



City of Niles  
 333 N. 2<sup>nd</sup> Street, Ste. 301  
 Niles, MI 49120  
 (269) 683-4700

| Office Use Only             |
|-----------------------------|
| Application Fee: _____      |
| Category: _____             |
| Date Received: _____        |
| Event Date: _____           |
| Insurance Certificate _____ |

## SPECIAL EVENT APPLICATION

This application must be completed, signed and forwarded to the City of Niles at least sixty (60) days prior to the first day of the event. Applications received within the 60 of the event are subject to late fees.

**NOTE: A *Certificate of Liability Insurance* is required with all Class II event applications**

Application Fee: Category      \$25 Class I      \$75 Class II      Late Fee (Within 30 days of Event): \$100

**NOTE: Class I = No In-Kind Services**

| 1. APPLICANT INFORMATION   |   |             |                                  |                        |                                   |
|--|---|-------------|----------------------------------|------------------------|-----------------------------------|
| <b>Sponsor Name:</b>   |   |             |                                  |                        |                                   |
| <b>Mailing Address</b>   | Street Address  |             |                                  |                        |                                   |
|  | City, State, Zip  |             |                                  |                        |                                   |
| <b>Applicant Contact</b>   | Name:   |             | <b>Secondary Contact</b>         | Name:                  |                                   |
|  | Title:  |             |                                  | Title:                 |                                   |
| Phone:   | Cell:   | Phone:      | Cell:                            |                        |                                   |
| Email:   |   | Email:      |                                  |                        |                                   |
| Non-Profit Organization (tax ID # _____) Attach Certificate (Required) |   |             |                                  |                        |                                   |
| 2. EVENT INFORMATION   |   |             |                                  |                        |                                   |
| <b>EVENT NAME</b>  |   |             |                                  |                        |                                   |
| <b>Event Dates:</b>  | <b>Indicate Day/Dates/Times OPEN to Attendees</b>           |             | <b>Hours: Open until Closing</b> |                        | <b>Expected Daily Attendance:</b> |
| # Days   | Date(s):  |             | Start Time                       | End Time (curfew 10pm) | Spectators                        |
|  |   |             |                                  |                        | Volunteers                        |
| <b>Event Setup Starts:</b>   |   |             | <b>Event Take Down Complete:</b> |                        |                                   |
| Start Day:   | Start Date  | Start Time: | End Day                          | End Date               | End Time                          |
| <b>Event Location:</b>   | Describe event and site map location: Attach Map (Required) |             |                                  |                        |                                   |

| 3. TRAFFIC MANAGEMENT                                     |                                  |   |
|---|----------------------------------|---|
| Will the event impact normal use of roads?                | YES      NO                      | <ul style="list-style-type: none"> <li>• Attach map (Required)</li> <li>• Show the direction and the course that the parade or sporting route will take, including start and finish.</li> <li>• Show where any equipment is proposed to be positioned on or near the roadway.</li> <li>• Show where you suggest the participants, volunteers plan to park.</li> </ul> |
| Street Closure  | YES      NO                      | <ul style="list-style-type: none"> <li>• Date of street closure: From: _____ To: _____</li> <li>• Time of street closure: From: _____ To: _____</li> </ul>  |
| Street Names Closed                                       | _____<br>Number of Blocks Closed | <ul style="list-style-type: none"> <li>• Name of Street(s) (list if more than one street) <ul style="list-style-type: none"> <li>• _____</li> </ul> </li> <li>• Block(s) Closed: <ul style="list-style-type: none"> <li>• From: # _____ To: # _____</li> </ul> </li> </ul>  |
| 4. SITE SERVICES  |                                  |   |
| Access to Electric Service?                               | YES      NO                      | <ul style="list-style-type: none"> <li>• Amplified Sound</li> <li>• Amplified Music</li> <li>• Vendor Electric Service</li> </ul>   |
| Access to Water Service?                                  | YES      NO                      | Location (Indicate where on map)  |
| Policing?   | YES      NO                      | <ul style="list-style-type: none"> <li>• Monitor Event</li> <li>• Traffic Control (Indicate where on map)</li> </ul>  |
| Barricades?   | YES      NO                      | # _____ Barricades (Indicate where on map)  |
| Banner?   | YES      NO                      | <ul style="list-style-type: none"> <li>• \$150 per Banner</li> </ul>  |
| 5. WASTE MANAGEMENT                                       |                                  |   |
| Number of additional temporary toilets you are providing? |                                  | # _____ Number of Units   |
| Number of additional trash receptacles you are providing? |                                  | # _____ Number of Receptacles   |
| 6. VENDOR   |                                  |   |
| Will there be vendors?                                    | YES      NO                      | <ul style="list-style-type: none"> <li>• Mobile Food Vendor \$20 each</li> <li>• Merchandise Sale \$20 each</li> </ul><br># _____ Number of Vendors<br>Food Vendors (County Health Department Certificate)  |
| Will there be Tents or Canopies?                          | YES      NO                      | <ul style="list-style-type: none"> <li>• Indicate on Site Plan where tents or canopies will be.</li> </ul> # _____ Number of Tents or Canopies<br>10' x 10'<br>20' x 20'<br>Larger  |

|  |     |    |  |
|--|-----|----|--|
| Will there be alcohol?                   | YES | NO | <ul style="list-style-type: none"> <li>• \$200 Fee</li> <li>• Temporary Alcohol License Required</li> <li>• Certificate of Liability Required</li> </ul>   |
| Will there be inflatable bounce house?   | YES | NO | <ul style="list-style-type: none"> <li>• \$50 Fee</li> <li>• Certificate of Liability Required</li> </ul>  |
| Will there be mechanical rides?          | YES | NO | <ul style="list-style-type: none"> <li>• Certificate of Liability Required</li> </ul>  |
| Will there be Animals?                   | YES | NO | <ul style="list-style-type: none"> <li>• Certificate of Liability Required</li> </ul>  |
| <b>7. Finance</b>                        |     |    |  |
| What are your plans for funding event?   | YES | NO | <ul style="list-style-type: none"> <li>• In detail, give a description on how the event will be funded.</li> </ul>   |
| Will you be requesting In-Kind Services? | YES | NO | <ul style="list-style-type: none"> <li>• In detail, give a description what services you are requesting from the City. Provide a site plan, if necessary.</li> <li>• 501(c) 3 Status Required</li> </ul> |

**NOTE:** If financial or in-kind services are requested, your organization may be subject to revealing financial disclosures to the City Clerk within 3 months after the event.

|                                |
|--------------------------------|
| <b>ADDITIONAL INFORMATION:</b> |
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\_\_\_\_\_  
Sponsor’s Signature

\_\_\_\_\_  
Date