

CITY OF GRAND HAVEN

SPECIAL EVENT APPLICATION 2012

(APPLICATION MUST BE SUBMITTED 8 WEEKS PRIOR TO EVENT)

Name of Event

Date(s) of Event

Times:

From:

To:

	AM PM	AM PM	
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Applicant's Name and Affiliation

Address

City

State

Zip

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Phone

Fax

E Mail

Web Site

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Expected Attendance

Number of Workers or Volunteers

Profit

Not For Profit

		<input type="checkbox"/>	<input type="checkbox"/>
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Location and Brief Description of Event

List all Sponsors, Co Sponsors or Affiliated Individuals or Organizations

List other Permits (LCC, Ottawa County Health Dept., etc.)

Insurance Carrier (attach insurance declaration naming City of Grand Haven as additional insured)

Check boxes to request services – fees will apply. An invoice following the event will be sent.

- | | | |
|--|---|--|
| <input type="checkbox"/> Electrical Hook-up (\$50) | <input type="checkbox"/> Water Hook-up (\$50) | <input type="checkbox"/> Portable Stage (\$50) |
| <input type="checkbox"/> Sound System (\$50) | <input type="checkbox"/> Showmobile (\$200)
(Delivery/Pick Up) | <input type="checkbox"/> Banner's Hung (\$100) |
| <input type="checkbox"/> Barricades (\$5 each)
(refundable deposit) | <input type="checkbox"/> Signs (list of locations) | <input type="checkbox"/> Fence (\$50) |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> DPS Services (Fee to be determined) | |

