



280 S. Maple St. P.O. Box 435 Grant, MI 49327

Application for Special Event Permit Permit# _____

City Ordinance #55, Article I, Article II Section 2, and Article III
Fees determined by current Fee Rate Schedule

Please return completed application to: City of Grant Office
280 South Maple, P.O. Box 435
Grant, MI 49327
Phone: (231) 834-7904
Fax: (231) 834-5984

SPECIAL EVENT PERMIT APPLICATION - \$150⁰⁰ Fee to the City of Grant

Please complete all applicable areas of the following application, including writing your signature on the Applicant Affidavit. Return the remainder of the document to the City of Grant Police Department in person, by mail.

APPLICANT / ORGANIZATION INFORMATION

Sponsoring Organization: _____

Chief Officer of Organization (Name): _____

Applicant (Name): _____ Business Phone: (____) _____
Printed Name

Address: _____
Mailing City State Zip

Daytime Phone: (____) _____ Evening: (____) _____ Cell: (____) _____

Email: _____ Fax: (____) _____

List any Professional Event Organizer or Service Provider authorized to work on your behalf

Name: _____ Phone: (____) _____

Address: _____
Mailing City State Zip

Contact "On-Site" Person on day(s) of event. **MUST be immediately available for duration of event.**

Name: _____ Cellular Number: (____) _____

EVENT INFORMATION

Type of Event (*Please Check Box*):

- Run Street Fair Bike Tour Parade Walk Triathlon School Fundraiser
 Beer Tent Other: _____

Event Title: _____

Event Date(s): _____ - _____ Total Anticipated Attendance: _____
Month / Day / Year Month / Day / Year (_____ Participants) (_____ Spectators)

Location / Staging Area: _____

Actual Event Hours: _____ AM / PM till _____ AM PM

Setup / Assembly / Construction Date: _____ Start Time: _____ AM PM

Please describe the scope of your setup / assembly work: _____

Dismantle Date: _____ Completion Time: _____ AM PM

List any **street(s) or parking lots requiring closure** as a result of this event. Include street name(s), day, date, and time of closing and reopening: _____

List what areas of the **public right-of-way that will be impacted**, blockage of sidewalks, alleys, partial road blockages that will occur: _____

SITE / ROUTE SPECIFICS

Please provide a detailed description of your PARKING plans:

Applicant Signature: _____ Date: _____

Signature

Office Use Only

- Application Received ____/____/____
- Application Fee Paid ____/____/____
- Application Approved ____/____/____
- Application Denied ____/____/____

Notes: _____
