City of St. Ignace
Special Events Application
Complete and return this application to the City Manager's Office at least 21 calendar days prior to the starting date of the event.
A new application must be submitted each year.

Event				
Event Name:				
Describe the Event:				
Sponsoring Organization Information				
Legal Business Name:				
Address:	City: State/Zip:			
Mailing Address:	City: State/Zip:			
Telephone: Email:				
Contact Name:	Title:			
Telephone Contact Person on Day of Event	Email:			
Name:	Title:			
Address:	City State/Zip:			
Telephone: Cell:	Email:			
Type of Event (Check one - See Special Events Policy for ac				
() City Operated/Sponsored Event () Political or Ballot Issue Event () Run Event () Co-sponsored Event (all parties must provide sponsoring info and sign application) () Other (describe) () Non-Profit Event () Wedding () Block Party () For Profit Event () Video or Film Production Event Information Event Location(s):				
Event Date(s):				
Event Hours:				
Everit Hours.				
Estimated date/time for set up:				
Estimated date/time for clean up:				
Describe set up and clean up procedures (include specifically who will be taking care of trash):				

Event Information (continued)		
Estimated DAILY attendance:		
Describe crowd control plans for this event:		
Describe the Special Event's impact on adjacent commercial and residential property:		
Will eidewelke be used ()VES ()NO () () () () () () () () () (
Will sidewalks be used ()YES ()NO If yes, include a detailed map outlining the proposed sidewalk use Describe sidewalk use:		
Describe sidewark use.		
Will street closures be necessary? () YES () NO If yes, include a detailed map indicating road closures, emergency vehicle access, and barricade locations The City of St. Ignace does not have authority to close County roads.		
Describe street closures:		
* Streets closed: Date/Time:		
* Streets re-open: Date/Time:		

Event Information (continued)
Will parking lot closures be necessary? ()YES ()NO
If yes, include a detailed map indicating proposed closures and barricade locations Describe parking lot closures:
Describe parking for describe.
" Parking lot(s) closed: Date/Time:
" Parking lot(s) re-open: Date/Time:
What parking arrangements are proposed to accommodate attendance?
Will music be provided/includedduring the event? () YES () NO
Describe type of music proposed: () Live () Amplification () Recorded () Loudspeakers
Proposed time music will begin:
Proposed time music will end:
Proposed location of live band/disc jockey/loudspeakers/equipment:
Describe noise control:

Event Information (continued)		
Event mornation (continued)		
Will the event require the use of any of the fe	ollowing municipal equipment:	
Changering arganization should expect to be charged for use placement, and maintenance of those items		
Sponsoring organization should expect to be charged for use, placement, and maintenance of these items		
() Trash Receptacles	Quantity:	
() Barricades	Quantity:	
() Traffic Cones	Quantity:	
() Other (describe):		
Sponsoring organization may be	e required to provide a dumpster	
Sponsoning organization may so	o required to provide a dampeter	
Will the following be constructed or located	in the event area?	
-		
No stakes of any kind allowed on a	aspnalt	
Item	Item	
() Booths	() Tables	
() Tents	() Rides	
() Awnings	() Portable Toilets (may be required depending on event)	
() Canopies	() Other (describe)	
Vou must attach a plan of the propose	ad layout. Include the proposed	
You must attach a plan of the propose location of booths, tents, tables, por		
, , , , , , , , , , , , , , , , , , ,		
	es (i.e. moonwalk), amusement rides, climbing walls, live	
nimals, hot are balloon, etc.?		
() YES () NO If yes,	additional incurrence accurate will be required	
() YES () NO If yes, additional insurance coverage will be required		

If yes, describe in detail the types of attractions proposed:

Event Information (continued)
Will the event have food, beverage or concessions () YES () NO (See Section X of the Special Events Po/icy for health department approvals and temporary food license requirements)
Describe:
Do you plan to have alcohol served at this event? () YES () NO
* A \$50.00 fee applies to special liquor license applications and Liquor Liability Insurance is required. Include proposed location(s) on event layout and describe measures to be taken to prohibit the sale of
alcohol to minors or visibly impaired individuals
Will there be temporary electricity at this event? () YES () NO
* An electrical permit is required. Include proposed locations on event layout
() Generators () Use of Light Pole Outlets () Temporary Distribution Panel
Do you plan to have special event signs? () YES () NO
Cinna manda antenna da Citada andinana
Signs must conform to City's ordinances
Describe signs, proposed locations, etc.
Do you plan to use city entrance signs or banner ()YES ()NO
If yes you must apply for use through the City Entrance Sign Ordinance/Municipal
Banner System Policy

Special Events Application - Revision 20J6

Application Check List (failure to provide necessary documentation will delay application review and approval)		
I have attached the following items:		
 () Completed Application () Event Map (includes detailed event layout for vendors, rides, booths, electrical needs, etc.) () Detailed Plan showing road closures, sidewalk use, etc. () Certificate of Insurance and Indemnification (due to City Manager's Office within 1 week following notice of event approval) () Insurance Policy endorsement (due to City Manager's Office within 1 week following notice of event approval) () Event Signage (description) 		
() Driver's License of applicant		
If document is missing, please explain:		
The applicant and sponsoring organization understands and agrees to:		
Provide a certificate of insurance with all coverages deemed necessary for this event, name the City of St. Ignace as an additional insured on all applicable polies, provide a separate copy of the insurance policy Endorsement, and submit the required documents to the City Manager's Office no later than one week following notice of event approval.		
Execute an Indemnification Agreement on the sponsoring organizations letterhead and submit it to the City Manager's Office no later than one week following notice of the event approval.		
Comply with all City and County ordinances and applicable State laws, City policies and acknowledges that the special events permit does not relieve the applicant or sponsoring organization from meeting any application requirements of law or other public bodies or agencies;		
Promptly pay any billing for City services which may be rendered or deemed necessary as part of the event and event approval.		
Applicant and sponsoring organization further understands the approval of this special event may include additional requirements and/or limitations based on the City's review of this application, in accordance with the City's Special Events Policy. The applicant and sponsoring organization understands that it may be necessary to meet with City staff during the review of this application and that City Council approval may be necessary. The applicant agrees the sponsoring organization will operate the		

Applicant understands that he/she (or the sponsoring organization) is responsible for contacting the Michigan Liquor Control Commission and/or the County Health Department to secure any and all permits required for this event.

event in conformance with the written approval.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event and affirm the above understandings. The information provided on this application is true and complete to the best of my knowledge.

Applicant Signature	Date
Co-Applicant Signature	Date
Complète this application and return it, along with all required documentation, to the City Manager's Office at least 21 calendar days prior to the starting date of the event. Please note that a new application must be submitted each year.	Receipt Date