

TOWNSHIP OF ALPENA

Permit # _____

Special Event Application and Permit

Name of Applicant		Sponsoring Organization/Individual/Group		Name of Person in Charge of Event	
Street Address		Street Address		Street Address	
City, State, ZIP		City, State, ZIP		City, State, ZIP	
Business Telephone ()	Home Telephone ()	Business Telephone ()	Business Telephone ()	Home Telephone ()	
Event Date(s) (mm/dd/yyyy) If seasonal, attach proposed schedule				Where will "Person in Charge" be during the event?	
Event Starting and Finishing Times				How can "Person in Charge" be contacted during the event?	
Type of Event - Explain					
<div style="display: flex; justify-content: space-between;"> Location of Event - Body of Water: Township County Section(s) </div> <div style="border-bottom: 1px solid black; margin-top: 5px; width: 80%;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Inland Water <input type="checkbox"/> Great Lakes/Navigable Waters </div>					
Estimated # of Vehicles		Number of spectators		Number of Event Participants	
<div style="display: flex; justify-content: space-between;"> Do conditions require special law enforcement patrols? Types of Medical Support Units (if any) Number of Medical Support Units </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </div>					
<div style="display: flex; justify-content: space-between;"> DNRE Permit Obtained? Road Permit Obtained? MDOT <input type="checkbox"/> No <input type="checkbox"/> Yes # _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> No <input type="checkbox"/> Yes # _____ Road Commission <input type="checkbox"/> No <input type="checkbox"/> Yes # _____ </div>					
Insurance Binder Obtained?		Agency		Binder #	
<input type="checkbox"/> No <input type="checkbox"/> Yes				Effective Dates	
Insured					
Event Location					
CERTIFICATION					
<div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Applicant Signature Date </div>					
AUTHORIZATION					
At an Alpena Township Board of Trustees meeting held on _____ the Board APPROVED / DISAPPROVED this application.					
<div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Authorized Signature Supervisor Title Date </div>					