



139 S. Saginaw Street, Montrose, MI 48457

Community Event Application

The City of Montrose is pleased to support its residents and individuals who wish to host Community Events in an effort to improve the quality of life and contribute to the economic vitality of the area's businesses.

In order to be deemed a Community Event, the event must:

- be open to the public.
- demonstrate a benefit to the City of Montrose community.
- have an estimated attendance of 50 + people.
- be non-discriminatory.
- be held within the City limits.

Any organization or individual proposing to conduct a Community Event is required to complete a Community Event application. Upon receiving the application, the City Manager (or his/her designee) will review the request to ensure the application is complete before it is presented to the City Council for approval. The application will **NOT** be presented to the City Council until all necessary information has been submitted.

Applications must be submitted two months in advance of the event to allow City staff and the City Council ample time for review and consideration.

The City Manager (or his/her designee) will distribute the application to all City departments for their review and comments. Depending on the size of the event, the applicant may be required to meet with City staff for a pre-event meeting to discuss the event. If this meeting is not required, the applicant may be contacted individually by any of the department heads if they have specific questions or concerns about the event.

At the time of application, the applicant must submit a certificate of insurance for the event in the following amounts:

- Public Liability Insurance with a minimum combined single limit of personal injury and property damage of \$1,000,000.00.
- All insurance must name the City of Montrose as an "Additional Insured."

If you have any questions regarding the submission, please contact the City Manager at 810.639.6168 or by email at: manager@cityofmontrose.us

Please submit the application to:
City of Montrose
139 S. Saginaw Street
Montrose, MI 48829

EVENT INFORMATION

Event Name/Title: _____

Event Start Date: _____ Event End Date: _____

Type of Event: 5k/10k run Bike race Celebration

Ceremony Concert Fundraiser

Festival Street Fair Parade

Walkathon Marathon Procession

Other: _____

Event Description: _____

Is this a multi-day event? Yes No if so, how many days? _____

Is there an admission fee? Yes No

- If so, please include admission fee details in the event description above.

What is the anticipated attendance? _____

Event Set-Up & Tear Down:

Set-Up Date: _____ Set-Up Time: _____ am/pm to _____ am/pm

Event Start Time: _____ am/pm

End Date: _____ End Time: _____ am/pm

Tear Down Date: _____ Tear Down Time: _____ am/pm to _____ am/pm

CONTACT INFORMATION

Organization Name: _____

Type of Organization: Corporation LLC Non-Profit Individual

Church Other _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Event Organizer:

Name and Title: _____

Address: _____

Phone/Cell Number: _____

Email Address: _____

Secondary Organizer: (It is recommended that contact information for a support person be listed)

Name and Title: _____

Address: _____

Phone/Cell Number: _____

Email Address: _____

On-Site Contact: (Contact information for the person who will be on-site and will be the primary contact on the day of the event)

Name and Title:

Address: _____

Phone/Cell Number:

Email Address:

TEMPORARY STREET CLOSURE

Temporary Street Closure is requested for the following date(s)/time (s) for the streets listed:

Closure Start Date: _____ Closure Start Time: _____ am/pm

Closure End Date: _____ Closure End Time: _____ am/pm

Street Names: _____

What is the purpose for the proposed street closure? _____

Organization Name: _____

Contact Name: _____

Address: _____

EVENT SPECIFICS

Please check all that apply:

- Will amplification of music or speakers be used?
- Will you provide volunteer staff for safety, security and maintenance?
- Will food/beverages/merchandise be sold?
- Will you require public safety personnel?
- Will the following be constructed or located in the area of the event?
 - Booths/Tents Displays
 - Awnings Rides
 - Port-a-johns Fencing
 - Other _ _ _ _ _
- Will you require additional trash containers?
- Will the event require the use of any of the following municipal equipment?
 - Barricades Traffic cones Other _ _ _ _ _

How will the following utilities be provided?

Electrical: _ _ _ _ _

Water: _ _ _ _ _

Other: _ _ _ _ _

SITE PLAN/MAP INSTRUCTIONS:

All applicants are required to submit a detailed site plan/map to include directional signage showing N, S, E and W.

IDEMNIFICATION AGREEMENT

I understand that the filing of this application does not ensure approval of a Community Event. I also understand that all Community Events organizers and participants must comply with applicable City ordinances, traffic rules, state health laws, fire codes and liquor licensing regulations. I further understand that an incomplete application may be cause for the denial of this event.

The Host Organization and/or the Event Organizer(s) agree to defend, indemnify and hold harmless the City of Montrose and the City's employees, officers, council members and volunteers harmless from any and all losses, damages, claims for damage, liability, lawsuits, judgment expenses and costs arising from any injury or death to any person or damage to any property including all reasonable costs for investigation and defense thereof (including but not limited to attorney fees, cost and expert fees) arising out of or attributed to the issuance of the applicant 's Community Event Permit regardless of where the injury, death or damage may occur, unless such injury, death or damage is caused by the sole negligence or willful misconduct of the City.

The Host Organization and/or Event Organizer(s) agree to provide satisfactory evidence of, and shall thereafter maintain during the specified Community Event, such insurance policies and coverages in the type, limits, forms and rating required by the City.

Print Name _____ Title _____

Signature _____ Date _____

City Use Only

Date Submitted: _ _ _ _ _

Department Head Review/Approval:

City Manager: Yes No
Conditions? _ _ _ _ _

Signature: _ _ _ _ _
Date

DPW: Yes No
Conditions? _ _ _ _ _

Signature : _ _ _ _ _
Date

Police Department: Yes No
Conditions? _____

Signature: _____
Date

Fire Department: Yes No
Conditions? _____

Signature: _____
Date

City Council: Yes No
Conditions? _____

Signature : _____
Date