



SPECIAL EVENT PERMIT APPLICATION City of Luna Pier, Michigan

Application to be turned in to City Clerk approximately 60 DAYS PRIOR TO EVENT

APPLICATION INFORMATION:

DATE: _____ NAME: _____

PHONE #: _____ ADDRESS: _____

ORGANIZATION / BUSINESS SPONSORING EVENT:

NAME: _____

PHONE #: _____ ADDRESS: _____

CONTACT PERSON(S) ON DAY OF EVENT:

NAME: _____

CELL PHONE #: _____ HOME PHONE: _____

EMAIL ADDRESS: _____

HOME ADDRESS: _____

DESCRIPTION OF EVENT: _____

NUMBER OF PARTICIPANTS: _____ ESTIMATED ATTENDANCE: _____

DATE(S) of EVENT: _____

HOURS OF EVENT: _____ ESTIMATED TIME FOR SET UP: _____

ESTIMATED TIME FOR CLEAN UP: _____

DETAILS OF PROPOSED PLANS:

Please provide details of proposed plans for the following items relative to your special event. If needed, please use additional sheets and attach a Site Plan Drawing to this application

SECURITY: _____

CROWD CONTROL: _____

TRAFFIC CONTROL : _____

FOOD & BEVERAGES: _____

BOOTHS / TENTS / AWNINGS: _____

PICNIC TABLES / REFUSE / BARRELS / BARRICADES: _____

UTILITY NEEDS: _____

PARKING FOR PARTICIPANTS: _____

SANITATION / RESTROOM FACILITIES: _____

NOISE CONTROL: _____

CLEAN-UP PROCEDURES: _____

IMPACT ON ADJACENT COMMERCIAL, INDUSTRIAL, and RESIDENTIAL PROPERTY: _____

WRITTEN CONSENT OF ADJACENT PROPERTY OWNERS
(Attach copies of completed consent letters. Sample included in application packet): _____

WILL MUSIC BE PROVIDED? _____ YES _____ NO / LIVE _____ AMPLIFICATION _____

LOUD SPEAKERS _____ TIME MUSIC WILL BEGIN: _____ TIME MUSIC WILL END: _____

LOCATION OF LIVE BAND / DISC JOCKEY / LOUDSPEAKERS / EQUIPMENT: _____

WILL ALCOHOLIC BEVERAGES BE PERMITTED ON PREMISES? _____ YES _____ NO
If so, what measures will be taken to prohibit the sale of alcohol to minors, or visibly impaired individuals?

If a commercial establishment not licensed by the Michigan Liquor Control Commission provides alcohol to its patrons in the normal course of business, a special event application is necessary. Applicant shall provide evidence of insurance, including satisfactory proof that the insurance carrier has been appraised of the proposed use of alcoholic beverages, along with: a \$125.00 Application Fee, a copy of Driver's License, a Certificate of Liability Insurance, the Permission Letter, and Diagram of Proposed Site set-up. The Applicant acknowledges that he/she is responsible for contacting the Michigan Liquor Control Commission to secure any and all permits required from the State and/or County for this event.

The Applicant will be billed for the entire cost of City services after the event:

SIGNATURE OF APPLICANT: _____

PRINT NAME: _____

CONTACT CITY HALL at 734-848-8120 with any questions



APPROVALS:

CITY COUNCIL MEETING OF: _____

POLICE CHIEF: _____ DATE: _____

CITY CLERK: _____ DATE: _____

NON-REUNDABLE FEE PAID:

DATE: _____ CASH CC Check # _____ REC'T # _____ Clerk: _____

ANTICIPATED COST TO THE CITY: _____

PRE-PAYMENT BY APPLICANT: \$ _____ DATE: _____