



Special Events Permit Application

SEPA # _____ - _____ ZP Fee \$ _____

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\$50 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.*

Completed **Application Form** Date: _____

Obtained all **Township approvals** Date: _____

Copy of **Applicant's Driver's License** (or other identification)

Copies of **Certificate(s) of Liability Insurance** (if applicable)

Copy of **Misc. Use of ROW Permit** for road closure(s) (if applicable)

Copy of **Liquor License** (if applicable)

Copy of **Temporary Food Establishment Permit** (if applicable)

Copy of Map/Diagram of **Proposed Site Plan / Set-up / Parking**

Obtained **Security / Traffic Control / EMS / Fire Safety** services, as required. (Circle all that apply.)

Applicant Information

(Please Print)

Applicant Name

Street Address

City State Zip Code

Home Telephone No. Cell Phone

Work Telephone No. Email

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)

Telephone No. Cell Phone

Email

(Please Print)

Contact Person No. 2 (Secondary Contact)

Telephone No. Cell Phone

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

Type of Event: _____

Map attached:

Yes (Include locations for parking, food/beverage, booths, tents, rest areas, stages, first aid, etc.)

No

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Received By: _____

(Initials)

Time Stamp

LOGISTICS SECTION

UTILITY NEEDS: (List items needed) _____

 Will additional electrical supply be required? _____

SANITATION / RESTROOM FACILITIES: _____

BOOTHS / TENTS / AWNINGS: _____

PICNIC TABLES / REFUSE BARRELS: _____

BARRICADES / TRAFFIC CONES / SIGNS: _____

 Are signs township approved? _____
 Township Approval Date: _____

CLEAN-UP PROCEDURES: _____

HOSPITALITY SECTION

FOOD & BEVERAGES:

Will food and/or beverages be served? Yes No

Provide a copy of completed WCEH Application.
 (See information below)

ALCOHOLIC BEVERAGES:

Will alcoholic beverages be served? Yes No

Provide a copy of completed MLCC Application.
 (See information below)

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Date Stamp of WCEH Application: _____

Copy of Temporary Food Permit Application: _____
 (A copy of the Temporary Food Application to be submitted upon approval of Washtenaw County Environmental Health.)

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If food is being prepared for this event, a **Temporary Food Establishment Permit** must be obtained from the Washtenaw County Environmental Health Department (WCEH).
 Website: www.ewashtenaw.org/government/departments/environmental_health
 WCEH Contact No: (734) 222-3800
 Must apply for this permit at least five (5) business days prior to event.

Date Approved by MLCC: _____

Special Liquor License No: _____
 (A copy of the Special Liquor License to be submitted upon approval of MLCC, State Application Form LCC-3511 or Form LCC-146)

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If alcoholic beverages are being served at this event, a **Special Liquor License** must be obtained from the **Michigan Liquor Control Commission (MLCC)**, through the Department of Licensing and Regulatory Affairs (LARA).
 Website: www.michigan.gov/lara/
 MLCC Licensing Division: (866) 813-0011
 Email: mlccinfo2@michigan.gov

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 Pittsfield Charter Township Department of Public Safety.

SECURITY: Will security be on-site for event? Yes
 No

If so, for how long? _____

Will security be armed? Yes
 No

Will security be uniformed or non-uniformed? _____

If private security, provide contact information: _____

PARKING: How many staff will handle parking? _____

How many parking spaces will be available? _____

Where are parking locations? _____

If on adjacent properties, is approval obtained? _____

List all property owners who have authorized parking: _____

Are Parking Permits Required? _____ If yes, are copies attached? _____ No. of Permits _____

TRAFFIC CONTROL & TRAFFIC FLOW: Yes
 No

Will pedestrian and vehicular traffic be impacted? Yes
 No

How will the event impact pedestrian and vehicular traffic flow in and around the area? _____

Who will direct traffic? _____

CROWD CONTROL / FIRE SAFETY:

How will crowd control be maintained? _____

If indoor event, will occupancy limit be exceeded? Yes
 No

Will FD be required to remain on-site? Yes
 No

If yes, indicate timeframe FD is needed: _____

Will a medical standby be required? Yes
 No

Will fire lanes and hydrants be accessible? Yes
 No

Will there be open flames or pyrotechnics? If yes, list items below: _____

Will this event have a large amount of combustible material? If yes, what type and amount? _____

ROAD CLOSINGS: List road(s) to be closed: _____

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Date Approved by WCRC: _____

Permit No./Resolution No: _____ / _____

(A copy of Road Closure Permit to be submitted upon approval of WCRC)

If a public road(s) must be closed for this event, a "Miscellaneous Use of Right-of-Way Permit" must be obtained from the Washtenaw County Road Commission.
www.wcroads.org/permits/applications.htm • General Contact No: (734) 761-1500
 Permits Office: (734) 327-6624 • Email: wrcr@wcroads.org

