



Charter Township of White Lake

Public Shows / Exhibition

Application

Date: _____

All requirements shall be met (if applicable) for application approval.

Applicant: _____ Phone: (____) _____ Ext. _____

Address: _____ Email address: _____

Contact person on day of event: _____ Phone: (____) _____ Ext. _____

Event Name: _____ Event Purpose: _____

Event Location: _____ Event Date(s): _____

Type of Event (Check one – See Special Event Categories for additional information)

- | | |
|---|---|
| <input type="checkbox"/> Low Hazard | <input type="checkbox"/> Township Sponsored |
| <input type="checkbox"/> Medium Hazard | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> High Hazard | <input type="checkbox"/> Profit |
| <input type="checkbox"/> Special Hazard | <input type="checkbox"/> Other |

Detailed description of event attached? Yes No

Event Hours: _____

Estimated date/time for set up: _____

Estimated date/time for clean up: _____

Describe set up and clean up procedures: _____

Estimated attendance: _____

Describe crowd control plans for this event:

Describe the Event's impact on adjacent commercial and residential property:

The following information shall be included with the application:

Drawing, diagram, blueprint, and / or sketch: Showing the following site plan requirements.

- General Public Shows / Exhibition layout (descriptions of all purposed activities)
- All permanent structures *During all Public Shows / Exhibitions a 10-foot unobstructed clearance shall be maintained around permanent structures (occupied buildings).
- Location of all temporary structures including tents and canopy. Include measured distances between tents and permanent structures. (Must provide tent certifications)
- Means of ingress and egress of all spectators.
- Emergency vehicle ingress and egress and means of all emergency communications.
- Dumpsters or trash collection areas, include measured distances to temporary and permanent structures). A 10-foot clearance is required
- Vehicle parking area both permanent & temporary.
- First aid area
- Location of temporary fencing and barricades.
- Location of all bathroom facilities both permanent & temporary.
- Location of all tables and seating arrangements.
- Current zoning designation.

Will street closures be necessary: Yes* No

**If yes, include a detailed map indicating road closures, emergency vehicle access, and barricade locations. White Lake Township does not have the authority to close County roads*

Describe street closures:

Streets closed: Date / time:

Streets re-open: Date / time:

Will parking closures be necessary? Yes* No

**If yes, include a detailed map indicating proposed closures and barricade locations*

Describe parking closures:

Parking closed: Date / time:

Parking re-opened: Date / time:

What parking arrangements are proposed to accommodate attendance?

Will music be provided / included during the event? Yes No

Describe type of music proposed: Live Amplification Recorded Loudspeakers

Proposed time music will begin:

Proposed time music will end:

Proposed location of live band / disc jockey / loudspeakers / equipment:

Describe noise control:

Name of person responsible of entertainment area: _____ Phone: (_____) _____

Will the event have kiddie rides, inflatables (i.e. moonwalk), amusement rides, climbing walls, live animals, etc? Yes* No

**If yes, additional insurance coverage will be required (See Insurance Requirements) You must comply with Article IX of Ordinance No. 47.*

If yes, describe in detail the types of attractions proposed?

Will the event have food, beverage or concessions? Yes* No

**If yes, provide a copy of the permit from the Oakland County Health Department.*

Describe:

Do you plan to have alcohol served at this event? Yes* No

**If yes, Liquor Liability Insurance is required. You must comply with Article X of Ordinance No. 47. Must obtain approval from Michigan Liquor Control Commission.*

Include proposed location on event layout

If yes, describe measures to be taken to prohibit the sale of alcohol to minors or visibly impaired individuals

Do you plan to have special event signs? Yes* No

If yes, signs must conform to Township sign ordinances.

Describe signs, proposed locations, etc.

Do you plan to have banners? Yes* No

**If yes, you must apply for the use through the Township sign ordinance requirements.*

Is an electrical permit required? Yes* No

If yes, attach a copy of the permit.

Does this permit application require the need for Police or Fire Department services (before, during or after the event)?

- Yes*
- No
- Both*

If yes, please explain in detail: _____

**Attach any agreement for services.*

Application Check List (failure to provide necessary documentation will delay application review and approval)

I have attached the following:

- Completed Application
- Event drawing / blueprint (includes detailed event layout for vendors, rides, booths, etc.)
- Detailed Plan showing road closures, parking, etc.
- Certificate of Insurance and Indemnification
- Event Signage (description)
- Driver's License of Applicant
- Copy of all subcontractors contracts & insurance policies participating in this event.

If document(s) are missing, please explain: _____

I have fulfilled all the requirements and rules of Ordinance No. 47.

Applicants Signature Title _____ Date _____

Property Owners Signature Title _____ Date _____

Contact people in charge during the event and their responsibilities.

Name Responsibility _____ Phone Number _____

Name Responsibility _____ Phone Number _____

Hold Harmless Agreement

To the fullest extent permitted by law, I/We, _____
agree to defend, pay on behalf of, indemnify, and hold harmless the Township of White Lake, its elected and appointed officials, employees and volunteers, and others working on behalf of the Township of White Lake 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 Township of White Lake, 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 the events put on by _____
_____.

By signing below, I declare that I am authorized to sign this document on behalf of

_____.

Authorized Representative

Date

FOR OFFICE USE ONLY

INSPECTION APPROVAL OR DENIAL

Title: _____ **Signature:** _____ **Date:** _____

Title: _____ **Signature:** _____ **Date:** _____

Title: _____ **Signature:** _____ **Date:** _____

Title: _____ **Signature:** _____ **Date:** _____

- Approved**
- Denied**

Comments: _____

_____ **Date** _____ **Township Clerk**

Special Conditions: _____

