



**CITY OF CLAWSON
APPLICATION FOR SPECIAL EVENT PERMIT -
USE OF FACILITY**

Special Use of facility is subject to attached rules and regulations. Please read carefully before completing. Applications will not be acted upon unless completed and paid in full and received 90 days prior to the date requested. *Should special exceptions be required, contact the Parks & Recreation Department. Groups that rent facilities on a regular basis may make arrangements for a payment schedule. Activities sponsored or co-sponsored by the Parks & Recreation Department have first priority.*

Organization Name: _____

Organization Contact: _____

Contact Address: _____

Phone: () _____ Phone: () _____

Email(s): _____

Event Name: _____

Event Purpose: _____

Number of people expected: _____ Requested Date(s): _____

Event start time/end time: _____

Requested Event Location: _____

Will there be an admission charge? ☐ Yes ☐ No if yes, what is the charge? _____

Describe completely the details of the event: (use a separate sheet if necessary)

TYPE OF EVENT: ☐ Individual Use/Rental ☐ For-Profit Use/Rental
 ☐ Non-Profit/Charitable Use/Rental

EVENT MAP: A diagram of event set-up must be attached (if applicable).

ROOM ARRANGEMENT: ☐ Conference ☐ Lecture ☐ Banquet ☐ Other

VENDORS: Food Concessions ☐ Yes ☐ No Other Vendors ☐ Yes ☐ No

EVENT SIGNS: Will this event include the use of signs? ☐ Yes ☐ No

OTHER REQUESTS: What will you need for set-up? (chairs, tables, etc.)
(Groups are responsible for their own setup and takedown of all tables and chairs at City Hall)

Will you have amplification? ☐ Yes ☐ No will there be live music? ☐ Yes ☐ No

Will there be a sound system, speaker or D.J.? ☐ Yes ☐ No

Noise Ordinance must be adhered to.

Describe any special requests for this event such as amusements, petting zoos, balloons, dunk tank, concessions, music tents, closure of any street(s), etc.

CERTIFICATION AND SIGNATURE:

I understand and agree on behalf of the sponsoring organization that:

- a) A certificate of insurance must be provided which names the City of Clawson as an additional named insured party on the sponsor's insurance policy.
- b) Sponsors will be required to sign Indemnification Agreement forms.
- c) Participants may be required to sign a waiver of liability.
- d) All food vendors must be approved by the Oakland County Health Department and each food and/or other vendor must provide the City with a certificate of insurance which names the City of Clawson as an additional named insured party on the vendor(s) insurance policy.
- e) The approval of this special use may include additional requirements and/or limitations based on the City's review of this application, in accordance with the City's special use policy. The event will be operated in conformance with the written confirmation of approval.
- f) The sponsoring organization will provide a security deposit for the estimated fees as may be required by the City and will promptly pay any billing for City services which may be rendered.
- g) I have read and understand all City of Clawson Park Rules and Regulations.

The undersigned hereby states that he/she has read the attached policies and procedures of the Clawson Parks and Recreation Department relative to the use of the building and/or property and agrees to all arrangements therein stated. The undersigned further states that he/she has the authority to sign this application for the named organization and is hereby responsible for any and all damage to the building and/or City property during their use/rental.

Signature: _____ Date: _____
Sponsoring Organization's Authorized Agent

FOR OFFICE USE ONLY

Date Received: _____ Approved: _____

Date of Event: _____ Hours: _____