

**MARION TOWNSHIP SPECIAL EVENT PERMIT/APPLICATION**  
Application shall be made 90 days prior to the event

Date of application: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Event address: \_\_\_\_\_

Number of Participants: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

Hours of Event: \_\_\_\_\_

**APPLICANT**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**ORGANIZATION/BUSINESS SPONSORING EVENT (if different from applicant)**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Non-profit status if applicable \_\_\_\_\_

**CONTACT PERSON(S) ON DAY OF EVENT**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Cell Phone, Pager or Direct Connect#: \_\_\_\_\_

Using the checklist below, please provide us with the plan for your event on a separate sheet of paper. Include information on organizations/individuals providing services & contact numbers. If your event is large and includes multiple tents, vendors & participants, please provide a sketch of your event layout.

Security/crowd control \_\_\_\_\_

Vendors \_\_\_\_\_

Sanitation/restroom Facilities \_\_\_\_\_

Will music be provided?  Yes  No

If yes give beginning and end times \_\_\_\_\_

Will Alcoholic beverages be permitted on premises  Yes  No

If yes, what measures will be taken to prohibit the sale of alcohol to minors or visibly impaired individuals?

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**PLEASE INCLUDE**

- \$200.00 Application fee (nonrefundable)
- Certificate of Liability Insurance event specific policy naming Marion Township as additional insured Indemnification Agreement
- Event plot plan
- Permits/Approvals from applicable agencies

Applicant acknowledges that he/she is responsible for contacting the Michigan Liquor Control commission and/or the Livingston County Health Department to secure any and all permits required from the State of Michigan and/or Livingston County for this event.

I hereby certify that all information and data attached and made part of this application are true and accurate to the best of my knowledge and belief. I agree to conform to all applicable laws and ordinances of this jurisdiction.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

SEP# \_\_\_\_\_

Copy of application (if applicable) sent to:

- Howell Area Fire Authority
- Livingston County Sheriff's Department
- Livingston County Emergency Medical Services

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