

**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
------------------------	------

\*\*\*\*\*

**Office Use Only**

Application received by	Date
-------------------------	------

\$150.00 Application Fee Paid _____	Check # _____	Date _____
-------------------------------------	---------------	------------

All required fees and documentation haa been received _____	Date _____
---	------------

Application approved by	Date
-------------------------	------