



City of Royal Oak
City Clerk's Office
211 Williams Street
Royal Oak, MI 48068
(248) 246-3050

SPECIAL EVENT PERMIT
Code of the City of Royal Oak, Chapter 312

PERMIT # SE- _____

APPLICATION MUST BE TURNED IN 30 DAYS PRIOR TO EVENT

APPLICATION INFORMATION:

DATE: _____

Name: _____ Phone #: _____

Address: _____



ORGANIZATION / BUSINESS SPONSORING EVENT:

Name: _____ Phone #: _____

Address _____



CONTACT PERSON(S) ON DAY OF EVENT:

Name: _____

Address: _____

Phone #: _____

Cellular Phone #: _____

Pager # / Email Address: _____



DESCRIPTION OF EVENT: _____

Number of Participants: _____

Estimated Attendance: _____

Date(s) of Event: _____

Hour(s) of Event: _____

Estimated Time for Set Up: _____

Clean Up: _____

Please provide details of proposed plans for the following items relative to your special event. If needed, please use an additional sheet(s) and attach to this application.

Security: _____

Crowd Control: _____

Traffic Control: _____

Street Closings: _____

Food & Beverages: _____

Booths/Tents/Awnings: _____

NOTE: If your special event incorporates a tent or temporary structure (i.e., stage or platform) larger than 120 sq. ft. or a sign/banner, please contact the Building Department for required permit(s) (248) 246-3210. A PLAN REVIEW IS REQUIRED FOR BUILDING PERMITS AND COULD TAKE UP TO TWO WEEKS.

Picnic Tables/Refuse Barrels/Barricades: _____

Utility Needs: _____

Parking for Participants: _____

Sanitation/Restroom Facilities: _____

Noise Control: _____

Clean Up Procedures: (If interested in recycling, contact DPS (248) 246-3300)

Impact on adjacent commercial, industrial and residential property: _____

Written consent of adjacent property owners (Attach copies of completed consent letters- Sample included in application packet): _____

Will Music Be Provided? _____Yes _____No

Live_____ Amplification_____ Recorded_____ Loudspeakers_____

Time Music Will Begin: _____

Time Music Will End: _____

Location of Live Band/Disc Jockey/Loudspeakers/Equipment: _____

Will Alcoholic Beverages Be Permitted on Premises: _____ Yes _____ No

If so, what measures will be taken to prohibit the sale of alcohol to minors, or visibly impaired individuals?

If a commercial establishment not licensed by the Michigan Liquor Control Commission provides alcohol to its patrons in the normal course of business, a special event application is necessary. Applicant shall provide evidence of insurance, including satisfactory proof that the insurance carrier has been apprised of the proposed use of alcoholic beverages. §312

PLEASE INCLUDE:

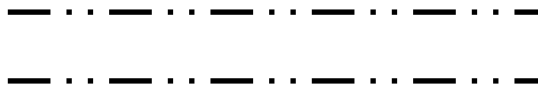
- A \$125.00 Application Fee**
(non-refundable fee §312.4)
- A copy of Driver's License**
- A Certificate of Liability Insurance**
- The Permission Letter**
- Diagram of Proposed Site Set Up**

Applicant acknowledges that he/she is responsible for contacting the Michigan Liquor Control Commission and/or the Oakland County Health Department to secure any and all permits required from the State and/or County for this event.

The Applicant will be billed for the entire cost of City services after the event.

SIGNATURE OF APPLICANT: _____

Print Name: _____



APPROVALS:

CITY COMMISSION MEETING OF: _____

POLICE CHIEF _____ DATE _____

CITY CLERK _____ DATE _____

NON-REFUNDABLE FEE PAID: \$125.00 Date _____ Cash CC Check # _____ Rec't # _____ Clerk _____

ANTICIPATED COST TO CITY _____

PRE-PAYMENT BY APPLICANT: \$ _____ DATE: _____

Special Event "Property Owner" Permission Letter

DATE: _____

Chief of Police
City of Royal Oak
221 East Third Street
Royal Oak, MI 48067

To Whom It May Concern:

Our establishment(s) _____ hereby consents to a
(Name and Address of Establishment)

special event involving _____ on

_____ Street between/in the vicinity of _____.

It is understood that this special event will take place on _____

from _____ to _____.

The affect on parking on the street and/or nearby parking lots will be: _____

The affect on through traffic will be: (street closed) _____

For how long? _____

The number of people and trucks involved in the special event? _____

It is understood that this special event will (will not) involve our establishment/premises.

Authorized Signature

Print Name:

CERTIFICATE OF LIABILITY INSURANCE

4/27/2011

PRODUCER
 Sample Insurance Agency, Inc.
 123 N Main Street
 Royal Oak MI 48067-2619

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

COMPANIES AFFORDING COVERAGE

INSURED
 ABC Company
 321 S Main St
 Royal Oak MI 48067

Company A NORTHTOWN INSURANCE CO.
 Company B
 Company C
 Company D

COVERAGES

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (mm/dd/yy)	POLICY EXPIRATION DATE (mm/dd/yy)	LIMITS	
A	General Liability	BND-JXXXX01-1231	00/00/0000	00/00/0000	Each Occurrence	1,000,000
	<input checked="" type="checkbox"/> Commercial General Liability				Damage to Rented Premises (ea occurrence)	100,000
	<input checked="" type="checkbox"/> Claims Made				Med Exp (Any one Person)	2,000
	<input checked="" type="checkbox"/> Occurrence				Personal & Adv Injury	1,000,000
	<input type="checkbox"/> Owner's & Contractors Prot				General Aggregate	1,000,000
					Products, Comp/Op Agg	1,000,000
	Automobile Liability				Combined Single Unit	\$
	<input type="checkbox"/> Any Auto				Bodily Injury (per person)	\$
	<input type="checkbox"/> All owned Autos				Bodily Injury (per accident)	\$
	<input type="checkbox"/> Scheduled Autos				Property Damage	\$
	<input type="checkbox"/> Hired Autos					
	<input type="checkbox"/> Non-Owned Autos					
	Garage Liability				Auto Only - Ea Accident	\$
	<input type="checkbox"/> Any Auto				Other than Auto Only:	
					Each Accident	\$
					Aggregate	\$
	Excess Liability				Each Occurrence	
	<input type="checkbox"/> Umbrella Form				Aggregate	
	<input type="checkbox"/> Other than Umbrella Form					\$
	Workers Compensation and Employers' Liability				WC Statutory	
	The Proprietor / partners / executive officers are:				__ Limits __ Other	
	__ INCL __ EXCL				EL Each Accident	\$
					EL Disease - Policy Limit	\$
					EL Disease - Ea Employee	\$
	OTHER					
	Liquor (if applicable WDC)	BPPXXXXXX	00/00/0000	00/00/0000		\$500,000
	Liquor -Sidewalk Cafes	BPPXXXXXX	00/00/0000	00/00/0000		\$300,000

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS

City of Royal Oak, including all elected & appointed officials, all employees & volunteers, all boards, commissions and/or authorities and their board members, employees and volunteers are additional insureds.

CERTIFICATE HOLDER
 City of Royal Oak
 Attn: Chief of Police
 211 Williams St
 Royal Oak MI 48068

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
