



City Clerk's Office
 3338 Coolidge Hwy.
 Berkley, MI 48072
 248-658-3300
 Fax: 248-658-3301
 www.berkleymich.org

Print Form

CITY OF BERKLEY, MICHIGAN

COMMUNITY SPECIAL EVENT APPLICATION

Name of Event: _____

Organization / Contact:

Name of Organization: _____ Contact's Name: _____

Address: _____ City: _____ State/zip: _____

Telephone: _____ 24 Hour Emergency Contact: _____

If event will be on private property owned by someone else, then a letter of permission from the property owner must be submitted with the application.

Event Location: If the event involves city streets or sidewalks, include a map showing the location. A petition from affected businesses may be required.
Dates and Hours of Event:
How many employees or volunteers?
How will site be secured during off-hours?
What type of merchandise will be sold?
If you are selling food, include a copy of your receipt from Oakland County Health Department.
Will there be any electricity outside the building (e.g., extension cords, heaters, lights)? If yes, an electrical inspection by the City will be required after set up and before opening.
Include a Site Plan showing where merchandise will be sold, how pedestrian and vehicular traffic will circulate on the site.
What are your plans for set up and removal?
Tax Exempt Status (as defined by the US Internal Revenue Service): Non-Profit <input type="checkbox"/> 501.C3 <input type="checkbox"/> Other (specify) <input type="checkbox"/>
Include the following documents: <ul style="list-style-type: none"> <input type="checkbox"/> Internal Revenue Service tax exempt documentation for the organization. <input type="checkbox"/> Organization's financial report for the preceding fiscal year. <input type="checkbox"/> Proof of Commercial Liability Coverage on an "occurrence basis", naming the City of Berkley as additional insured, with no less than \$1,000,000 per occurrence and/or combined single limit, Personal injury, Bodily injury, and Property Damage. <input type="checkbox"/> Liquor Liability, \$500,000 per occurrence and \$500,000 aggregate. (if applicable) <input type="checkbox"/> Special Event Hold Harmless Agreement signed by an authorized representative

By Ordinance, each Community Special Event is limited to a maximum of 7 days.

Applications must be received at least 45 days prior to the event. Events involving the public right of way will require City Council approval. I understand that a representative of the organization will need to attend the City Council meeting. The City will notify me of the meeting date and time.

An application will be denied or an event shut down if complete and accurate information is not provided.

 Signature of Applicant

 Date

APPROVALS

DEPARTMENT	Approve (YES/NO)	Signature	Date
Planning/Building			
<i>Comments:</i>			
Public Safety			
<i>Comments:</i>			
Notify SMART, ambulance, and waste collection of any road closures.			
Public Works:			
<i>Comments:</i>			
Parks/Recreation			
<i>Comments:</i>			
City Clerk			
<i>Comments:</i>			
City Manager			
<i>Comments:</i>			

For City Use Only:

Date Application Received

Receipt Number

Received	Receipt Number	Date Received
Application Fee (\$200.00) <input type="checkbox"/>		
Clean up Bond (\$100.00) <input type="checkbox"/>		
Fee Waived <input type="checkbox"/>	City Manager's approval required	

City Manager's Signature: _____ Date: _____

IF APPLICABLE:

Motion Number:

Conditions (if any):

Is fee to be reimbursed?



CITY OF BERKLEY COMMUNITY SPECIAL EVENT HOLD HARMLESS AGREEMENT

This Hold Harmless Agreement is between _____, (the Organization) and the City of Berkley, Michigan, (City) for the date(s) specified below.

Organization Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Event Name _____

Event Location(s) _____ Event Date(s) _____

To the fullest extent permitted by law, the Organization expressly agrees to indemnify and hold harmless the City of Berkley, its elected and appointed officials, its employees and volunteers and others working on behalf of the City, from and against all loss, cost, expense, damage, liability or claims (whether groundless or not) arising out of bodily injury, sickness or disease (including death resulting at any time there from) which may be sustained or claimed by any person or persons participating in the above named event.

This includes damage or destruction of any property (including loss of use) based on any act or omission (negligent or otherwise) of the Organization or anyone acting on its behalf in connection with or incidental to this agreement. The Organization shall, at its own cost and expense, defend any such claim and any suit, action, or proceeding which may be commenced hereunder. In the event of any suit, action or proceeding, the Organization shall pay:

- Any and all judgments which may be recovered.
- Any and all expenses, including, but not limited to, costs, attorneys' fees and settlement expenses which may be incurred.

The Organization shall not be responsible to the City on indemnity for damages caused by or resulting from the City's sole negligence.

Authorized Representative _____ Title _____
(Please print)

Signature _____ Date _____



CITY OF BERKLEY COMMUNITY SPECIAL EVENT PERMIT APPLICATION DISPOSITION CHECKLIST

Event Name: _____

<i>Event Date(s)</i>	<i>Location(s)</i>	<i>Event Hours</i>

ORGANIZATION:

Organization Name:			
Headquarters Street Address:			
City:	State:	Zip Code:	Phone:
Website:			

Tax Exempt Status (as defined by the US Internal Revenue Service):

Non-Profit _____ 501(c)(3) _____ N/A _____ Other (specify) _____

The following documents have been submitted:

Completed application	___	YES	___	NO
Valid IRS tax exempt verification	___	YES	___	NO
Financial report for the preceding fiscal year	___	YES	___	NO
Proof of Commercial Liability Coverage	___	YES	___	NO
Estimated cost to execute the solicitation / event	___	YES	___	NO
Charitable Solicitation / Special Event Hold Harmless Agreement	___	YES	___	NO

Application reviewed by: **Public Safety** _____ **Public Works** _____
 Building Official _____

Comments:

Presented to City Council:

Date:	Approved:	Organization Notified	
_____	YES NO	YES NO	_____ Date

