



**SPECIAL EVENT PERMIT APPLICATION**  
 202 West 5th Street, Clare Michigan 48617  
 (989) 386-7541 phone (989) 386-4508 fax

[www.cityofclare.gov](http://www.cityofclare.gov)

Revised 06/18/2024

Together with an event flyer and other supplementary information as may be required by the City of Clare, this form must be filed with the Department of Public Works, **not less thirty (30) days**, prior to the event date to ensure proper processing. **The event coordinator is responsible to notify all residents within a 200' radius of any event being held within the proximity of an R-1 District and must notify the residents of the start/finish time of the event so they are aware.** The permit shall be issued after the following departments have checked over the date, time, and route of said event.

*Department representative should initial by their department and make a copy of any documentation they require.*

POLICE

FIRE

DPW/TRAFFIC

CITY MANAGER

PLEASE TYPE OR PRINT ALL INFORMATION. THANK YOU.

NAME OF EVENT: \_\_\_\_\_ TYPE OF EVENT: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_ START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

ACTIVITIES: \_\_\_\_\_ ESTIMATED # OF ATTENDEES: \_\_\_\_\_

Location(s) and/or Streets being used (be specific): \_\_\_\_\_

What portion of the streets traversed will be occupied by the event \_\_\_\_\_

**EVENT COORDINATOR**

**PERSON IN CHARGE THE DAY OF THE EVENT**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**ORGANIZATION SPONSORING THE EVENT:**

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Principal Contact: \_\_\_\_\_

Telephone No: \_\_\_\_\_

ARRANGEMENTS FOR DISPOSAL OF COMBUSTIBLE MATERIAL: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship of Applicant to Sponsor: \_\_\_\_\_

**VERIFICATION STATEMENT**

I verify that I am an authorized representative of the organization specified in Item #3 and that, as such, I have the power to execute this application on their behalf.\*\*\* All of the above statements are true to the best of my knowledge, information, and belief. All questions have been answered completely and, if any change in fact or method occurs subsequent to the date of this application, or the issuance of the event permit, the applicant will notify the City of Clare in writing within twenty-four (24) hours of said change.

Application Prepared By: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**ATTACHMENTS:**

YES	NO	Proof of applicant's authority to act on behalf of the sponsor
YES	NO	Map indicating the perimeter of the event
YES	NO	*Written Permission for Assembly from property owner if on private property.
YES	NO	**Signed Indemnification Agreement submitted
YES	NO	*** Written Authorization from the person/organization if the event is being held on behalf of a person or organization other than the organization specified in Item #3.

Authorized By: \_\_\_\_\_  
City Manager Date:

Vendor Insurance Coverage Requirements  
The City's specific insurance requirements are as follows.

- The Contractor will be required to maintain insurance coverage at all times as indicated below:
- A. Worker's Compensation. The Contractor shall procure and maintain during the life of the contract Worker's Compensation Insurance, including Employer's Liability Coverage, in accordance with all applicable statutes of the State of Michigan
  - B. Commercial General Liability Insurance. The Contractor shall procure and maintain during the life of the contract agreement Commercial General Liability Insurance on an "Occurrence Basis" with limits of liability not less than \$1,000,000 per occurrence and/or aggregate combined single limit.
  - C. Motor Vehicle Liability. The Contractor shall procure and maintain during the life of the contract Motor Vehicle Liability Insurance, including Michigan No-Fault Coverage. Coverage shall include all owned vehicles, all non owned vehicles and all hired vehicles of the Contractor.
  - D. Additional insured. Commercial General Liability and Motor Vehicle Liability Insurance as described above shall include an endorsement stating the following, "Additional Insureds shall be the City of Clare, all elected and appointed officials, all employees and volunteers, and all boards and commissions of the City of Clare."
  - E. Cancellation Notice. Worker's Compensation Insurance, Commercial General Liability Insurance and Motor Vehicle Liability Insurance as described above, shall include an endorsement stating that it is understood and agreed that thirty (30) days Advance Written Notice of Cancellation, Non Renewal, Reduction and/or Material Changes will be provided to the City.
  - F. Proof of Insurance. The contractor shall provide Proof of Insurance for the coverage mentioned to the City. Failure to do so shall be cause for termination of the contract by the City.

**RELEASE OF ALL CLAIMS**

KNOW ALL MEN BY THESE PRESENTS, that:

\_\_\_\_\_ of \_\_\_\_\_ (applicant)  
\_\_\_\_\_ of \_\_\_\_\_ (sponsor)  
\_\_\_\_\_ of \_\_\_\_\_ (event organizer)

hereinafter referred to as first party, and City of Clare, hereinafter referred to as second party, hereby agree as follows:

First party, by participation for themselves or minors, or their organizations, in the following special event: does for themselves, minor, myself, my heirs, executors, administrators, successors, \_\_\_\_\_ release, acquit and forever discharge second party, his, her, their, its heirs, executors, administrators, successors or assigns of and from any and all actions, causes of action, above specified special event. damages or demands of actions, causes of action, above specified special event. damages or demands of whatever name or nature in any manner arisen, arising or to grow out of any and all accidents or matters related to participation involving the above specified special event.

First party shall indemnify and hold second party harmless for any injury or other damages or claims related to or caused by my participation, or minor's participation, in activities related to the above specified event.

IN WITNESS WHEREOF, first party has hereunto set his/her/hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
IN PRESENCE OF:

\_\_\_\_\_  
Applicant Sponsor Event Organizer