

**CITY OF OAK PARK
MICHIGAN
APPLICATION FOR SPECIAL EVENT LICENSE**

Today's Date: _____

Applicant Information

Applicant name: _____

Applicant address: _____ Phone number: _____

Relation of applicant to business: _____

Has applicant ever been convicted of a felony? _____

Owner Information

Owner or manager of site: _____ Phone: _____

Names and addresses of partners or officers of corporation:

Event Information

Proposed date(s) of event: _____

Address or location of event: _____

Is this a City owned park? _____

Nature, purpose and detailed description of event: _____

Will the event be open to the public? If so, please describe: _____

If this event is to take place in a City owned park, have you received and do you agree to abide by the City's Parks and Recreation rules and regulations? _____

Estimated number of people attending event: _____

Hours of operation: _____

Items to be displayed or sold: _____

Food Services

Will food or beverages be sold at event? If so, please list type(s) of food to be sold: _____

Will the food be prepackaged or prepared on site: _____

Please note: If your application is approved and you plan to prepare food on site, you will need to contact the Oakland County Health Department at 248-424-7000 for inspection. You will also need to provide temporary water services at the site where the food is prepared.

Mechanical Amusement

Will there be any mechanical rides at event? If so, please provide the name and address of amusement Operators: _____

Will the event have a moonwalk? If so, please provide the name and address of company providing moonwalk: _____

Will the event have video games, etc.? If so, please provide the names and address of company providing the Games: _____

Please Note: You must provide proof of insurance for all mechanical rides, moonwalks, circuses, etc. The City of Oak Park must be listed on the insurance certificate as "additionally insured." A copy of the City Ordinance with required liability insurance coverage for these events is attached. Also, certification by the State of Michigan Department of Labor is required for all mechanical amusement devices and rides.

Technical/Support

Will the event require use of electrical supply source? If so, please describe: _____

Will sanitary facilities be required at event? _____

Will tent(s) be used at the event? If so, please state size(s) of tent: _____

Will the event have banners displayed? If so, please provide the number of signs and dimension(s): _____

Please Note: If a temporary generator or electric supply source is provided, you must provide an Electrical permit by a licensed electrical contractor. Also, you will need certification of flame spread rates of all canvas and/or cloth enclosures.

Other possible Special Event requirements include: additional application, inspection and bond fees.

The fee for a Special Event application is \$100: \$25 of this amount is non-refundable. If the City does not approve the application, remaining \$75 will be returned to applicant. Once an application is received, the City Clerk's Office will send copies of the application to the following departments: City Manager, Public Safety, Public Works, Recreation and DPW. Each department will review the application and provide a written estimate of services they will need to provide, along with man-hours and costs (if any). The City Manager's office will contact the applicant to inform them of costs involved. At that time the applicant can decide whether or not to proceed with the event. If so, the event will be placed on the next City Council agenda for approval. If applicant decides not to proceed with the event, they will receive a \$75.00 refund.

Should any of the above information prove to be inaccurate or untruthful, it will be grounds to deny the applicant's request or revoke any approvals. I hereby certify the above information to be true and accurate to the best of my knowledge.

Applicant's Signature

State of Michigan

ss

County of _____

Subscribed and sworn to before me, a Notary Public this _____ day of _____ 20____, by

_____.

My Commission expires: _____

Notary Public