

**Goodwill Township**  
2465 N. Cypress Ave White Cloud, MI 49349

**Special Event Application**

Applications must be submitted to the Zoning Administrator no later than **60 days** prior to the event along with \$100 application fee. The application fee is waived for events sponsored by a valid, non-profit organization.

Please ensure all applicable information is included when submitting your application. Incomplete applications may be cause for your event to be denied.

**Type of Event:** (please check all that apply)

- Antique/Art/Auction/Craft Show    Bike/Race/Run/Triathlon/Walk    Block Party    Boat or Car Show  
 Carnival/Festival    Concert/Live Entertainment    Demonstration    Fireworks    Food Truck Event  
 Fundraiser    Holiday Related Event    Market    Parade/Public Assembly    Recurring Event    Mud Run  
 Other (please specify) \_\_\_\_\_

**Applicant Information:**

Name of Special Event: \_\_\_\_\_ Application Date: \_\_\_\_\_

Name of Organization (if applicable): \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Relationship to Event: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home

Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Primary

Contacts during event:

Name: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Name: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Name: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

**Sponsor Information:**

Event Sponsor(s): \_\_\_\_\_

Is the Event Sponsor a valid, non-profit organization:                       No                       Yes

If yes, please include verification of current non-profit status

**Event Information:**

**Event Location:** \_\_\_\_\_

Is the listed Organization or Applicant the owner of the event location listed above?      No      Yes

If No, the attached Owner's Affidavit will need to be included with the submission of this application.

<u>Event dates and times:</u>	<u>DATE(S)</u>	<u>DAY OF THE WEEK</u>	<u>START TIME</u>	<u>END TIME</u>
Set Up Date:	_____	_____	_____	_____
Date(s) of Event:	_____	_____	_____	_____
Rain Date(s) (if applicable):	_____	_____	_____	_____
Tear Down* Date(s):	_____	_____	_____	_____

\*Tear down time will be strictly enforced. It is the applicant's responsibility to ensure the teardown of all materials with their on-site vendors, sponsors, etc. is complete by the teardown time listed above.

Description of Event: Please describe the event. If the proposed Special Event is a Parade or Run/Walk event, please list the point of origin, route, termination point, number of entries and Traffic Control Plan as necessary. (Attach extra sheets as needed.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Expected Attendees: \_\_\_\_\_     Number of event staff/volunteers: \_\_\_\_\_

Will staff/volunteers have identifiers (i.e. Identification cards, badges, shirts, safety vests, etc.)?    No      Yes

If yes, please give a description: \_\_\_\_\_

Is this event expected to occur next year?      No      Yes

If Yes, you can reserve a date for next year. Please list the normal event schedule (i.e. third weekend in July) or specific dates: \_\_\_\_\_

Insurance: Have you named Goodwell Township as an Additional Insured on your liability insurance for the date(s) of the event?      No      Yes

REQUIRED - Please include certificate of liability with your application.

Limits of liability should be no less than \$1,000,000 combined single limit for bodily injury and property damage. If food is being served, product liability must be included. If alcohol is being served/sold, additional indemnification for alcohol must be included.

Event Details:

Will this Special Event involve the use of fire, open flames or fireworks?  No  Yes

If Yes, please specify: \_\_\_\_\_

Will this Special Event be utilizing sound amplifying equipment?  No  Yes

If Yes, what type and during which hours will amplified sound be emitted? (Not permitted after 10 P.M.) \_\_\_\_\_

Please specify the types of equipment being used: \_\_\_\_\_

Will this Special Event use a tent or other temporary structure(s)  No  Yes

If Yes, please mark all that apply including quantity, and ensure these are indicated on the included site map.

Awnings: \_\_\_\_\_  Booths: \_\_\_\_\_  Canopies: \_\_\_\_\_  Inflatables: \_\_\_\_\_

Portable Toilets\*: \_\_\_\_\_  Rides: \_\_\_\_\_  Tables: \_\_\_\_\_  Tents: \_\_\_\_\_

Other: \_\_\_\_\_

\* Portable toilets may be required depending upon event.

Will this Special Event involve sale/service of alcoholic beverages?  No  Yes

Alcohol is not permitted on Township property. If alcohol sales or service is approved by the Township as part of this event, the applicant must also receive approval from the Liquor Control Commission. If alcohol sales or service is approved by the Township, event insurance MUST include an additional indemnification for alcohol.

On your included site map, please detail the location(s) where alcohol will be sold/served, and containment and security measures.

Please give a brief description of the type of alcohol to be sold/served: \_\_\_\_\_

Who will be the alcohol license holder? \_\_\_\_\_

Describe in detail your alcohol management plan (include additional sheets if needed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will you be utilizing vendors and/or exhibitors for sales of any kind?  No  Yes

If yes, please fill out the vendor contact form attached. Vendors will be required to include Goodwell Township on their liability insurance as Additional Insured for the date(s) of the special event.

Will signage be used to advertise this special event?  No  Yes

Posting of signs must remain in compliance with the Township's Sign Ordinance. Be sure to include sign locations on your included map and provide a sign rendering with your application.

Number of Signs: \_\_\_\_\_ Dates signs are to be posted: \_\_\_\_\_

Types of Signs: \_\_\_\_\_

Locations of Signs: \_\_\_\_\_

What other services will be required for your event? Please list details

Electrical Services required: \_\_\_\_\_

Other utilities required: \_\_\_\_\_

If your event requires overnight security, please provide the details of your security plan: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Overnight Security: Contact Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_

\_\_\_\_\_ Mobile Number: \_\_\_\_\_ **Additional Requirements:**

- Any temporary electrical supply provided during a special event shall be subject to inspection and approval.
- A site map shall be provided for all special events, as required by Goodwell Twp. Zoning Administrator and Newaygo county Emergency services Dept..
- Any additional restroom facilities deemed necessary by Goodwell Twp. or the Health Dept are to be supplied by the event organizer.
- Event organizer / staff / volunteers / vendors are responsible for trash control and cleanup.
- Depending upon the type of event, organizer may be required to provide security.
- Event organizer is responsible for arranging for EMS (ambulance) at the event.
- If privately-owned property is to be utilized as part of any special event for parking, staging, or similar uses, the event organizer shall be responsible for ensuring there exists all necessary land usage agreements (Owner's Affidavits) with the private property owner(s), which shall be reviewed and approved by Goodwell Twp. to ensure adequate ingress, egress, police & fire protection, insurance, etc.

Accepted and Agreed to:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_