

## Canton Leisure Services Community Event Application

**Complete and return this application to Canton Leisure Services at least 21 calendar days prior to the start of the event.**  
 \* If the Community Event is conducted on an annual basis, a new application must be submitted each year. \*

### EVENT

Event Name:

Description of Event:

### SPONSORING ORGANIZATION INFORMATION

Legal Business Name:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### CONTACT PERSON ON DAY OF EVENT

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

### TYPE OF EVENT (Check one - See Special Events Policy for additional information)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Township Operated/Sponsored Event | <input type="checkbox"/> Political or Ballot Issue Event | <input type="checkbox"/> Run Event        |
| <input type="checkbox"/> Co-sponsored Event                | <input type="checkbox"/> Wedding                         | <input type="checkbox"/> Sporting Event   |
| <input type="checkbox"/> Non-Profit Event                  | <input type="checkbox"/> Block Party                     | <input type="checkbox"/> Other (describe) |
| <input type="checkbox"/> For Profit Event                  | <input type="checkbox"/> Video or Film Production        |   |

### EVENT INFORMATION

Event Location(s):

Event Date(s):

Event Hours:

Estimated date/time for set up:

Estimated date/time for clean up:

Describe set up and clean up procedures:

Estimated attendance:

Describe crowd control plans for this event:

Describe the Special Event's impact on adjacent commercial and residential property:

**EVENT INFORMATION** (continued)

Will street closures be necessary?  YES  NO

*If yes, include a detailed map indicating road closures, emergency vehicle access and barricade locations.*

Streets closed: Date/Time:

Streets re-open: Date/Time:

Will parking lot closures be necessary?  YES  NO

*If yes, include a detailed map indicating proposed closures and barricade locations.*

Describe parking lot closures:

Parking lot(s) closed: Date/Time:

Parking lot(s) re-open: Date/Time:

What parking arrangements are proposed to accommodate attendance?

Will music speakers or other similar activity be provided/included during the event?  YES  NO

Describe type of music or activity proposed:  Live  Amplification  Recorded  Loudspeakers  Other  
If other, please describe:

Time music or activity will begin/end:

Proposed location of activity/band/disc jockey/loudspeakers/equipment:

Describe noise control:

Will the following be constructed or located in the event area?

*No stakes of any kind are allowed on asphalt.*

<u>Item</u>	<u>Quantity</u>	<u>Item</u>	<u>Quantity</u>
<input type="checkbox"/> Booths:		<input type="checkbox"/> Tables:	
<input type="checkbox"/> Tents:		<input type="checkbox"/> Portable Toilets:	
<input type="checkbox"/> Awnings:		(may be required depending on event)	
<input type="checkbox"/> Canopies:		<input type="checkbox"/> Other (describe):	
<input type="checkbox"/> Rides:		<input type="checkbox"/> Dumpster/Waste Receptacles:	

A layout plan must be provided including the proposed location of booths, tents, tables, portable toilets, rides, routes, parking, music and other structures/activities.

**EVENT INFORMATION (continued)**

**Will the event have rides, inflatables (i.e., moonwalk), amusement rides, climbing walls, live animals, etc.?**

YES  NO

*If yes, additional insurance coverage is required.*

**If yes, describe in detail the types of attractions proposed:**

**Will the event have food, beverage or concessions?  YES  NO**

*Per health department approvals and temporary food license requirements.*

**Describe:**

**Do you plan to have alcohol served at this event?  YES  NO**

*If yes, Liquor Liability Insurance is required. Location must be identified on event layout plan and describe measures to prohibit sale of alcohol to minors or visibly impaired individuals.*

**Do you plan to have special event signs?  Yes  No**

*Signs must conform to the Special Event policy and Sign Ordinance.*

**Describe signs, proposed locations, etc.**

**APPLICATION CHECK LIST (Failure to provide necessary documentation will delay application review and approval.)**

- Completed Application
- Event Map (includes detailed event layout for vendors, rides, booths, etc.)
- Detailed Plan (showing road closures, site layout, etc.)
- Certificate of Insurance and Indemnification (due within 1 week following notice of event approval)
- Event Signage
- Driver's License of Applicant

If a document is missing, please explain:

**APPLICATION AGREEMENT AND SIGNATURE**

**Please complete this application and return it, along with all required documentation, to Canton Leisure Services at least 21 calendar days prior to the starting date of the event. Please note that a new application must be submitted each year.**

The applicant and sponsoring organization understands and agrees to provide the following:

A Certificate of Insurance, with all coverages deemed necessary for the event, and naming the Charter Township of Canton as an additional insured on all applicable policies, and an Indemnification Agreement on the sponsoring organization's letterhead. Both documents shall be provided to the Township Clerk's Office within one (1) week of event approval.

Compliance with all Township and Wayne County ordinances, applicable State laws and Township policies. The special events permit does not relieve the applicant or sponsoring organization from meeting any application requirements of law or other public bodies or agencies.

Payment of any invoice for Township services, which may be rendered or deemed necessary as part of the event and event approval, must be received prior to the event. The approval of this special event may include additional requirements and/or limitations based on the Township's review of this application, in accordance with the Township's Special Events Policy. It may be necessary to meet with Township staff during the review of this application and that Board of Trustee approval may be necessary. The applicant (or the sponsoring organization) is responsible for contacting the Michigan Liquor Control Commission and/or the Wayne County Health Department to secure any and all permits required for this event. The applicant agrees the sponsoring organization will operate the event in conformance with the written approval.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event and affirm the above understandings. The information provided on this application is true and complete to the best of my knowledge.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

**Applicaton:**  **Approved**  **Denied**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_