



VILLAGE OF PINCKNEY

220 S Howell Street, Pinckney MI 48161
Phone: 734-878-6206

SPECIAL EVENTS PERMIT APPLICATION

Chapter 95 of the Village Code of Ordinances

Application must be made not less than **60 days** prior to the event

Permit # _____

Fee Paid _____ \$ _____

Clean-up Deposit Paid _____ \$ _____ Refunded: _____ (date)

Application must be complete with appropriate documentation. Incomplete applications will not be considered.

Type of Event:

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Art/Craft/Antique Show
Food Truck
Fireworks
Car/Boat Show
demonstration

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☐
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Concert/Live Entertainment
Block Party
Parade
Bike Race/Run/Walk
Other

Date(s) of Event: _____

Description of Event: _____

Location of Event: _____

Property Owner Permission Provided (Approved Putnam Township Square Usage Application if using Putnam Township Square)

Roads/Streets that require closing: _____

Parade route (if applicable): _____

Map Provided

Hours of Event: _____ to _____

Estimated time for set-up: _____ Estimated time for clean-up: _____

Anticipated Attendance: _____ Number of Staff: _____

Applicant:

Name: _____

Address: _____

Phone: _____ Email _____

Organization/Business Sponsoring Event (if different from Applicant)

Name: _____

Address: _____

Phone: _____ Email _____

501 (c)3 Organization (Provide documentation)

Contact on Day of Event:

Name: _____ Cell # _____

Event Detail:

Number of Staff: _____

Will staff have identifiers (cards, badges, shirts, etc.) Yes No

Details: _____

Will the public assembly involve the use of fire, open flames or fireworks? Yes No

Details: _____

Will amplified sound be used? Yes No

Hours: _____

Will the public assembly use tents or other temporary structures Yes No

Details:

Will the public assembly involve the use of alcoholic beverages?	Yes	No
If yes, special requirements may need to be met with the State Liquor Control Commission and Village Police Department.		
Will there be booths, tents or awnings?	Yes	No
Details (Provide proposed layout):		
Will there be food trucks at the event?	Yes	No
Types of cooking equipment to be used:		
Will there be animals participating in the event?	Yes	No
Clean-up arrangements		

Certificate of Liability Insurance Provided with the Village as a named insured

Property Owner Permission Provided. If Putnam Township Square is being used, provide authorization from Putnam Township

Statement of Indemnification Provided

Liquor Control Commission and/or Livingston County Health Department permits (if required)

Detailed Site Plan Drawing of the premises, including the following:

- ☐ Health & Sanitation Facilities Identified
- ☐ Vehicle Access & Parking facilities Identified – depict layout of all proposed areas and users for parking (public, vendors, emergency vehicles, etc.)
- ☐ Noise Control Identified
- ☐ Illumination of site – provide source of power, type of lighting and wiring.
- ☐ Camping & Trailer facilities (note: location and property owner authorization required)
- ☐ Medical facilities & services

Detail of Police & Fire Safety – including but not limited to traffic control, crowd control, traffic management, road closures, security & Fire Code compliance.

Detailed signage/advertising plan. Include Main Street Banner Request Form if needed

Clean-up plan – timeline, vendors, etc. **All garbage & debris must be removed after the event. If Putnam Township Square is being utilized, all trash receptacles must be emptied. Any required clean-up expense will be deducted from the deposit.**

To the fullest extent permitted by law, the _____ (Name of applicant/organization) agrees to defend, pay on behalf of, indemnify, and hold harmless the Village of Pinckney, its elected and appointed officials, employees, volunteers, and others working on behalf of the village of Pinckney against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the Village by reason of personal injury, including bodily injury or death and/or property damage including loss of use thereof which arises out of, or is in any way connected or associated with this event.

_____ (Name of applicant/organization) agrees to be held liable for the conduct of the event and each of its participants.

Applicants Signature: Devin F. Pharmacy Student on behalf of the UofM Student Run Free Clinic Date: _____

Approvals:

Signature of Police Chief: _____ Date: _____

Signature of Fire Department: _____ Date: _____

Signature of DPW Director: _____ Date: _____

☐ Permit approved ☐ Total Amount Paid_\$_____ Check#_____

☐ Permit Denied Reason for denial: _____

Signature of Village Clerk: _____ Date: _____