

Event Application Name: _____



289 Danforth Street
Coopersville MI 49404-1204
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www.cityofcoopersville.com

Departments

- City Clerk/City Staff
- Dept. Public Works
- OC Sheriff
- Fire Department
- Rescue Department
- Recreation Department

SPECIAL EVENTS PERMIT APPLICATION

Requests to use City parks, streets, parking lots and other public facilities for special activities and events requires submittal of a completed application to City Hall. Submitting an application does not guarantee the event will be approved. Submittal of the application 30 **calendar days in advance** is required.

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 DESCRIPTION

PLEASE DESCRIBE YOUR EVENT IN DETAIL AND ADD ANY ADDITIONAL INFORMATION OR PAGES. Please be sure to include any elements of your event that will help with the approval of the event.

Copy of Michigan Liquor Control License must be submitted

Please note:

This is in addition to the One Million Dollar general liability insurance required for all events.

Fireworks:

Will fireworks be a part of this event? Yes No

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

Copy of State of Michigan Fireworks Permit.

Will any of the following items be a part of this event?

	Quantity		Quantity
<input type="checkbox"/> Booths/Tables	_____	<input type="checkbox"/> Tents/Awnings	_____
<input type="checkbox"/> Awnings	_____	<input type="checkbox"/> Water	_____
<input type="checkbox"/> Portable Toilets	_____	<input type="checkbox"/> Other	_____

Describe security protection, if applicable (including police, fire, ambulance on call & emergency vehicle staging for entire event).

Describe emergency evacuation procedures, if applicable (in case of medical emergency, fire, weather, etc.).

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DEPARTMENT OF PUBLIC WORKS Approved Denied N/A

Will this event require the use of any City equipment? Yes No

Type of Equipment	Quantity	Type of Equipment	Quantity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Street Closures (include map outlining proposed closures) Yes No

Street Closure Date/Time: _____ Re-Open: _____

Sidewalk Closures (include map outlining proposed closures) Yes No

Sidewalk Closure Date/Time: _____ Re-Open: _____

Describe use of sidewalk: _____

Will any of the City Parks be used? (also see Rec.Dept.) Yes No

Which One(s) and has Park Reservation Form been Completed? _____

If using Pocket Park – do you have special request(s) regarding Water Feature? Yes No

If so – what are they: _____

SHERIFF DEPARTMENT Approved Denied N/A

Do you believe this will require Sheriff Deputies? Yes No

If yes, give reason and include times: _____

Note: Depending on the scope of the event, Sheriff Deputies may already be assigned to the event.
Please note: There may be additional charges if additional Deputies are required.

FIRE DEPARTMENT Approved Denied N/A

Do you believe this will require assistance from the Fire Department? Yes No

If yes, give reason and include times: _____

Note: Depending on the scope of the event, firemen may already be assigned to the event.

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RESCUE DEPARTMENT **Approved** **Denied** **N/A**

Do you believe this will require assistance from the Rescue Department? Yes No

If yes, give reason and include times: _____

Note: Depending on the scope of the event, rescue may already be assigned to the event.

RECREATION DEPARTMENT **Approved** **Denied** **N/A**

Will any of the City Parks be used? Yes No

Which One(s) and has Park Reservation Form been Completed? _____

Will any of the Recreation Fields be used? Yes No

If yes – will the fields need any preparation? Yes No

If yes, please describe what type of activity and preparation is required: _____

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DETAILED SITE MAP **Approved** **Denied** **N/A**

PLEASE INCLUDE OR ATTACH A DETAILED SITE PLAN AND/OR ROUTE MAP. COMPUTER OR HAND-DRAWN SITE PLANS ARE APPROPRIATE.

Your map should include:

- The names of streets, placement of barricades, and/or road closures
- The areas where participants and vendors/merchants will park
- Parade forming and disbanding areas, bleachers, etc.
- Vendor and booth placement, tables, etc.
- Portable Toilets, fencing
- Locations of Security Personal, information booth, lost and found booth
- Stage, Tents and materials, storage, etc. used in the event



APPLICATION CHECKLIST

- Completed application
- Park Reservation Form & Deposit
- Event map (includes detailed event layout for vendors, booths, portable bathrooms, etc.)
- Certificate of General Liability Insurance in the amount of \$1 Million Dollars (listing the City of Coopersville as additionally insured)
- Medical and security plans
- Severe weather plan (for all outdoor events) Road and sidewalk closure maps (if applicable)
- Fireworks permit (if applicable)
- Michigan Liquor Control Commission Special Event License (if required)
- Certificate of Liquor Liability Insurance (listing the City of Coopersville as additionally insured, if required)
- Ottawa County Health Department Food Service License (if required)

If any documents are missing, please explain why:

The (Insert Name of Organization)_____ hereby promises, as one of the inducements to the City of Coopersville, to appear, defend and hold the City of Coopersville, its officials, employees and agents harmless as against any and all claims for personal injury, bodily injury including death, or property damage which may arise directly or indirectly from the event described herein, including any and all costs for personal injury, bodily injury, or property damage, for which a claim or demand is asserted, whether such claim is frivolous or made in good faith. Such indemnification shall include any and all costs and expenses including, but not limited to court costs and fees, attorney fees, witness fees, expert fees, damages and interest which may be incurred by or assessed against the City of Coopersville, its employees, officials or agents.

I am authorized to submit this application on behalf of the event sponsor: _____
(Print Applicant Name)

(Applicant's Signature)

(Title, Role or Affiliation)

(Date)

INSURANCE INSTRUCTIONS

The application for a special event permit must possess or obtain special event commercial general liability insurance. The policy must protect the City of Coopersville, the application, and anyone directly or indirectly employed by either. The insurance must provide coverage for premises operations, acts of independent contractors, and completed operations during the event time period. The event time period must be sufficient to cover the entirety of the event from set up to clean up. The coverage must be indicated on the certificate of insurance as “Special Event” coverage in the “Description of Operations” or the insurance company must supply the City of Coopersville with the original insurance policy evidencing the “Special Event” coverage. Always include the event name, date, and location in the description block.

Evidence of the required insurance must be provided to the City of Coopersville no less than 14 (fourteen) days before the event set up date.

The City of Coopersville will VOID any permit(s) and/or permission for such event if proof of insurance is not submitted. It is the applicant’s responsibility to see that the event insurance company/agent receives the proper insurance instructions and forwards the proper evidence of insurance to the City by the deadline.

INSURANCE REQUIREMENTS

- Minimum coverage of One Million Dollars per occurrence, with a One Million Dollar general aggregate.
- The policy or endorsement must name as an additional insured the applicant, the City of Coopersville and its officers, employees, and agents, and as required, any other public entity involved in the event. The date and title of the event must be clearly stated.
- If any work for the event is subcontracted to a separate company, the applicant must require the subcontractor to provide special event commercial general liability insurance with the City as an additional insured, in the required minimum amounts.
- The certificate and policy must provide that coverage shall not be canceled or modified without providing 30 days prior written notice (10 days in the case of failure to pay premiums) to the City in a manner approved by the City Attorney.