

# SPECIAL EVENT APPLICATION

CITY OF SAGINAW • PUBLIC SERVICES DEPARTMENT • 1435 S. WASHINGTON AVE • SAGINAW, MICHIGAN 48601

Requests to use City parks, streets, parking lots and other public facilities for special activities and event requires submittal of a completed application and processing fee to the Dept. of Public Services Office. Submitting an application does not guarantee the event will be approved. **Submittal of the application and processing fees 60 calendar days in advance is encouraged.**

## APPLICATION PROCESSING FEES (nonrefundable)

### Ojibway Island Facilities Application Fees:

- 60 or more days in advance.....\$100
- 50-59 days in advance .....\$200
- 31-49 days in advance.....\$300
- 0-30 days in advance .....\$400

### All Other Events/Locations Application Fees:

- 60 or more days in advance.....\$ 50
- 50-59 days in advance.....\$100
- 31-49 days in advance..... \$125
- 0-30 days in advance..... \$150

## ADDITIONAL FEES THAT MAY APPLY

### Event Date Change and/or Cancellation Fees:

- |                |                                  |
|----------------|----------------------------------|
| 31-59 days fee | 25% of Facility and/or Use Fees  |
| 15-30 days fee | 50% of Facility and/or Use Fees  |
| 0-14 days fee  | 100% of Facility and/or Use Fees |

The City may bill for any city services utilized prior to cancellation of the event. (City Ordinance Section §99.12)

- A nonrefundable application processing fee is due for all events upon return of the application.
- Facility Use Fee is due at the time of application submittal.
- All fees required by the City must be paid to the City Treasurer 14 days prior to the event. The City will not provide requested services for events that have not been paid.
- If required, the Special Event sponsor shall apply for a Special Event Vendor's License through the City Clerk's office - 759-1480. The license must include a list of all vendors (food or merchandise), which are requested by the event sponsor. Individual vendors shall not be required to obtain individual licenses to sell food or merchandise.
- All food vendors must be approved by the Saginaw County Health Department and are responsible for any and all fee applications submitted for City Approval.
- Insurance(s), if required, must be submitted to the Public Services Office prior to the event.
- Following the event, the City will bill the event sponsor for any additional services that may have been requested/required. Payment shall be due 14 days after the billing date.
- Event sponsors are responsible for the repair of any damages resulting from the use of City equipment or facilities.
- Event sponsors are responsible for general site cleanup and removal of all litter immediately following the event.
- Parade sponsors must submit a detailed map of the proposed parade route to the Public Services Office.
- Alcohol and Fireworks are not permitted on public properties, except by Council approval.
- The Saginaw Fire Department reviews and approves fireworks displays and tent permits.

(PLEASE PRINT CLEARLY)

Name of Event: \_\_\_\_\_ Email Address: \_\_\_\_\_

Event Sponsor: Name \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Type of Event: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Event Location: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Set Up Time: \_\_\_\_:\_\_\_\_ a.m./p.m., Clean up Time: \_\_\_\_:\_\_\_\_ a.m./p.m.

The *(Insert Name of Organization)* \_\_\_\_\_ hereby promises, as one of the inducements to the City of Saginaw, to appear, defend, and hold the City of Saginaw, its officials, employees and agents harmless as against any and all claims for personal injury, bodily injury including death, or property damage which may arise directly or indirectly from the event described herein, including any and all costs for personal injury, bodily injury, or property damage, for which a claim or demand is asserted, whether such claim is frivolous or made in good faith. Such indemnification shall include any and all costs and expenses including, but not limited to court costs and fees, attorney fees, witness fees, expert fees, damages and interest which may be incurred by or assessed against the City of Saginaw, its employees, officials or agents.

I am authorized to submit this application on behalf of the event sponsor: \_\_\_\_\_ (Print Name)

\_\_\_\_\_  
 (Applicant's Signature) (Title, Role or Affiliation) (Date)

Please provide a detailed description of the event on the second (2<sup>nd</sup>) page of this application form.

• City Event Scheduling & Services Contacts (989) 759-1662 Fax (989) 759-1527 •

Is this event intended to be an annual event on regularly scheduled dates?  Yes  No

If yes, please note next year's requested date(s): \_\_\_\_\_

(Approval of the current year's application will include reservation of the next year's proposed date(s). However, it will not constitute approval of next year's event, which must have its own timely application submitted for City approval.)

## EVENT DESCRIPTION

Please describe with as much detail as possible the kind of event you propose to stage. Use as a guide the information provided in the "Special Events Brochure," with particular reference to the City facilities you are requesting to use, the kind or type of event you are planning, the participants and spectators expected, etc. **If a parade, march or walk is planned, please attach a detailed map of the proposed route.**

---

---

---

---

---

---

---

---

---

---

**Indicate the specific services you are requesting from the City:**

<u>Additional Items</u>	<u>Quantity</u>	<u>Additional Items</u>	<u>Quantity</u>
<input type="checkbox"/> Picnic Tables	_____	<input type="checkbox"/> Fencing/Post	_____
<input type="checkbox"/> Trash Cans	_____	<input type="checkbox"/> Police Officers	_____
<input type="checkbox"/> Tent Permits	_____	<input type="checkbox"/> Police Reserves	_____
<input type="checkbox"/> Signage/Banners	_____	<input type="checkbox"/> Restrooms	_____
<input type="checkbox"/> Barricades/Cones	_____	Other _____	

**Check all the following that apply to this event:**

- |   |   |
|---|---|
| <input type="checkbox"/> Amplifying Equipment                       | <input type="checkbox"/> The event will include inflatables     |
| <input type="checkbox"/> The purpose of the event is to raise funds | <input type="checkbox"/> Admission to be charged _____          |
| <input type="checkbox"/> Alcoholic beverages will be served/sold    | <input type="checkbox"/> The event includes a fireworks display |

The applicant attests to the fact that they have read and agree to abide by the requirements listed in the "Special Events Brochure" and application. Upon receipt of the Special Event Application, a written confirmation as to the action of the Public Services Department will be forwarded to the individual or organization requesting the event. This confirmation will outline any special conditions that must be met if the event is to be held. The City of Saginaw Event Application form must be completed for all special events that take place on public lands or lands that are controlled by the City of Saginaw, and events that require City services. All fees must be paid and insurance provided before the application is approved.

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

The City of Saginaw does not discriminate on the basis of disability in the admission to, access to, or treatment of employment in its programs or activities. An ADA Coordinator has been designated to coordinate compliance with the non-discrimination requirements contained in Section 35.107 of the Department of Justice regulations. Information concerning the provisions of the Americans with Disabilities Act, and the rights provided thereunder, is available from the ADA Coordinator who may be contacted through the City Clerk's Office.  TDD (989) 7591447

Following a review of this application, the event sponsor will be notified of fee and insurance requirements related to the event. All fees must be paid and insurance provided before this application is approved.

## F O R C I T Y U S E O N L Y

**SP Code #** \_\_\_\_\_ **Date/Time Received** \_\_\_\_\_ **By** \_\_\_\_\_