

GLEN ARBOR TOWNSHIP
P.O. Box 276 Glen Arbor, MI 49636
Office 231-334-3539 ~~ glenarbor@glenarbortownship.com ~~ FAX 231-334-6370

SPECIAL EVENT APPLICATION

Applicant Information (please print)

Name _____

Address _____

Phone _____ FAX _____ Cell _____

Email _____

Description of Proposed Event

Event Date _____ Duration of Event _____

(including preparation, staging, and cleanup)

Describe your Facility Plans _____

Describe your Parking Plans _____

Do you Plan to use the Township's Public Restroom Facilities? Yes _____ No _____

If yes, a \$150.00 restroom cleaning fee is required.

If no, describe your Portable Restroom Placement Plan _____

Attach an Event Route Map. Note: any State Highway closing requires an M-Dot permit, a permit filing fee of \$150.00, and an additional 2 weeks for processing are required.

Does your event require closing of State Highway? Yes _____ No _____

If yes, a M-Dot Permit Filing Fee of \$150.00 is required

Will your event use the roads within Leelanau County? Yes _____ No _____

If yes, a Leelanau County Road Commission Permit Fee of \$40.00 is required

Attach proof of manpower plan including a description of:

- Volunteer numbers, duties, and placement
- Security/Road patrol support
- Medical Treatment Plan

Attach written communications from the Sheriff's Office

Attach written communications from the Emergency Management Director

Attach written communications from the Leelanau County Road Commission

Attach written communications from the Glen Arbor Township Fire Chief

Attach written communication from the National Park Service if using Park property.

Attach proof of a \$1 Million insurance policy naming Glen Arbor Township as "Co-Insured" for the event. Policy must be provided to the Township.

Coordination

The event sponsor will be required to meet with members of the Township Board to review the event plans, to answer questions related to the event, and to present the written information supporting the application as referenced above.

Contribution

A contribution of \$3.00 per participant or 4% of the gross entry fee receipts, less refunds issues, (whichever is less), will be donated to the Township to support Township sponsored activities (i.e. Glen Arbor Garden, Glen Arbor Park, etc.).

The information on this application is, to the best of my knowledge, true and accurate.

Signature of Applicant	Date
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Office Use Only

Application received by	Date
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\$150.00 Application Fee Paid _____	Check # _____	Date _____
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All required fees and documentation haa been received _____	Date _____
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Application approved by	Date
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