J.Randy Booth, Supervisor Rhonda Mundt, Clerk Susan Avery, Treasurer Karen Mitchell, Trustee Joe Stone, Trustee 1175 Ryno RD. Luzerne MI 48647 Phone: 989-826-5992 Fax: 989-826-5250

## **BIG CREEK TOWNSHIP**

## **Event Permit Application**

Date	of Application: Name of Event:
Date(	s) of Event:
Descr	ription of Event:
Event	Address:
Hours	s of Event: Estimated Attendance:
<u>Appli</u>	icant:
Name	:: Phone:
Addre	ess:
<u>Orga</u>	nization/Business Sponsoring Event
Name	: Phone:
Addre	ess:
Conta	act Person(s) on Day(s) of Event
Name	: Phone:
Addre	ess:
paper.	the list below, please provide us with the plan for your event on a separate sheet of Include information on organizations/individuals providing services & contact ers. Please provide a sketch of your event layout.
1.	Security Crowd Control:
2.	Vendors:
3.	Sanitation/ Restroom Facilities:
4. a.	Will Music be Provided:  If yes give beginning hours and end times:
5.	Road/Alley Closures, Parades:

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## **BIG CREEK TOWNSHIP**

Page 1	2 . Will Alcohol Beverages be Permitted on Premise?	
2.	. Will Alcohol be Provided/Sold?	
3.	. If Alcohol is provided what measures will be taken to prohibit the sale of alc minors and/or visibly drunken individuals?	cohol to
	Please Include the Following With Your Application	
	<ol> <li>Permit Fee</li> <li>Certificate of Liability Insurance Policy Event Specific Naming Big Cree Township as an Additional Insured.</li> <li>Event Plot Plan.</li> <li>Required MDOT, Oscoda County Road Commission, Oscoda County Bu Department, ETC. Permits.</li> <li>Evacuation Plan.</li> </ol>	
Contro	icant acknowledges that he/she is responsible for contacting the Michigan Lique of Commission and/or the District Health Department No. 2 to secure any and its required from the State of Michigan or Oscoda County for this event.	
true an	by certify that all information and data attached and made part of this application accurate to the best of my knowledge and belief. I agree to conform to all cable laws and ordinances of this jurisdiction.	on are
	erstand that I am personally fully responsible for this event and can be held liab violate the terms of this permit.	ole if
Printed	ed Name of Applicant: Date:	
Signatu	ture of Applicant  Big Creek Township Use	
Permit	it Fee Charged:	
	cation Accepted By: Date:	
	cation Approved By: Date:	
0:		