

City of Grand Haven Special Event Application 2009

Name of Event

Date(s) of Event

Times: From

To

	am pm	am pm
--	-------	-------

Applicant's Name and Affiliation

Address

City

State

Zip

--	--	--	--

Phone

Fax

E Mail

Web Site

--	--	--	--

Expected Attendance

Number of Workers or Volunteers

Profit

Not For Profit

		<input type="checkbox"/>	<input type="checkbox"/>
--	--	--------------------------	--------------------------

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 may apply

Electricity

Water

Portable stage

Sound system

Showmobile

Other

Barricades

Signs

Please attach additional information that may help staff, advisory boards and City Council evaluate your request.

Include maps, promotional materials, lists of items for sale, names of members of sponsoring organizations, other communities where event is held, references, local businesses organizations or institutions involved in event and the need for traffic or crowd control.

It is prohibited to use paint or tape as markers for an event. If in violation of the rule there will be a \$100 damage fee.

The undersigned by, execution of this application, agrees to conform to all of the terms and provisions of the Code of Ordinances of the City of Grand Haven and does represent that he/she has read the foregoing application that has been signed and knows the contents thereof.

Date of Application: _____

Applicant Name (authorized signature):

Drivers License Number:

For City Use Only:

Reoccurring Event: Yes No

Board/Commission Approval: Yes List Board: _____

City Council Approval: Yes No N/A

Event Approved:

Signed: _____
 Community Affairs Manager Date

Signed: _____
 City Manager Date