

SPECIAL EVENT SPONSOR APPLICATION



\$50.00 PER EVENT

EVENT INFORMATION		
Organization/Corporation Sponsoring the Event		
Type of Organization		
Event Date(s)	Event Name	
Location	# of Vendors (Attached List)	
EVENT COORDINATOR INFORMATION		
Event Coordinator's Name	Phone Number	Soc Sec #
Email Address	Driver's License No.	DOB
Mailing Address	City	Zip

THE UNDERSIGNED, AS EVENT COORDINATOR, HEREBY SWEARS/AFFIRMS THAT HE/SHE IS FULLY AWARE OF THE DUTIES AND OBLIGATIONS OF SPECIAL EVENT VENDORS AND WILL BE RESPONSIBLE FOR SUCH VENDORS COMPLYING WITH THOSE DUTIES AND OBLIGATIONS, INCLUDING, BUT NOT LIMITED TO, OBTAINING ANY ADDITIONAL LICENSES REQUIRED BY THE CITY OR COUNTY. HE/SHE FURTHER AFFIRMS THE ATTACHED VENDOR INFORMATION PROVIDED IS TRUE TO HIS/HER OWN KNOWLEDGE AND BELIEF.

IN CONNECTION WITH THIS APPLICATION, APPLICANT AUTHORIZES THE CITY OF SAGINAW TO OBTAIN HIS/HER CRIMINAL HISTORY RECORD, IF ANY, WHICH RESULTED IN A CONVICTION AND ANY INFORMATION RELATIVE TO ANY FELONY CHARGE PRIOR TO CONVICTION OR DISMISSAL AS MAY BE OBTAINED FROM THE CITY'S DEPARTMENTAL RECORDS OR FROM ANY SOURCE AND BY EXECUTION HEREOF WAIVES ANY AND ALL RIGHTS, CLAIMS, CAUSES OF ACTION, OR DAMAGES WHICH HE/SHE MAY HAVE AGAINST THE CITY OF SAGINAW, OR ANY OFFICERS, EMPLOYEES OR AGENTS BY REASON OF THE FURNISHING OF ANY SUCH RECORD OR INFORMATION.

Dated: _____, 20____ X_____ (Applicant's Signature)

Subscribed and sworn before me, a Notary Public, acting in Saginaw County, Michigan, this _____ day of _____, 20____

Notary Public
My Commission Expires: _____

City of Saginaw

SPECIAL EVENT VENDORS



TO SPECIAL EVENT APPLICANT: Please furnish below information on the vendors for your event and anyone using a tent. All vendors are required to be licensed with the City of Saginaw. Anyone using a tent over 120 square feet must have a permit. (USE ADDITIONAL SHEET(S), IF NECESSARY)

DATE OF EVENT:		
EVENT NAME:		
EVENT COORDINATOR:		Phone(s):

TYPE OF VENDOR: (Please Check) <input type="checkbox"/> Food <input type="checkbox"/> *Merchandise <input type="checkbox"/> Tent		
Name:		
Address:		
City:	Zip:	Phone(s):
*If Merchandise, please specify one: <input type="checkbox"/> Stationary Stand <input type="checkbox"/> Mobile (i.e. cart or peddler's sack)		

TYPE OF VENDOR: (Please Check) <input type="checkbox"/> Food <input type="checkbox"/> *Merchandise <input type="checkbox"/> Tent		
Name:		
Address:		
City:	Zip:	Phone(s):
*If Merchandise, please specify one: <input type="checkbox"/> Stationary Stand <input type="checkbox"/> Mobile (i.e. cart or peddler's sack)		

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NOTE:

Certain procedures are required for each type of City vendor. A vendor application and copy of the ordinance outlining the requirements will be furnished to each vendor listed above, along with an application for tent permit(s), if applicable. Any questions should be directed to the City Clerk's Office, 1315 S. Washington, Saginaw, MI 48601 (989) 759-1480 (Monday-Friday 8:00 a.m. – 4:00 p.m.)

TENT LICENSE APPLICATION
(Used for Assembly and other Purposes)

Date of Application: _____, 20____

Applicant: _____

Address: _____
(Street) (State) (Zip)

Telephone: _____ Tent Location _____

If a Corporation, Business or Partnership, give the following information:

(Name of Officer or Partner)

Size of Tent: _____ Square Feet Date of Erection: _____

Length of Time: From: _____ to _____
(Date) (Date)

FEE SCHEDULE

120 square feet and smaller- No license required
Over 120 to 500 square feet Initial License (Not to exceed 90 days) \$52.00
Each additional 500 square feet or major fraction thereof \$12.00
Maximum renewal (Not to exceed 90 day.....50% of Fee for Initial License

I hereby certify the statements contained herein are true to the best of my knowledge and belief.

Name: _____ (Signature)
Print Name: _____
Title: _____

Subscribed and sworn to before me this
_____ day of _____, 20____

Notary Public
Acting in Saginaw County, Michigan
My Commission Expires: _____

****Note: License Issued _____
Subject to Fire Department Approval.**

FIRE DEPARTMENT APPROVAL

Date Inspected: _____

(Signature Approving)