



# COMMUNITY SPECIAL EVENT APPLICATION

3338 Coolidge  
Berkley, Michigan 48072  
(248) 658-3300  
FAX (248) 658-3301  
[www.berkleymich.org](http://www.berkleymich.org)

Name of Event: \_\_\_\_\_

**Organization / Contact:**

Name of Organization: \_\_\_\_\_ Contact's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ 24 Hour Emergency Contact: \_\_\_\_\_

*If event will be on private property owned by someone else, then a letter of permission from the property owner must be submitted with the application.*

Event Location:  If the event involves city streets or sidewalks, include a map showing the location. A petition from affected businesses may be required.
Dates and Hours of Event:
How many employees or volunteers?
How will site be secured during off-hours?
What type of merchandise will be sold?
If you are selling food, include a copy of your receipt from Oakland County Health Department.
Will there be any electricity outside the building (e.g., extension cords, heaters, lights)? If yes, an electrical inspection by the City will be required after set up and before opening.
Include a Site Plan showing where merchandise will be sold, how pedestrian and vehicular traffic will circulate on the site.
What are your plans for set up and removal?
Tax Exempt Status (as defined by the US Internal Revenue Service): Non-Profit _____ 501.C3 _____ Other (specify) _____
Include the following documents: <ul style="list-style-type: none"> <li>• Internal Revenue Service tax exempt documentation for the organization.</li> <li>• Organization's financial report for the preceding fiscal year.</li> <li>• Proof of Commercial Liability Coverage on an "occurrence basis", naming the City of Berkley as additional insured, with no less than \$1,000,000 per occurrence and/or combined single limit, Personal injury, Bodily injury, and Property Damage.</li> <li>• Liquor Liability, \$500,000 per occurrence and \$500,000 aggregate. (if applicable)</li> <li>• Special Event Hold Harmless Agreement signed by an authorized representative</li> </ul>

By Ordinance, each Community Special Event is limited to a maximum of 7 days.

Applications must be received at least 45 days prior to the event. Events involving the public right of way will require City Council approval. I understand that a representative of the organization will need to attend the City Council meeting. The City will notify me of the meeting date and time.

An application will be denied or an event shut down if complete and accurate information is not provided.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## APPROVALS

DEPARTMENT	Approve (YES/NO)	Signature	Date
<b>Planning/Building</b>			
<i>Comments:</i>			
<b>Public Safety</b>			
<i>Comments:</i> Notify SMART, ambulance, and waste collection of any road closures.			
<b>Public Works:</b>			
<i>Comments:</i>			
<b>Parks/Recreation</b>			
<i>Comments:</i>			
<b>City Clerk</b>			
<i>Comments:</i>			
<b>City Manager</b>			
<i>Comments:</i>			

**For City Use Only:**

Date Application Received

Receipt Number

<u>Received</u>	<u>Receipt Number</u>	<u>Date Received</u>
Application Fee (\$200.00) <input type="checkbox"/>		
Clean up Bond (\$100.00) <input type="checkbox"/>		
Fee Waived <input type="checkbox"/>	City Manager's approval required	

City Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>IF APPLICABLE:</b></p> <p>Motion Number:</p> <p>Conditions (if any):</p> <p>Is fee to be reimbursed?</p>
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