

Charter Township of AuSable

No. T-17

4420 N. US 23, AuSable, MI 48750

OUTDOOR GATHERING PERMIT APPLICATION

DATE OF APPLICATION: _____ PERMIT #: _____

NAME OF APPLICANT: _____
Last First

ADDRESS OF APPLICANT: _____
Street City State Zip

PHONE #: _____
Daytime Cell Evening

PURPOSE FOR GATHERING (Kind, Character, Type): _____

NAME OF GROUP/INDIVIDUAL: _____

PROPOSED SITE ADDRESS: _____
(Proof of ownership or written permission from property owner is required)

DATE(S) AND HOUR(S) OF PROPOSED EVENT: _____

ANTICIPATED MAXIMUM PARTICIPANTS: _____

INSURANCE CO. AND POLICY NO.: _____
(Proof of policy required)

BONDING AGENT: _____
(Proof of bonding required)

MICHIGAN LIQUOR COMMISSION LICENSE#: _____
(Proof for any liquor sales required)

WRITTEN APPROVAL FROM OSCODA TOWNSHIP POLICE AND FIRE DEPARTMENT.

WRITTEN APPROVAL FROM DISTRICT HEALTH DEPARTMENT #2.

A DETAILED DRAWING OF THE AREA AND WRITTEN DETAILS MUST BE ATTACHED INDICATING THE FOLLOWING: (when/where applicable):

	Applicant	Township
1. Drawing of area set up plan	<input type="checkbox"/>	<input type="checkbox"/>
2. Map or maps of the overall site of the proposed assembly	<input type="checkbox"/>	<input type="checkbox"/>
3. Security	<input type="checkbox"/>	<input type="checkbox"/>
4. Food and water supply and facilities	<input type="checkbox"/>	<input type="checkbox"/>
5. Health and sanitation facilities and number of portable facilities	<input type="checkbox"/>	<input type="checkbox"/>
6. Medical facilities and services including emergency vehicles and equipment	<input type="checkbox"/>	<input type="checkbox"/>
7. Vehicle access and parking areas	<input type="checkbox"/>	<input type="checkbox"/>
8. Camping and trailer facilities	<input type="checkbox"/>	<input type="checkbox"/>
9. Illumination facilities	<input type="checkbox"/>	<input type="checkbox"/>
10. Communication facilities	<input type="checkbox"/>	<input type="checkbox"/>
11. Noise control and abatement	<input type="checkbox"/>	<input type="checkbox"/>
12. Facilities and arrangements for clean up and waste disposal	<input type="checkbox"/>	<input type="checkbox"/>

Preliminary Approval Township Board Date: _____

PERMIT FEE: \$200.00 (**nonrefundable**)

FORMAL APPROVAL OF THE TOWNSHIP BOARD IS REQUIRED AFTER ALL OTHER CONDITIONS ABOVE ARE MET AND SUBMITTED.

I AGREE TO THE TERMS OF THE ORDINANCE

SIGNATURE: _____
Applicant

DATE: _____

APPROVED DENIED: _____
Superintendent

DATE: _____

INDEMNIFICATION AGREEMENT

The applicant agrees to defend, indemnify and hold harmless the Charter Township of AuSable from any claim, demand, suit, loss, cost of experience, or any damage which may be asserted, claimed or recovered against or from Charter Township of AuSable by reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever and which damages, 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 if caused in whole or in part by the negligence of the _____, _____, or by third parties, or by the agents, servants, employees or factors of any of them.

CERTIFICATE OF INSURANCE REQUIREMENTS:

The Applicant at the Applicant's sole expense shall procure and maintain bodily injury, including death and property damage insurance with a combined limit of at least one million and no/100 dollars (\$1,000,000). The insurance shall be with an "A" best-rated Company licensed to do business in this State. Such insurance shall insure, on an occurrence basis against all liability of the Applicant, its employees and agents arising out of or in connection with operations of the Applicant. The Charter Township of AuSable and its elected officials, officers, board members, agents and employees shall be named as an additional insured on the Applicant's policy. The Applicant shall provide to the Charter Township of AuSable a certificate of insurance evidencing the coverage required by this paragraph on or before the commencement date of the contact.

Signature: _____

Date: _____

Witness: _____

Date: _____