

**CITY OF ST CLAIR, MICHIGAN
APPLICATION FOR SPECIAL EVENT ACTIVITY**

All applicants must complete the following:

Application Fee: See Attached Document

Name of Organization	
Address	Phone
City/State/Zip	
Contact Person	Phone
Description of Activity	
Set Up Date	Set Up Time
Location(s) Requested	
Date(s) of Activity	Alternate Date(s)
Time Period	

CHECK ITEMS REQUIRED FOR YOUR EVENT

- | | | |
|--|--|--|
| <input type="checkbox"/> Street Closing | <input type="checkbox"/> Liquor License | <input type="checkbox"/> Vendors |
| <input type="checkbox"/> Barricades or Traffic Cones | <input type="checkbox"/> Parking Spaces | <input type="checkbox"/> <u>Electricity-permit may be required</u> |
| <input type="checkbox"/> Picnic Tables | <input type="checkbox"/> Cleanup by City | <input type="checkbox"/> Police/Security |
| <input type="checkbox"/> Use of Parks | <input type="checkbox"/> Reviewing Stand/Stage | <input type="checkbox"/> Traffic Control |
| | <input type="checkbox"/> Portable Restrooms | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Additional Portables Needed | |

For Vendors Use Only

Nature of business and/or description of goods to be sold _____ _____
Date(s)/time(s) of sales _____
Location to be used, size of area _____
Description of vehicle (s), if any _____

- NOTE:**
1. A permit, if issued, must be displayed.
 2. The permit is subject to revocation for cause.
 3. If food or beverages are to be sold, evidence of Health Department approval must be furnished.
 4. Evidence of public liability insurance is required as determined by City Council.

Signature of Applicant _____
Date

For City Use Only

<input type="checkbox"/> Barricades/Traffic Cones	<input type="checkbox"/> Reviewing Stand/Portable Stage	<input type="checkbox"/> Permit/License
<input type="checkbox"/> Picnic Tables	<input type="checkbox"/> Police/Security	<input type="checkbox"/> Other/Check
<input type="checkbox"/> Cleanup by City	<input type="checkbox"/> Insurance	<input type="checkbox"/> Electrical Permit Required

Copies sent to: Park Operations City Clerk Use Only
Approval received: City Clerk's Office License # _____
 Dept. Public Works Issued _____

Referred to City Council on _____ and approved on _____ Approval subject to the following restrictions

RETURN COMPLETED FORM TO THE OFFICE OF THE CHIEF OF POLICE

White Copy-City Clerk Yellow Copy-Chief of Police Pink Copy-Park Operations Director