



# Special Events Application

375 Depot Road Clarkston, MI 48346

PH: (248)625-1559 FAX: (248)625-3770

Event Coordinator Contact Name

Event Coordinator Contact Phone Number

Contact Email

Address

City

State

Zip

Sponsoring Organization

Event Name

Event Date

Event Start & End Time

Is This Event More Than One Date?

Yes

No

Description of Proposed Event

Event Location

# Event Requests

## Are Street Closures Required?

Yes     No

**If Yes:** MDOT requires permission to close streets. The City will obtain this approval on your behalf, however it is the Event Coordinator's responsibility to submit a map showing which roads need to be closed and the suggested detours.

### Date of Closure

### Times of Closure

From:

To:

## Will Affected Residents be Notified of Street Closures?

Yes     No

**If Yes:** Please submit a copy of the notice to the City.

## Will Alcohol Be Sold During the Event?

Yes     No

**If Yes:** You must submit a copy of your liquor license to the City.

## Will There Be Food Vendors?

Yes     No

**If Yes:** Vendors must be approved by the Oakland County Health Department.

## Will Tents be Used?

Yes     No

### If Yes: Location of Tents

**If tents will be in Depot Park you MUST receive approval from the DPW Director, Jason Miller. Contact him at (248)625-1265.**

## Is Electrical Service Required?

Yes     No

### If Yes: Location of Electricity Needed

### Time Electrical Box Should be Available

**Check the Equipment Needed**

NOTE: Equipment Will Be Inventoried Upon Check Out and Check In.

- Cones                       Barricades

Number of Cones

Number of Barricades

\_\_\_\_\_

\_\_\_\_\_

**Do You Need DPW Assistance With Placement?**

- Yes     No

**Will You Need the Assistance of the City's DPW during your event?**

- Yes     No

**The Fee is \$25 an hour times the numbers of workers required. A minimum of 1 hour will be charged.**

**How Many Hours?**

**How Many Workers?**

\_\_\_\_\_

\_\_\_\_\_

**List any additional assistance you will need from the DPW:**

\_\_\_\_\_

As an Event Coordinator you must consider the availability of restroom facilities during your event. Consideration should be made regarding the type of event, the length of time it will be held, the number of people expected, etc. You must determine the restroom facilities in the immediate area of the event venue and identify the potential need for portable facilities.

Remember to include accessible facilities that meet ADA requirements.

**Number of Portable Restrooms at Event**

\_\_\_\_\_

**Location of Portable Restrooms**

\_\_\_\_\_

**Will You Be Hanging a Banner Associated with this Event?**

- Yes     No

**Please fill out a facility banner reservation form to reserve your request.**

## Event Coordinator Requirement Checklist

The following is a list of requirements the responsible party needs to complete to ensure a successful event. These items do not need to be completed before making your reservation, however must occur before the event.

**City Council Approval**

Please fill out a City Council Meeting Agenda Request Form to receive approval. The form can be found on our website at [www.villageofclarkston.org](http://www.villageofclarkston.org).

**Approval from the Oakland County Sheriff's Department**

All events held in the City must be reviewed with the OC Sheriff's Department. Once this is completed you must receive a signature from the Sheriff's Office and forward it to the City for our records.

\_\_\_\_\_  
Signature from Sheriff's office

**Notified Independence Township Fire Department**

All events held in the City must be reviewed with the Independence Township Fire Department. Once this is completed you must receive a signature from the Fire Department and forward it to the City for our records.

\_\_\_\_\_  
Signature from Fire Department

### Insurance

All sponsors of special events must carry liability insurance with coverage of at least \$1,000,000. Sponsors must provide a valid certificate of insurance naming the City of the Village of Clarkston as an additionally insured name on the policy.

**Certificate of Insurance Submitted to the City**

**Notified affected residents of street closures (if applicable)**

**Liquor License Certificate Submitted (if applicable)**

**Notified Oakland County Health Department (if applicable)**

**Submitted Request for a Banner to be Installed (if applicable)**

**Payment to City**

**Check all that apply**

- \$25 Admin Fee (All Applications)
- \$200 Banner Installment
- \$25 per hour/per worker for DPW

Total Amount Due: \$\_\_\_\_\_



## **Certification and Signature**

I understand and agree on behalf of the sponsoring organization that a Certificate of Insurance must be provided with naming the City of the Village of Clarkston as an additional named insured part of the policy. I also understand that all food vendors must be approved by the Oakland County Health Department and each food or other vendor must provide the City of the Village of Clarkston with a Certificate of Insurance.

The approval of this special event may include additional requirements or limitations, based on the City's review of this application.

Applicants who fail to clean up and repair damages to the event area may be billed for City services and such failure will be considered for future applications.

As a duly authorized agent of the sponsoring organization I am applying for approval of this special event, affirm the above understandings, and agree that my sponsoring organization will comply with the terms of the written confirmation of approval of all other City requirements, ordinances and other laws, which apply to this special event. By signing this supplication, I declare I am 21 years of age or older.

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**Signature of Responsible Party**