

SPECIAL EVENT INFORMATION

A completed map of the event area and street closures (if requested) shall be included with the request.

Event Details:

Event Name/Title: _____

Event Start Date: _____

Event End Date: _____

- Type of Event: Runs (____Distance) Bike Races Block Party
- Concert Festival Fundraiser
- Street Fair Parade Walkathons Other: _____

Event Description:

Is this an annual event? Yes No

Is this a multi-day event? Yes No If so, how many days? _____

What is the anticipated attendance? Overall: _____ Daily: _____

Previous year's attendance (if applicable)? Overall: _____ Daily: _____

Will alcohol be served? Yes No

If Yes: _____ Liability Insurance naming City of DeWitt as additional insured

_____ Copy of Michigan Liquor Control License

Fireworks: _____ Yes _____ No

If Yes: _____ Copy of Approved Fireworks Application

_____ Copy of Liability Insurance naming City of DeWitt as additional insured and others as required by the City

_____ Copy of Signed City of DeWitt Risk Transfer Agreement

Event Set-Up & Tear Down

If you will be utilizing street closures please refer to the next section to provide all street closure information.

Set-Up Date: _____ Set-Up Time: _____ to _____

Start Time: _____ AM/PM

End Date: _____ End Time: _____ AM/PM

Tear-Down Date: _____ Tear-Down Time: _____ to _____

CONTACT INFORMATION

Host Organization

Organization Name:

Type of Organization: Corporation LLC Non-Profit

Mailing Address:

(Street Address) (City, State and Zip)

Physical Address

(Street Address) (City, State and Zip)

Phone Number: _____

Fax Number: _____

Website Address:

Event Organizer - Name & Title:

Mailing Address:

(Street Address) (City, State and Zip)

Phone Number: _____

Cell Number: _____

Email address: _____

Secondary Organizer

(It is recommended that Event Organizer supply contact information for a support person)

Name & Title:

Mailing Address:

(Street Address) (City, State and Zip)

Phone Number: _____

Cell Number: _____

Email Address: _____

On-Site Contact

(Contact information for the person who will be on-site and will be the primary contact on the day of the event.)

Name & Title:

Mailing Address:

(Street Address) (City, State and Zip)

Phone Number: _____

Cell Number: _____

Email Address: _____

INSURANCE REQUIREMENTS

At the time of the application, the applicant must include a certificate of insurance for the event in the following amounts, as required by the City;

- Automobile public liability and property damage for owner and non-owner vehicles in the amount of \$300,000 per occurrence for personal injury and \$500,000 per occurrence for property damage.
- Public liability insurance with a minimum combined single limit of personal injury and property damage liability coverage (\$1,000,000).
- All insurance must name the **City of DeWitt** as an “Additional Insured”.

SPECIAL EVENT TEMPORARY STREET CLOSURE REQUEST

Petition for Temporary Street Closure - Special Event

A temporary street closure has been requested for the following date(s)/times(s) for the streets listed (attach additional sheets if needed):

Closure Start Date: _____ Closure Start Time: _____ AM/PM

Closure End Date: _____ Closure End Time: _____ AM/PM

Street Name(s):

The purpose of the proposed street closure is (Event Description):

Barricades Required for Temporary Street Closure? Yes No

How Many Barricades? _____

By signature of this "Petition for Temporary Street Closure," the undersigned hereby agrees to defend, indemnify and hold harmless the City of DeWitt, its officers, employees and agents from any and all losses, damages, claims for damages, liability, expense or cost arising from any accident or occurrence causing any injury or damage of any person or property arising out of or attributed to the closure of the above-noted street(s) or the authorization therefore.

Signature:

Printed Name

Date

Address Phone:

Host Organization Name:
