APPLICATION FOR COMMUNITY EVENT

CITY OF SALINE, 100 N. Harris St., Sali	ne MI 48176-1642, Ph: 734-429-4907	ext 2209, Fax: 734-429-0528
I, on be	ehalf of	, do hereby make
application to the City of Saline, Sal	ine City Council for the below even	nt:
<u>PART A: GENERAL</u>	INFORMATION FOR MAKING THE	E APPLICATION:
EVENT INFORMATION:		
Title of Event:		
Location(s) of Event:		
Dates and times of Event:		
Name of Organization:		
APPLICANT INFORMATION:		
Name:		
(Last) Address:	(First)	(Middle)
Home Phone #:		
Cell Phone #:		
To prevent monopolizing of parking		congestion on residential streets
the City encourages the use of off-s	treet parking and snuttle services.	
STATEMENT OF AGREEMENT:		
I/we, on behalf of the <i>Organization</i> services, equipment, and/or facilities approved by the Saline City Counc Saline, or prorated, based on the reprivate benefit.	il. This cost may be based on the to	the City of Saline staff and/or otal cost incurred by the City of
I/we, on behalf of the <i>Organization</i> against and from all claims by or on provide a Certificate of Insurance n for this event to secure this indemnit by the City Attorney.	n behalf of any person arising out of paming the City of Saline as an "end	such event, and agree to lorsed additional insured "party
Applicant Signature:	Date:	
FILING INFORMATION:		

NOTE: All applications should be filed at Saline City Hall <u>at least 45 days prior to the event date</u>. Fees to be determined based on services utilized. (see current feebook)

File application at: Saline City Hall, 100 N. Harris Street, Saline, MI 48176 For additional information call the City Clerk at: (734) 429-4907 ext 2209

PART B: DETAILED INFORMATION FOR MAKING THE APPLICATION:

Legal Name of Organization:	
Organization Status: Public Entity, non-profi	t, Private, profit-making, Non-Profit
EVENT INFORMATION: Detailed Description of Event:	
Date(s) and Time(s):	
Attach lists and schedules of specific event	s/activities and known vendors:
LOCATION(S): (Site location map must streets:	st be attached)
City Parks/Pavilions:	
(Contact Saline Parks & Recreation	at 734-429-3502 for park reservation details)
INVITATIONS EXTENDED TO:	
	ents only: Private only:
Other:	
ANTICIPATED FINANCIAL GAINS: Admission fee(s) charged: Resident \$	Non-Resident \$
	per Vendor; Number of Vendors:
Other Fees (specify):	
REQUEST FOR SERVICES:	
Dept. of Public Works Services Needed:	<u> </u>
(Contact Saline DPW at 734-429-52) Saline Police Dept Services Needed:	80 for information)
Jamile i olice Dept. Jervices Needed.	
(Contact Saline Police Dept. at 734	!-429-7911 for information)
REQUEST FOR EQUIPMENT USE:Contact Saline DPW at 734-429-528	RN for costs and rates information
	I remove any of the below items will be charged to applicant/even
	d items on a layout map of event elements
Barricades: Number and sizes needed:	
Traffic Control Devices: Number and sizes n	needed:
Detour Signs needed:	Picnic Tables: #needed:
Porta-john Units needed:	Portable Sink Units needed:
Handicap Porta-john Units Needed:	
Showmobile: #of Days Needed: S	Sound Equipment: #of Days Needed:
	# of Outlets Needed:

Temporary advertising & display signs, banners, flags, balloons, etc.: (Contact Code Officer at 734-429-8296 ext. 2223 for sign application and ordinance requirements.)

PART C: APPLICATION FOR USE OF PUBLIC RIGHT-OF-WAYS & PROPERTY

The undersigned applicant hereby requests permission to use the following described public way in the manner, and at the time, hereinafter set forth:

Name and description of public right-o	f-wav:	
Description of use desired:	-	
Date(s) and time(s) of use:		
Applicant shall indemnify and save the behalf of any person arising out of this Anon-performance of this Application; (a contractors, servants, employees, associated person or damage to any property occuprovide a satisfactory Certificate of Insufor use of the public way as above descaline harmless from and against all conclaims arising as aforesaid, or in connected defend the City of Saline in any such as The applicant shall remove all objects as same condition existing prior to such us this requirement will result in removal by	Application, including, but not I b) any act or negligence of the ciates, or licensees; or, (c) any acturing in connection with this Aurance naming the City of Salin cribed. The applicant shall indests, expenses, or losses incurred ction with any action or proceedtion or proceeding at no cost placed on, over or under, the placed within the time specified in the other city, the cost of which shall include the city includes the ci	limited to, (a) the performance or applicant or of its agents, accident injury or death of any application and shall agree to be as an additional insured party emnify and save the City of in connection with any such eding brought thereon, and shall to the City of Saline. Solublic way and restore to the permit. Failure to comply with
APPLICANT: Print name	 Signature	 Date
Name:		
(Last) Address:		(Middle) Zip:
Home Phone #:	Business Phone #:	
Cell Phone #:		

NOTES:

- All applications should be filed at Saline City Hall <u>at least 45 days</u> prior to the event
- File Application at: Saline City Hall

100 N. Harris Street

Saline, MI 48176]

- Questions: City Clerk's Office (734) 429-4907 ext 2209
- Most Fees and Rates for Equipment use, Park use, etc. can be found at <u>www.cityofsaline.org</u> under the Resources tab – City of Saline Feebook