

Norvell Township
 300 Mill Rd, Brooklyn, MI 49230
 Phone: (517) 536-4370 Fax: (517) 536-0110
 Website: www.norvelltpw-mi.gov

SPECIAL EVENTS PERMIT APPLICATION

FOR OFFICIAL USE ONLY	APPLICANT INFORMATION
<input type="checkbox"/> \$100 application fee (must be paid by cash or check when application is submitted). Fee is non-refundable. Application will not be processed until payment is received.	(Please Print)
<input type="checkbox"/> Completed Application Form Date:	Applicant Name
<input type="checkbox"/> Obtained all Township Approvals Date:	
<input type="checkbox"/> Copy of Applicant's Driver's License (or other identification)	Street Address
<input type="checkbox"/> Copies of Certificate(s) of Liability Insurance (if applicable)	
<input type="checkbox"/> Copy of Right-of-Way Permit for road closure (if applicable)	City State Zip Code
<input type="checkbox"/> Copy of Liquor License (if applicable)	
<input type="checkbox"/> Copy of Temporary Food Establishment Permit (if applicable)	Home Telephone No. Cell Phone
<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)	Work Telephone No. Email

Individual(s) / 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)	
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	End Date	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	FOR OFFICIAL USE	
Type of Event	Map attached	Received by: Date:
	<input type="checkbox"/> Yes	(Initials)
	<input type="checkbox"/> No	

		(Include locations for parking, food/beverage, booths, tents, rest areas, stages, first aid, etc.)	
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LOGISTICS SECTION	
Utility Needs: (List items needed)	Sanitation/Restroom Facilities:
Will additional electrical supply be required?	
BOOTHS/TENTS/AWNINGS:	PICNIC TABLES/REFUSE BARARELS:
BARRICADES/TRAFFIC CONES/SIGNS	CLEAN-UP PROCEDURES
Are signs township approved?	
Township Approval Date:	

HOSPITALITY SECTION	
FOOD & BEVERAGES	ALCOHOLIC BEVERAGES
Will food and/or beverages be served? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will alcoholic beverages be served? <input type="checkbox"/> Yes <input type="checkbox"/> No
Provide a copy of completed JCHD Application.	Provide a copy of completed MLCC Application

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 Norvell Township Board.	
SECURITY: Will security be on-site for event <input type="checkbox"/> Yes <input type="checkbox"/> No	CROWD CONTROL/FIRE SAFETY:
If so, for how long?	How will control be maintained?
Will security be armed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will security be uniformed or non-uniformed?	
	If indoor event, will occupancy limit be exceeded? <input type="checkbox"/> Yes <input type="checkbox"/> No
If private security, provide contact information:	Will FD be required to remain on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, indicate timeframe FD is needed:
PARKING: How many staff will handle parking?	Will a medical standby be required? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many parking spaces will be available?	Will fire lanes and hydrants be accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No

Where are parking locations?	Will there be open flames or pyrotechnics? If yes, list items below:
If on adjacent properties, is approval obtained?	
List all property owners who have authorized parking:	Will this event have a large amount of combustible material? If yes, what type and amount?
Are parking permits required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are copies attached? <input type="checkbox"/> Yes <input type="checkbox"/> No No. of Permits	
TRAFFIC CONTROL & TRAFFIC FLOW:	ROAD CLOSINGS:
Will pedestrian and vehicular traffic be impacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	List roads to be closed:
How will the event impact pedestrian and vehicular traffic flow in and around the area?	
	If roads are to be closed, provide the permit received.
Who will direct traffic?	

IMPACT ON ADJACENT PROPERTIES	
Briefly explain how the event may impact other properties, businesses, and/or residents:	
Will music be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of live band/disc jockey/loudspeakers/equipment
If yes, what type of music?	
<input type="checkbox"/> Live <input type="checkbox"/> Amplified <input type="checkbox"/> Recorded <input type="checkbox"/> Loudspeakers	
<input type="checkbox"/> 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 Norvell Township as "additional insured."
NOTE: Insurance companies, named insureds and policy forms may be subject to the approval of Norvell 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 Norvell Township. The Applicant shall be responsible to Norvell Township or insurance companies insuring Norvell 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.

<p>At a special event for which a Professional Services Contract for police/fire/medical service is required, the <u>minimum</u> insurance requirements are as follows:</p> <ul style="list-style-type: none"> 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. Norvell Township shall be added as "additional insured" on General Liability Policy 	<p>At a special event that does <u>not</u> require the services of police/fire/medical personnel, the <u>minimum</u> insurance requirements are as follows:</p> <ul style="list-style-type: none"> 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. Norvell Township shall be added as "additional insured" on General Liability Policy with respect to the services provided under the Professional Services Contract.
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