

**Council Action**

_____ Approved

_____ Denied

_____ Date

102 Butler Street • P.O. Box 86 • Saugatuck, MI 49453
Phone: 269-857-2603 • Website: www.saugatuckcity.com

SPECIAL EVENT & PARADE APPLICATION

Must be filled out in its entirety & returned to the City Clerk's Office 60 days prior to scheduled event

SPONSORING ORGANIZATION INFORMATIONLEGAL BUSINESS NAME: Spear St Block Party Cmte

TELEPHONE: _____

MAILING ADDRESS: PO Box 1077, Saugatuck MI 49453CONTACT NAME: Russ Gardner

TELEPHONE: _____

E-MAIL ADDRESS: _____

CELL PHONE: _____

CONTACT PERSON ON DAY OF EVENTCONTACT NAME: Russ Gardner

TELEPHONE: _____

E-MAIL ADDRESS: _____

CELL PHONE: _____

EVENT INFORMATIONNAME OF EVENT: 14th Annual Spear St & Friends Block PartyDATE(S) OF EVENT: 8/29/26PURPOSE OF EVENT: Neighborhood solidarity & enjoymentRAIN DATE: None☐ Non-Profit☐ For-Profit☐ City Operated/Sponsored☐ Co-Sponsored☐ Marathon/Race☐ Festival/Fair☐ Video/Film Production☒ Other Resident sponsoredEVENT LOCATION: Spear St. between Holland & ButlerEVENT HOURS: 5pm to 11pmESTIMATED NUMBER OF ATTENDEES: 40 to 50ESTIMATED NUMBER OF VOLUNTEERS: 4ESTIMATE DATE / TIME FOR SET-UP: 8/29/263 _____ ☐ A.M. ☒ P.M.ESTIMATE DATE / TIME FOR CLEAN-UP: 8/29/2611 _____ ☐ A.M. ☒ P.M.

EVENT DETAILS

WILL MUSIC BE PROVIDED DURING THIS EVENT: ☒ Yes ☐ No

TYPE OF MUSIC PROPOSED: ☒ Live ☐ Amplification ☐ Recorded ☐ Loudspeakers

PROPOSED TIME MUSIC WILL BEGIN: 6pm END: 9pm

FOOD VENDORS/CONCESSIONS: (Contact Allegan County Health Department) ☐ Yes ☒ No
☐ Provide Copy of Health Department Food Service License

WILL ALCOHOL BE SERVED AT THIS EVENT: ☐ Yes ☒ No
☐ Provide Copy of Liquor Liability Insurance (listing the City as additionally insured)
☐ Provide Copy of Michigan Liquor Control License

If yes, describe measures to be taken to prohibit the sale of alcohol to minors: _____

WILL FIREWORKS BE APART OF EVENT: ☐ Yes ☒ No
☐ Provide Copy of Liability Insurance (listing the City as additionally insured)
☐ Provide Copy of Fireworks Permit

EVENT SIGNAGE: City Council approval is required for any temporary signing in the public right-of-way, across a street or on City property. Which of the following signs are requested for this event:

- ☐ **"YARD" SIGNS** - Number requested: ____ (Maximum size is 2' x 2'. Cannot be displayed no more than 15 days prior to first day of event and must be removed 24 hours after end of event.)
- ☐ **BANNER UNDER SAUGATUCK PALETTE SIGN** - (Size cannot be greater than 14' x 4'). Cannot be displayed more than 15 days prior to first day of event and must be removed 24 hours after end of event.)

☒ **SIGNAGE AT EVENT SITE** - Location(s): On "Road Closed" signs
Description of signs: Small handmade signs announcing the block party
(Signs at event site cannot be displayed prior to day of the event and must removed at the end of the event.)

TENTS/CANOPIES/MISC: The City of Saugatuck does not have tents, stage, tables or chairs available for rental. There are a number of businesses listed in the yellow pages under "Rental Service Stores" that specialize in the rental of event supplies. Will the following be constructed or located in the event area:

☐ **BOOTHS – QUANTITY** _____ ☐ **TENTS – QUANTITY** _____
☐ **AWNINGS – QUANTITY** _____ ☐ **TABLES – QUANTITY** _____
☐ **PORTABLE TOILETS – QUANTITY** _____

VENDOR PARKING: Have you made arrangement for vendor parking? ☐ Yes ☒ No

If yes, where do you propose your vendors park? _____

Will the Interurban be utilized? ☐ Yes ☒ No Time(s) _____

DEPARTMENT OF PUBLIC WORKS

☐ APPROVED

☐ DENIED

Authorized Personnel Signature

Will this event require the use of any of the following municipal equipment: ☐ Yes ☐ No

☐ TRASH RECEPTACLES – QUANTITY _____

☒ BARRICADES – QUANTITY 2

☒ TRAFFIC CONES – QUANTITY 8

☐ PARKING SIGNS – QUANTITY _____

☐ FENCING

☐ WATER

☐ ELECTRIC

☐ RESTROOM CLEANING

☐ OTHER _____

POLICE DEPARTMENT

☐ APPROVED

☐ DENIED

Authorized Personnel Signature

ADDITIONAL OFFICERS REQUIRED? ☐ Yes ☐ No

If yes please describe & include times _____

Other (describe): _____

SAUGATUCK TOWNSHIP FIRE DISTRICT

☐ APPROVED

☐ DENIED

Authorized Personnel Signature

STREET CLOSURES: ☐ Yes ☐ No (use attached map to outline proposed closures)

Street closure date/time: 8/29/26 3 ☐ A.M. ☒ P.M.

Street re-open date/time: 8/29/26 11 ☐ A.M. ☒ P.M.

SIDEWALK CLOSURES: ☐ Yes ☒ No (use attached map to outline proposed closures)

Describe Sidewalk Use: _____

Sidewalk closure date/time: _____ ☐ A.M. ☐ P.M.

Sidewalk re-open date/time: _____ ☐ A.M. ☐ P.M.

PARKING LOT CLOSURES: ☐ Yes ☒ No (use attached map to outline proposed closures)

Parking Lot Location: _____

Sidewalk closure date/time: _____ ☐ A.M. ☐ P.M.

Sidewalk re-open date/time: _____ ☐ A.M. ☐ P.M.

What parking arrangements are proposed to accommodate potential attendance: _____

APPLICATION CHECK LIST

☒ Completed Application

☐ Event Map (includes detailed event layout for vendors, booths, porta potties, etc.)

☒ Road/Sidewalk/Parking Lot Closure Map

☐ Certificate of Insurance (listing the City of Saugatuck as additionally insured)

☐ Fireworks Permit (if applicable)

☐ Michigan Liquor Control Commission Special Event License (if applicable)

☐ Health Department Food Service License (if applicable)

If document is missing, please explain: _____

The applicant and sponsoring organization understand and agrees to:

Provide a certificate of insurance with all coverages deemed necessary for the event, name the City of Saugatuck as an additional insured on all applicable policies and submit the certificate to the City Clerk's Office no later than one (1) week following notice of the event approval.

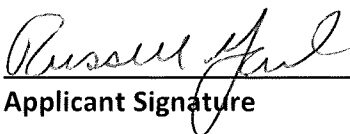
Comply with all City and County Ordinances and applicable State laws, City policies and acknowledges that the special events permit does not relieve the applicant or organization from meeting any application requirements of law or other public bodies or agencies.

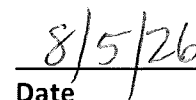
Applicant and sponsoring organization further understands the approval of this special event may include additional requirements and/or limitations based on the City's review of this application. The applicant and sponsoring organization understands that it may be necessary to meet with City staff during the review of this application and that City Council approval is necessary.

Applicant understands that he/she is responsible for contacting the Michigan Liquor Control Commission and/or Allegan County Health Department to secure all permits required for this event.

Applicant agrees to defend, indemnify and hold harmless the City of Saugatuck, Michigan from any claim, demand, suit, loss, cost of expense or any damage which may be asserted, claimed or recovered against or from this Special Event by reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss cost of expense is caused in whole or in part by the negligence of the City of Saugatuck or by third parties, or by the agents, servants, employees or factors of any of them.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event and affirm the above understandings. The information provided on this application is true and complete to the best of my knowledge.


Applicant Signature


Date

Downtown Street/Sidewalk Closure(s)

