

## APPLICATION FOR COMMUNITY EVENT

CITY OF SALINE, 100 N. Harris St., Saline MI 48176-1642, Ph: 734-429-4907 ext 2209, Fax: 734-429-0528

I, \_\_\_\_\_ on behalf of \_\_\_\_\_, do hereby make application to the City of Saline, Saline City Council for the below event:

### PART A: GENERAL INFORMATION FOR MAKING THE APPLICATION:

#### EVENT INFORMATION:

Title of Event: \_\_\_\_\_

Location(s) of Event: \_\_\_\_\_

Dates and times of Event: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

#### APPLICANT INFORMATION:

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

To prevent monopolizing of parking spaces and increased traffic and congestion on residential streets, the City encourages the use of off-street parking and shuttle services.

#### STATEMENT OF AGREEMENT:

I/we, on behalf of the *Organization* do hereby understand that we **MAY** be charged a fee for City services, equipment, and/or facilities after a determination is made by the City of Saline staff and/or approved by the Saline City Council. This cost may be based on the total cost incurred by the City of Saline, or prorated, based on the relative extent to which the event is for the public benefit or for private benefit.

I/we, on behalf of the *Organization* further agree to indemnify and save the City of Saline harmless against and from all claims by or on behalf of any person arising out of such event, and agree to provide a Certificate of Insurance naming the City of Saline as an "**endorsed additional insured**" party for this event to secure this indemnity obligation. The Insurance certificate will be subject to approval by the City Attorney.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### FILING INFORMATION:

File application at: Saline City Hall, 100 N. Harris Street, Saline, MI 48176  
For additional information call the City Clerk at: (734) 429-4907 ext 2209

*NOTE: All applications should be filed at Saline City Hall at least 45 days prior to the event date. Fees to be determined based on services utilized. (see current feebook)*

PART B: DETAILED INFORMATION FOR MAKING THE APPLICATION:

**ORGANIZATION INFORMATION:**

Legal Name of Organization: \_\_\_\_\_

Organization Status: Public Entity, non-profit\_\_\_\_\_, Private, profit-making \_\_\_\_\_, Non-Profit \_\_\_\_\_

**EVENT INFORMATION:**

Detailed Description of Event: \_\_\_\_\_

\_\_\_\_\_

Date(s) and Time(s): \_\_\_\_\_

Attach lists and schedules of specific events/activities and known vendors: \_\_\_\_\_

**LOCATION(S): (Site location map must be attached)**

Streets: \_\_\_\_\_

Sidewalks: \_\_\_\_\_

Parking lots: \_\_\_\_\_

City Parks/Pavilions: \_\_\_\_\_

*(Contact Saline Parks & Recreation at 734-429-3502 for park reservation details)*

**INVITATIONS EXTENDED TO:**

All public allowed: \_\_\_\_\_ City residents only: \_\_\_\_\_ Private only: \_\_\_\_\_

Other: \_\_\_\_\_

**ANTICIPATED FINANCIAL GAINS:**

Admission fee(s) charged: Resident \$ \_\_\_\_\_ Non-Resident \$ \_\_\_\_\_

Participant/Vendor fees charged: \$ \_\_\_\_\_ per Vendor; Number of Vendors: \_\_\_\_\_

Other Fees (specify): \_\_\_\_\_

**REQUEST FOR SERVICES:**

Dept. of Public Works Services Needed: \_\_\_\_\_

*(Contact Saline DPW at 734-429-5280 for information)*

Saline Police Dept. Services Needed: \_\_\_\_\_

*(Contact Saline Police Dept. at 734-429-7911 for information)*

**REQUEST FOR EQUIPMENT USE:**

- Contact Saline DPW at 734-429-5280 for costs and rates information
- Actual Cost to provide, set up, and remove any of the below items will be charged to applicant/event
- Show locations of all below needed items on a layout map of event elements

Barricades: Number and sizes needed: \_\_\_\_\_

Traffic Control Devices: Number and sizes needed: \_\_\_\_\_

Detour Signs needed: \_\_\_\_\_ Picnic Tables: #needed: \_\_\_\_\_

Porta-john Units needed: \_\_\_\_\_ Portable Sink Units needed: \_\_\_\_\_

Handicap Porta-john Units Needed: \_\_\_\_\_

Showmobile: #of Days Needed: \_\_\_\_\_ Sound Equipment: #of Days Needed: \_\_\_\_\_

Electrical service: Size of service needed: \_\_\_\_\_ # of Outlets Needed: \_\_\_\_\_

List Other Special materials, (e.g. water service, dumpsters, waste receptacles, etc.): \_\_\_\_\_

***(Requirement of at least one recycle receptacle for every two garbage receptacles.)***

