



**Pittsfield Charter Township**  
**Department of Municipal Services**

6201 West Michigan Avenue, Ann Arbor, MI 48108  
 Phone: (734) 822-3130 Fax: (734) 944-1103  
 Website: www.pittsfield-mi.gov Email: planning@pittsfield-mi.gov

**Special Events Permit**  
**Application**

SEPA # \_\_\_\_\_ - \_\_\_\_\_ ZP Fee \$100.00

**:: FOR OFFICIAL USE ONLY ::**

**\$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.*

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

**:: FOR OFFICIAL USE ::**

**Time Stamp**

Received By: \_\_\_\_\_

(Initials)

**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)

**:: FOR OFFICIAL USE ONLY ::**

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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](http://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/](http://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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**:: FOR OFFICIAL USE ONLY ::**

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](http://www.wcroads.org/permits/applications.htm) • General Contact No: (734) 761-1500  
 Permits Office: (734) 327-6624 • Email: [wrcr@wcroads.org](mailto:wrcr@wcroads.org)

**Impact on Adjacent Properties**

Briefly explain how the event may impact other properties, businesses, and/or residents: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will music be provided?  Yes  No

Location of Live Band/Disc Jockey/Loudspeakers/Equipment

If yes, what type of music?

\_\_\_\_\_

Live  Amplified  Recorded  Loudspeakers

\_\_\_\_\_

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(ies) of each certificate of insurance with this application. Certificates must name Pittsfield Charter Township as "additional insured."

NOTE: Insurance companies, named insureds and policy forms may be subject to the approval of Pittsfield Charter 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 Pittsfield Charter Township. The Applicant shall be responsible to Pittsfield Charter Township or insurance companies insuring Pittsfield Charter 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.

**At a special event for which a Professional Services Contract for police/fire/medical service is required, the minimum insurance requirements are as follows:**

- 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. Pittsfield Charter Township shall be added as "additional insured" on General Liability Policy with respect to the services provided under the Professional Services Contract.
- Automobile Liability Insurance covering all owned, hired and non-owned vehicles with Personal Protection Insurance and Property Protection Insurance to comply with the provisions of the Michigan No-Fault Insurance Law, including residual liability insurance with a minimum combined single limit of \$1,000,000 each accident for bodily injury and property damage.
- Professional Liability Insurance coverage with a minimum of \$1,000,000 each occurrence. **Pittsfield Charter Township must be named as "Additional Insured."**
- Staff Fidelity Bonding

**At a special event that does not require the services of police/fire/medical personnel, the minimum insurance requirements are as follows:**

- 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. Pittsfield Charter Township shall be added as "additional insured" on General Liability Policy with respect to the services provided under the Professional Services Contract.

**Does this event require Police / Fire / Medical Services?**

If yes, what type of services will be required?

Police  Fire  Medical  Other: \_\_\_\_\_

I agree to enter into a **Professional Services Contract** with the Pittsfield Charter Township Department of Public Safety for the above-selected services.

\_\_\_\_\_  
Applicant's Signature Date

**Insurance Requirements Waived**  Yes  No

\_\_\_\_\_  
Township Supervisor Date

**Applicant’s Permit Compliance Agreement**

**Applicant Responsibilities**

Applicant hereby agrees to be liable to Pittsfield Charter Township for any and all damage that may occur to township property(ies), or injury(ies) to township employees, officers, or agents caused by this event, or by any person attending or seeking to attend the event, whether or not such damage is the result of negligence, intentional acts, or accident.

Applicant acknowledges that s/he is responsible for contacting the Michigan Liquor Control Commission (MLCC), the Washtenaw County Road Commission, the Washtenaw County Environmental Health Department, and any other agency(ies), to secure any and all permits required from the State of Michigan, Washtenaw County, and/or Pittsfield Charter Township for this special event.

Applicant acknowledges that the filing of this Application authorizes Pittsfield Charter Township employees and/or officials to enter the property to determine the accuracy of the submitted information and conditions, before, during and after event activities.

Applicant agrees to be solely responsible for any and all activities associated with this event; and understands that s/he will be billed for any and all costs incurred by Pittsfield Charter Township for services rendered in connection with this event.

If Applicant is not an individual, the person(s) signing below affirms that s/he is authorized to bind Applicant to the terms of this Application/Agreement and is authorized to execute this document on behalf of Applicant.

**Approval / Denial of Special Events Permit**

This Special Events Permit may be revoked for good cause, including, but not limited to acts of vandalism, violence, or rowdiness, violations of law or local ordinances, or threats to the health, safety, and welfare of Pittsfield Charter Township residents or visitors. The Special Events Permit may be revoked by the Township Supervisor and/or his/her designee, including the senior on-duty members of the Police and Fire Divisions of the Department of Public Safety.

This Special Events Permit may be denied to any person, organization, or group that has, at any time prior to the proposed special event, held, sponsored or hosted a special event that resulted in acts of vandalism, violence, or rowdiness, was held in violation of law or local ordinances, or posed a threat to the health, safety, and welfare of Pittsfield Charter Township residents or visitors.

Issuance of this Special Events Permit does not allow Applicant to violate any state law or local ordinances.

\_\_\_\_\_

Authorized Signature Title / Position Date

**:: FOR OFFICE USE ONLY ::**

<b>TOWNSHIP APPROVALS</b> (those required for this event)	
Director of Department of Public Safety _____	Date _____
Fire Marshal _____	Date _____
Director of Municipal Services _____	Date _____
Director of Parks & Recreation _____	Date _____
Director of Building Department _____	Date _____
Code Enforcement Division _____	Date _____
Clerk’s Office _____	Date _____
Director of Utilities _____	Date _____

<b>Non-Refundable Application Fee:</b>	<b>\$100.00</b>
Date Paid _____	Check No. _____ Cash _____
<b>Permit Issued</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
Township Initials _____	Date _____
<b>Anticipated Cost to Township:</b>	<b>\$</b> _____
<b>Pre-Payment by Applicant:</b>	
Amount Paid _____	Date _____
<b>NOTES:</b>	

**APPROVED**    **DENIED**   Reason for Denial: \_\_\_\_\_

\_\_\_\_\_

Township Supervisor Date