.com

Special Event Permit Application

Applications must be submitted not less than 70 days prior to the proposed event.

FOR OFFICIAL USE ONLY:	
<input type="checkbox"/>	\$100 application fee (must be paid by cash or check when application is submitted). <i>Fee is non-refundable. Application will not be processed until payment is received.</i>
<input type="checkbox"/>	Completed Application Form Date: _____
<input type="checkbox"/>	Obtained all Township approvals Date: _____
<input type="checkbox"/>	Copy of Applicant's Driver's License (or other identification)
<input type="checkbox"/>	Copies of Certificate(s) of Liability Insurance Listing This Event
<input type="checkbox"/>	Copy of Misc. Use of ROW Permit for road closure(s) (if applicable)
<input type="checkbox"/>	Copy of Liquor License (if applicable)
<input type="checkbox"/>	Copy of Temporary Food Establishment Permit (if applicable)
<input type="checkbox"/>	Copy of Map/Diagram of Proposed Site Plan / Set-up / Parking
<input type="checkbox"/>	Obtained Security / Traffic Control / EMS / Fire Safety services, as required. (Circle all that apply.)
<input type="checkbox"/>	Copy of Temporary Campground Permit (if applicable)

Applicant Information	
(Please Print)	
Applicant Name _____	
Street Address _____	
City _____	State _____ Zip Code _____
Home Telephone No. _____	Cell Phone _____
Work Telephone No. _____	Email _____

Organization / Business Sponsoring Event			
(Please Print)			
Name of Organization / Business _____		Contact Person _____	
Street Address _____	City _____	State _____	Zip Code _____
Email _____	Office No. _____	Fax No. _____	Cell Phone _____

Contact Person(s) on Day(s) of Event			
(Please Print)		(Please Print)	
Contact Person No. 1 (Primary Contact) _____		Contact Person No. 2 (Secondary Contact) _____	
Telephone No. _____	Cell Phone _____	Telephone No. _____	Cell Phone _____
Email _____		Email _____	

Event Details			
(Please Print)			
Name of Event _____	Start Date <u> / / </u>	End Date <u> / / </u>	Estimated Attendance (Include volunteers & participants) _____
Hours of Event (List hours of each day separately, if multi-day event) _____	Estimated Time for Set-Up _____	Estimated Time for Clean-Up _____	
Location of Event _____	Purpose of Event _____	Property Zoning Classification _____	

Brief Description of Event	
Type of Event: _____	Map attached: <input type="checkbox"/> Yes (Include locations for parking, food/beverage, booths, tents, rest areas, stages, first aid, etc.) <input type="checkbox"/> No

: FOR OFFICIAL USE :		Time Stamp
Received By: _____		
(Initials)		

LOGISTICS SECTION

UTILITY NEEDS: (List items needed) _____

Will additional electrical supply be required? _____

SANITATION / RESTROOM FACILITIES: _____

BOOTHS / TENTS / AWNINGS: _____

PICNIC TABLES / REFUSE BARRELS: _____

BARRICADES / TRAFFIC CONES / SIGNS: _____

Are signs township approved? _____

Township Approval Date: _____

CLEAN-UP PROCEDURES: _____

HOSPITALITY SECTION

FOOD & BEVERAGES:

Will food and/or beverages be served? Yes No

Provide a copy of completed JCHD Application.
(See information below)

ALCOHOLIC BEVERAGES:

Will alcoholic beverages be served? Yes No

Provide a copy of completed MLCC Application.
(See information below)

:: FOR OFFICIAL USE ONLY ::

Date Stamp of JCHD Application: _____

Copy of Temporary Food Permit Application: _____
(A copy of the Temporary Food Application to be submitted upon approval of Jackson County Health Department.)

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If food is being prepared for this event, a **Temporary Food Establishment Permit** must be obtained from the Jackson County Health Department.
Website: www.co.jackson.mi.us
JCHD Contact No: (517) 788-4433
Must apply for this permit at least five (5) business days prior to event.

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Date Approved by MLCC: _____

Special Liquor License No: _____
(A copy of the Special Liquor License to be submitted upon approval of MLCC, State Application Form LCC-3511 or Form LCC-146)

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If alcoholic beverages are being served at this event, a **Special Liquor License** must be obtained from the **Michigan Liquor Control Commission (MLCC)**, through the Department of Licensing and Regulatory Affairs (LARA).
Website: www.michigan.gov/lara/
MLCC Licensing Division: (866) 813-0011
Email: mlccinfo2@michigan.gov

Describe Proposed Event Plans (Briefly explain how the following items will be addressed at this event.)

**Please provide details of proposed plans for the following items pertaining to your special event.
If more room is needed for explanation, please attached additional sheets, as necessary.**

NOTE: Any increase in township staffing (i.e., security, fire, utilities, etc..) requested and/or required for this event will be billed to the organization listed on this form. The Applicant shall be responsible for securing any permits or approvals required in connection with this event, such as parking permits, utility permits, temporary liquor license, road closure permits, etc.

PUBLIC SAFETY SECTION

NOTE: All proposed public safety plans are subject to review and modification by the Blackman-Leoni Township Department of Public Safety.

SECURITY: Will security be on-site for event? Yes
 No
If so, for how long? _____
Will security be armed? Yes
 No
Will security be uniformed or non-uniformed? _____

If private security, provide contact information: _____

PARKING: How many staff will handle parking? _____
How many parking spaces will be available? _____
Where are parking locations? _____

If on adjacent properties, is approval obtained? _____
List all property owners who have authorized parking: _____

Are Parking Permits Required? _____ If yes, are copies attached? _____ No. of Permits ____

TRAFFIC CONTROL & TRAFFIC FLOW: Yes
 No
Will pedestrian and vehicular traffic be impacted?
How will the event impact pedestrian and vehicular traffic flow, in and around the area? _____

Who will direct traffic? _____

CROWD CONTROL / FIRE SAFETY:
How will crowd control be maintained? _____

If indoor event, will occupancy limit be exceeded? Yes
 No
Will FD be required to remain on-site? Yes
 No
If yes, indicate timeframe FD is needed: _____

Will a medical standby be required? Yes
 No
Will fire lanes and hydrants be accessible? Yes
 No
Will there be open flames or pyrotechnics? If yes, list items below:

Will this event have a large amount of combustible material? If yes, what type and amount? _____

ROAD CLOSINGS: List road(s) to be closed: _____

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Date Approved JDOT: _____
Permit No./Resolution No: _____ / _____
(A copy of Road Closure Permit to be submitted upon approval of JCDOT)
* * * * *
If a public road(s) must be closed for this event, a "Miscellaneous Use of Right-of-Way Permit" must be obtained from the Jackson County Department of Transportation
www.co.jackson.mi.us • General Contact No: (517) 788-4230

Impact on Adjacent Properties

Briefly explain how the event may impact other properties, businesses, and/or residents: _____

Will music be provided? Yes No

Location of Live Band/Disc Jockey/Loudspeakers/Equipment

If yes, what type of music?

Live Amplified Recorded Loudspeakers

Other (Explain) _____

Insurance Requirements

Unless waived by the Township Supervisor, the following liability insurance is required for approval of this Special Permits Application.

Please provide one (1) copy of each certificate of insurance with this application. Certificates must name Leoni Township as "additional insured."

NOTE: Insurance companies, named insureds and policy forms may be subject to the approval of Leoni Township, if requested by the Township Supervisor. Such approval shall not be unreasonably withheld. Insurance policies shall not contain endorsements or policy conditions which reduce coverage provided to Leoni Township. The Applicant shall be responsible to Leoni Township or insurance companies insuring Leoni Township for all costs resulting from both financially unsound insurance companies selected by the Applicant, and their inadequate insurance coverage. The Applicant shall furnish the Township with satisfactory certificate(s) of insurance or a certified copy of the policy, if requested by the Township Supervisor.

At a special event for which a Professional Services Contract for police/fire/medical service is required, the minimum insurance requirements are as follows:

- Workers' Compensation Insurance with Michigan statutory limits and Employer's Liability Insurance with a minimum limit of \$1,000,000 each accident for any employee.
- Commercial General Liability Insurance with a combined single limit of \$1,000,000 each occurrence for bodily injury and property damage. The policy shall include contractual liability and personal injury coverage. Leoni Township shall be added as "additional insured" on General Liability Policy with respect to the services provided under the Professional Services Contract.
- Automobile Liability Insurance covering all owned, hired and non-owned vehicles with Personal Protection Insurance and Property Protection Insurance to comply with the provisions of the Michigan No-Fault Insurance Law, including residual liability insurance with a minimum combined single limit of \$1,000,000 each accident for bodily injury and property damage.
- Professional Liability Insurance coverage with a minimum of \$1,000,000 each occurrence. **Leoni Township must be named as "Additional Insured."**
- Staff Fidelity Bonding

At a special event that does not require the services of police/fire/medical personnel, the minimum insurance requirements are as follows:

- Commercial General Liability Insurance with a combined single limit of \$1,000,000 each occurrence for bodily injury and property damage. The policy shall include contractual liability and personal injury coverage. Leoni Township shall be added as "additional insured" on General Liability Policy with respect to the services provided under the Professional Services Contract.

Does this event require Police / Fire / Medical Services?

If yes, what type of services will be required?

Police Fire Medical Other: _____

I agree to enter into a **Professional Services Contract** with the Blackman-Leoni Township Department of Public Safety for the above-selected services.

Applicant's Signature

Date

Insurance Requirements Waived

Yes No

Township Supervisor

Date

Applicant's Permit Compliance Agreement

Applicant Responsibilities

Applicant hereby agrees to be liable to Leoni Township for any and all damage that may occur to township property/properties, or injury/injuries to township employees, officers, or agents caused by this event, or by any person attending or seeking to attend the event, whether or not such damage is the result of negligence, intentional acts, or accident.

Applicant acknowledges that s/he is responsible for contacting the Michigan Liquor Control Commission (MLCC), the Jackson County Department of Transportation, the Jackson County Environmental Health Department, and any other agency/agencies, to secure any and all permits required from the State of Michigan, Jackson County, and/or Leoni Township for this special event.

Applicant acknowledges that the filing of this Application authorizes Leoni Township employees and/or officials to enter the property to determine the accuracy of the submitted information and conditions, before, during and after event activities.

Applicant agrees to be solely responsible for any and all activities associated with this event; and understands that s/he will be billed for any and all costs incurred by Leoni Township for services rendered in connection with this event.

If Applicant is not an individual, the person(s) signing below affirms that s/he is authorized to bind Applicant to the terms of this Application/Agreement and is authorized to execute this document on behalf of Applicant.

Approval / Denial of Special Events Permit

This Special Events Permit may be revoked for good cause, including, but not limited to acts of vandalism, violence, or rowdiness, violations of law or local ordinances, or threats to the health, safety, and welfare of Leoni Township residents or visitors. The Special Events Permit may be revoked by the Township Supervisor and/or his/her designee, including the Director of Public Safety and the command officers of the Department of Public Safety.

This Special Events Permit may be denied to any person, organization, or group that has, at any time prior to the proposed special event, held, sponsored or hosted a special event that resulted in acts of vandalism, violence, or rowdiness, was held in violation of law or local ordinances, or posed a threat to the health, safety, and welfare of Leoni Township residents or visitors.

Issuance of this Special Events Permit does not allow Applicant to violate any state law or local ordinances.

Authorized Signature Title / Position Date

:: FOR OFFICE USE ONLY ::

TOWNSHIP APPROVALS (those required for this event)

_____ Date

Director of Public Safety

_____ Date

Deputy Director-Operations

_____ Date

Building and Zoning Administrator

Non-Refundable Application Fee: \$100.00

Date Paid _____ Check No. _____ Cash _____

Permit Issued Yes No

Township Initials Date

Anticipated Cost to Township: \$ _____

Pre-Payment by Applicant:

Amount Paid Date

NOTES:

APPROVED **DENIED** Reason for Denial: _____

_____ Date

Township Supervisor