



OUTDOOR ASSEMBLY APPLICATION/PERMIT

*****Application must be made 90 days prior to the date of event.*****

You must be 18 years of age to apply for an OUTDOOR ASSEMBLY PERMIT. There is a \$100 fee for this application.

DATE OF APPLICATION: _____

NAME OF EVENT: _____

SPONSOR OF EVENT (if applicable): _____

GROUP CONTACT NAME: _____

ADDRESS: _____ **MAILING:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT PHONE #: _____ **ALTERNATE PHONE #:** _____

CONTACT EMAIL: _____

DATE OF EVENT: _____ **START TIME:** _____ **END TIME:** _____

LOCATION OF EVENT: _____

**If location of event is different than the address above, please provide property owner information below. PLEASE ALSO NOTE THAT AN AFFIDAVIT INDICATING CONSENT OF THE PROPERTY OWNER MUST BE SUBMITTED.*

PROPERTY OWNER: _____

CONTACT PHONE #: _____ **ALTERNATE PHONE #:** _____

PROPERTY OWNER EMAIL: _____

ADDRESS OF PROPERTY OWNER: _____

CITY: _____ STATE: _____ ZIP: _____

EXPECTED ATTENDANCE: _____

PURPOSE AND DESCRIPTION OF EVENT:

Attachments to Application. Each application shall be accompanied by a detailed explanation including drawings and diagrams where applicable, of how the prospective Permittee will meet Title II, Chapter 11, Outdoor Gatherings, Section E.- Standards for Review and Conditions of Approval of the Putnam Township Code of Ordinances (attached).

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 understand that there are requirements that must be met in order to comply with the Outdoor Assembly Ordinance. I agree to conform to all applicable laws and ordinances of this jurisdiction.

SIGNED: _____ DATE: _____

For Office Use Only

Application Received: _____ Fee Received: _____ Cash: _____ Check: _____

Verifications:

Livingston County Sheriff	_____	Medical Facilities	_____
Portable Toilets	_____	Fire Protection	_____
Property Owner Affidavit	_____	Insurance	_____
Security	_____		

Notes _____

Putnam Township Board Approval: _____ Denial: _____ Date: _____

Signed: _____ Date: _____

(Revised April 23, 2015)

OUTDOOR ASSEMBLY STANDARDS OF REVIEW CHECKLIST

Please read a description of the requirements for each item (attached) and describe on a separate sheet how you will meet the requirement and provide supporting documentation where required.

- | | |
|--|--|
| <p>_____ 1. Security Personnel- <i>Must provide proof or explain how you are providing security.</i> # _____</p> <p>_____ 2. Water Facilities</p> <p>_____ 3. Toilet Facilities- <i>Provide proof that the appropriate # of toilets will be available by way of a receipt or letter.</i> # _____</p> <p>_____ 4. Operable Condition (Toilet facilities)*</p> <p>_____ 5. Food Service*</p> <p>_____ 6. Medical Facilities*/*****# _____</p> <p>_____ 7. Liquid Waste Disposal*</p> <p>_____ 8. Solid Waste Disposal*</p> <p>_____ 9. Protection against Public Nuisances</p> <p>_____ 10. Access and Traffic Control**</p> | <p>_____ 11. Parking/shuttle service # of spaces _____</p> <p>_____ 12. Camping and Trailer Parking***</p> <p>_____ 13. Illumination</p> <p>_____ 14. Insurance – <i>30 days prior to event with the Township named as additional insured.</i></p> <p>_____ 15. Fire Protection****</p> <p>_____ 16. Sound Producing Equipment</p> <p>_____ 17. Fencing</p> <p>_____ 18. Duration</p> <p>_____ 19. Miscellaneous</p> |
|--|--|

****Must call Livingston County Department of Public Health (517) 552-6870 to address concerns they may have and provide proof to the Township (email from Department is acceptable) that all concerns if any have been addressed to the Health Department's satisfaction.***

*****Must call Livingston County Sheriff's Department (517) 546-2440 to address concerns if any, they may have regarding traffic control and provide proof to the Township (email from Department is acceptable) that any concerns have been addressed to the Sheriff's Departments satisfaction.***

******If there will be overnight camping, must be licensed by Livingston County (517) 552-6870.***

*******Must contact the Livingston County EMS Director (517) 546-6220 to arrange for medical protection and provide proof to the Township (email from Director is acceptable).***

Office Use Only:

All requirements of the Outdoor Assembly Ordinance have been met.

Authorized Township Signature

Date: _____

(Revised April 23, 2015)