

Applicant's Name: _____

Organization's Name (if applicable): _____

Position in Organization: _____

Home Address: _____

City/State/Zip: _____

Mailing Address, if different: _____

City/State/Zip: _____

Phone # where you can be reached during the day: _____

On Site Contact Name: _____ **Mobile Phone #:** _____

E-mail address: _____

NOTE: If the person making the application is a partnership, corporation or other association, you must provide the above information for all partners, officers, and directors or members. If the applicant is a corporation, a copy of the articles of incorporation may be required.

EVENT DETAILS

Description of proposed event: _____

Site of proposed event: _____

Date/time of proposed event: Start date: _____ Beginning at: _____
Through: _____ Ending at: _____

Set-up/tear-down date/time: Set-up date: _____ Beginning at: _____
Tear down: _____ Start time: _____

Anticipated number of persons expected on each day of the event: _____

Applicant's Signature

Date

Applicant's Printed Name

Please respond to questions below & provide detailed maps and explanations:

1. YES NO
 Police and fire protection - Will your event require additional police and fire protection such as additional officers, special police volunteers or use of outside police agencies? If yes, please explain how this will be addressed. (*Fees may apply for City personnel.*)
2. YES NO
 Emergency services - Will you have emergency personnel and equipment on site during the event, if so please explain?
3. YES NO
 Street/area closures - Do you need any streets or areas closed? If yes, please explain and include a *detailed map*. (*Fees may apply for City personnel & equipment charges.*)
4. YES NO
 Parking and vehicle access - Will existing parking in the area be sufficient for participants and attendees? Please list all parking areas anticipated to be used for parking.
5. YES NO
 Health and sanitation facilities - Will additional portable restroom facilities be needed? If yes, please list how many additional facilities you will be renting and provide a *detailed map* showing their proposed locations.
6. YES NO
 Cleanup and waste disposal - Will your event require that cleanup and waste disposal occur after completion? If yes, please explain how you will handle cleanup and waste disposal.

7. YES NO **Trailers and camping vehicles** - Will you have trailers or campers on site and will any of these vehicles be left on site prior to or after the event? If so, please explain.
8. YES NO **Food vendors** - Will you have food vendors? Please explain if food & drinks will be sold or given away? If food will be served, prepared or cooked, a Health Department permit will be necessary, contact them directly at 810-987-5300. *(Please consider if water/electrical hookups will be needed and if so, complete # 9 & 10 below.)*
9. YES NO **Electrical** - Will an electrical hookup be necessary, if so please explain? *(Usage fees may apply with a minimum fee of \$50. Hookup is dependent on available service at the site.)*
10. YES NO **Water** - Will a water hookup be necessary, if so please explain? *(A minimum \$50 water hookup fee will apply if applicable. Hookup is dependent on available service at the site.)*
11. YES NO **Communications** - Will you be using portable radios, mobile phones, etc., to coordinate with others during your event? If yes, please provide details.
12. YES NO **Noise control and abatement** - Will your event cause an increase in noise for surrounding areas/neighborhoods? As the noise ordinance must be adhered to before, during and after your event, please explain how you plan to control the noise level (i.e. tents, temporary barrier, etc.).

13. **Insurance and bonding arrangements** - Will you be able to obtain liability insurance coverage, including naming the City of Port Huron as an additional insured, if the Special Events Committee determines this is required? *(High risk events will require \$1 million in insurance coverage.)*

NOTE: If insurance coverage is required, the following language must be included on the policy: *Additional Insured: The City of Port Huron, all elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and board members, including employees and volunteers, thereof.*

14. **Other** - Please list any other items, requirements or requests:

Return completed form to: Department of Finance
City of Port Huron
100 McMorrان Boulevard, Room 217
Port Huron, MI 48060
Fax # 810-984-2684

Further information or questions: Department of Finance - **810-984-9727** or
email a message to: albertd@porthuron.org