

**CITY OF CLIO
SPECIAL EVENT APPLICATION**

Date Filed: _____

Sponsoring
Organizations
Legal Name _____

Phone _____

Organization Address _____ State _____ Zip Code _____

Organization's Agent _____

Agent's Title _____

Agent's Address _____ State _____ ZipCode _____

Contact Person _____ Phone _____

Is the City the Sponsor? Yes [] No [], Co-Sponsor? Yes [] No []
Or does this Event take place on City-Owned Property? Yes [] No []

Name of Event/ Location _____

*Use of Amphitheater subject to Amphitheater Use requirements

Full Schedule/Description of all Events to be covered (Brochure or Flyer Helpful) _____

Event Dates _____ Rain Date _____

Event Times _____

Describe Security Protection (Include Police, Fire, Ambulance on call and where) _____

Estimated Total Attendance Per Day _____

Number of Years that Event has been held _____

1. **TYPE OF EVENT:** This event is:

<input type="checkbox"/> _____ Operated Event	<input type="checkbox"/> Co-Sponsored Event
<input type="checkbox"/> Other Non-Profit	<input type="checkbox"/> Other For-Profit Event

2. **ANNUAL EVENT:** Is this event expected to occur next year? Yes No
 If yes, you may reserve a date for next year with this application. To Reserve dates for next year, please provide the following information;

Normal Event Schedule
 (e.g., third weekend in July): _____

Next Year's specific dates: _____

3. **AN EVENT MAP** attached. If your event will use streets and/or sidewalks (for a parade, run, etc.) or will use multiple locations, please attach a complete map showing the assembly and dispersal locations and the route plan. Also show streets or parking lots that you are requesting to be blocked off.

4. **VENDORS:** Food/Beverage Concessions/bounce houses, dunk tanks, etc?
 Yes No
 If yes, refer to the Ordinance for license and insurance requirements and fill out the attached Vendor List

5. **ALCOHOLIC BEVERAGES:** Will they be served? Yes No
 If yes, attach copy of liquor license with detailed site plan map. Will be subject to requirements of Michigan Liquor Control

6. **FIREWORKS:** Will there be any Fireworks? Yes No
 If yes, please complete a separate Fireworks Application. Will be subject to requirements of City Fireworks Ordinance #394

7. **CHARITABLE GAMING:** Will there be raffles, duck races, etc?
 Yes No
 If yes, attach copy of license. Will be subject to requirements of State Gaming Commission

8. **OTHER REQUEST:** _____

9. **CERTIFICATION AND SIGNATURE:** I understand and agree on behalf of the sponsoring organization that:
 - a. A certificate of insurance must be provided which names the City of Clio as an additional insured party on the policy. (See Ordinance for insurance requirements)
 - b. All food vendors must be approved by the Genesee County Health Department, and each food and/or other vendor must provide the City of Clio with a certificate of insurance in an amount approved by the City of Clio which names the City of Clio as an additional insured party on the Policy

VENDOR LIST

List each vendor separately

Name _____ Address _____

Phone _____ Name of Business _____
(if applicable)

Certificate of Insurance attached Yes [] No []
(which names the City of Clio as an additional insured party on the
Policy)

Certificate from Genesee County Health Department Yes [] No []
(if food vendor)

Name _____ Address _____

Phone _____ Name of Business _____
(if applicable)

Certificate of Insurance attached Yes [] No []
(which names the City of Clio as an additional insured party on the
Policy)

Certificate from Genesee County Health Department Yes [] No []
(if food vendor)

Name _____ Address _____

Phone _____ Name of Business _____
(if applicable)

Certificate of Insurance attached Yes [] No []
(which names the City of Clio as an additional insured party on the
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Certificate from Genesee County Health Department Yes [] No []
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