



Village of Howard City  
125 Shaw Street\*P.O. Box 510\*Howard City\*MI\*49329  
p: (231) 937-4311 \* f: (231) 937-6643 \* Voice/TTY: (844) 578-6563  
"This institution is an equal opportunity provider and employer"  
www.howardcity.org

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## SECTION 1: EVENT INFORMATION

**Event Name:**

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**Event Type:**

Festival  Parade  Fundraiser  Concert  Community Gathering  Other:

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**Event Description:**

*Provide a brief description of all activities for the event. Including purpose and main activities(attach supplementary sheets if needed. Any additions made to event after Council approval must also be approved by Council).*

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**Event Date(s):** \_\_\_\_\_ (Must be given to Council 90 days prior)

**Event Time (Start to End):** \_\_\_\_\_

**Set-Up Start Time:** \_\_\_\_\_

**Tear-Down End Time:** \_\_\_\_\_

**Location(s):**

*Include address(s), park(s), street names, or public spaces involved.*

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## SECTION 2: ORGANIZER INFORMATION

**Organization Name (if applicable):** \_\_\_\_\_

**Primary Contact Person:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/ZIP:** \_\_\_\_\_

## SECTION 3: EVENT DETAILS

**Expected Attendance:** \_\_\_\_\_

**Is the event open to the public?**  Yes  No

**Will there be amplified sound/music?**  Yes  No

**Will food or beverages be served?**  Yes  No

*If yes, do you have Health Dept. permits?*  Yes  No  Pending

**Will you be using Food-Trucks?**  Yes  No

**If yes, will you be charging anything to the Food-Trucks?**  Yes  No

**Have the Food Trucks received a Peddlers permit?**  Yes  No  Council Waived

**Set Up Location(s) & Names of the Food Trucks:**

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**Will alcohol be served or sold?**  Yes  No

*If yes, attach State of Michigan Liquor License and Insurance.*

**Will there be vendors?**  Yes  No *(Description of how spots will be marked)*

*Where located:*

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**Will you require electricity/water access?**  Yes  No

**Will streets need to be closed?**  Yes  No

*If yes, specify which streets and times (Use additional sheets if needed):*

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**Will there be tents, inflatables, stages, or other structures?**  Yes  No

*If yes, list what and where:*

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#### **SECTION 4: INSURANCE & SAFETY**

**Have you secured event liability insurance?**  Yes  No

*Attach Certificate of Insurance naming the Village of Howard City as additional insured.*

**Will you have security or first aid on site?**  Yes  No

*If yes, describe:*

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#### **SECTION 5: ACKNOWLEDGEMENTS**

By signing below, the applicant acknowledges the following:

- This is an application only. Approval is not guaranteed until confirmed by Village officials.
- The applicant is responsible for all cleanup, damages, and conduct during the event.
- All local ordinances and state laws will be followed.
- Additional permits (e.g., health, liquor, fire) are the responsibility of the applicant.

**Applicant Name (Printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

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**FOR VILLAGE USE ONLY**

- Application Received: \_\_\_\_\_
- Insurance Received: \_\_\_\_\_
- Health Dept. Approval: \_\_\_\_\_
- Council Approval: \_\_\_\_\_
- Public Works Notified: \_\_\_\_\_
- Law Enforcement Notified: \_\_\_\_\_
- Fees Paid: \_\_\_\_\_

**Approved By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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