



\$100	\$75	App Fee	
\$100	\$75	\$0	Kiwanis Pav
SPE App Total			\$ _____

## **CITY OF ROCHESTER** **SPECIAL EVENT APPLICATION & CRITERIA**

The purpose of the Special Event Application process is to insure events that take place in the City of Rochester are as safe and well organized as possible for the protection of all those who attend.

***Note: Park Shelters are reserved under a separate application process. Please check Shelter availability first by calling City Hall at (248) 733-3700. A Special Event Application may or may not be required, depending on the scope of the event that is planned in the Shelter.***

### **A Special Event Application will be required for:**

- Organized activities held on public property such as the examples listed below:
  - ❖ Fair, concert, carnival, festival or other similar activity.
  - ❖ An activity taking place on a designed route on the public right-of-way (sidewalk-street), park or other city open space.
  - ❖ Fun run, bike or foot race, parade, walk-a-thon or other similar activity.
  - ❖ An event open to the public which utilizes temporary structures such as tents and/or trailers, etc.

### **Event applications can be obtained at City Hall. It is recommended that applications be submitted for review at least 60 days prior to the event.**

- Event applications will be reviewed by City Department Managers.
- Department Managers will comment on the application.
- Applications will be sent to the City Council for event approval.
- Cost to the City of Rochester may be passed on the event organizers at the discretion of the City Council.
- Non-profit entities are required to submit a Guidestar Report or Form 990 tax return to support the organizations non-profit status.

### **Other requirements:**

- Please provide a sketch showing the layout of the event area.
- Temporary structures such as tents or canopies larger than 200 square feet will require additional inspection prior to the event. Tent stakes may not be used for tents set up on paved surfaces such as parking lots.
- Tents require that flame spread documentation be available for review prior to use.
- A floor plan with seating, tables, exits, etc. will be required for events requiring use of tents un excess of 200 square feet.
- No painting or marking walkways or streets. All markings may only be made with chalk.
- No cooking or open flames are permitted in tents or covered areas.
- Serving of food may require Health Department approval.
- Alcohol will not be permitted without prior approval of the City Council and Michigan Liquor Control Commission.

### **THE FOLLOWING FEES ARE FOR ALL EVENTS THAT TAKE PLACE STARTING JANUARY 1, 2018:**

**Special Event Non-Refundable Application Fee for review of application by all Department Managers, processing and consideration by City Council First time event \$100, 2<sup>nd</sup> and subsequent years \$75.**

- Reimbursement of City costs for Special Events in the City:
  - ❖ Non-Profits: First \$100 in City costs – No Charge
  - ❖ Non-Profits: City cost in excess of \$100 – 50% of actual costs in excess of \$100
  - ❖ For-Profits: 100% of actual City costs

**Complete & Sign form and return to the City of Rochester Police Chief  
along with a non-refundable check payable to the City of Rochester  
Hold Harmless Agreement and Certificate of Insurance Required.**

**APPLICATION FOR SPECIAL EVENT PERMIT  
PARKS & PUBLIC SPACES**

Complete & sign this form and return to City of Rochester Police Chief along with a non-refundable check made to the City of Rochester  
Application fee for first time event \$100, 2<sup>nd</sup> and subsequent years \$75

Date/Hours of Event:

Date/Hours of Event:

Name of Event:

Description of Event:

Location Requested:

*NOTE: Reservations for the Kiwanis and Lion's Shelters are handled under a separate permit available at City Hall. Please Check availability first by calling City Hall at (248) 733-3700.*

Date/Hours of Event:

Date/Hours of Set-up and Tear Down:

Organization Name:

Organization Address (include street address, city, state & zip):

Organization Phone Number:

Name of Contact Person and Phone Number:

Contact Person E-Mail (must be provided):

On-Site Event Manager/Contact Person Name & Phone Number:

**ACKNOWLEDGEMENT**

The Rochester City Council shall have sole and complete discretion whether to issue a permit. Nothing contained in the City Code shall be construed to require the City to issue a permit to an applicant, and no applicant shall have any interest or right to receive a permit merely because the applicant has received a permit in the past.

As the authorized agent of the sponsoring organization, I hereby agree that this organization shall abide by all conditions and restrictions specific to the event as determined by the City and will comply with all local, state and federal rules, regulations and laws.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PLEASE COMPLETE THE FOLLOWING EVENT INFORMATION:**

**EVENT LAYOUT:** Please attach all sketches of the layout to the completed Application.

<b>Organization Type:</b>	<b>Government</b>	<b>Non-Profit</b>	<b>For-Profit</b>
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List any additional Sponsors or Participants:

<b>Is this event a fundraiser?</b> If yes, indicate beneficiary information:	YES	NO
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<b>Is this the first time the event is being held in Rochester?</b> Describe:	YES	NO
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<b>Was this even previously held outside of Rochester?</b> Describe:	YES	NO
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Total estimated attendance each day:

What parking arrangements will be necessary to accommodate attendance?  
Describe:

<b>Is amplification of music or speakers planned or anticipated?</b> If yes, describe:	YES	NO
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<b>Will volunteer staff be provided to assist with safety, security and maintenance:</b>	YES	NO
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<b>Will alcoholic beverages be served?</b> If yes, describe:	YES	NO
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<b>Will food/beverages be sold?</b> <i>approval required for food sales.</i> If yes, describe:	YES	NO	NOTE: <i>Peddler &amp; Vendor permits are required. Also, Health Department</i>
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<b>Will merchandise be sold?</b> If yes, describe:	YES	NO
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<b>Will the event require the use of any of the following municipal equipment?</b>			
Picnic Tables	YES	NO	If yes, number requested: _____
Trash Receptacles	YES	NO	If yes, number requested: _____
Dumpsters	YES	NO	If yes, number requested: _____
Electrical Connections	YES	NO	If yes, number requested: _____
Meter Bags	YES	NO	If yes, number requested: _____
Barricades	YES	NO	If yes, number requested: _____
Traffic Cones	YES	NO	If yes, number requested: _____
Other	YES	NO	If yes, number requested: _____

<b>Will you be requesting City safety personnel to be assigned to this event (Police/Fire):</b> Describe:	YES	NO
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<b>Will street closures be necessary?</b> If yes, include a detailed map and indicate the date and time for closing and re-opening including set-up and tear down. Describe:	YES	NO
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**PLEASE INDICATE IF YOU WILL BE REQUIRING, CONSTRUCTING OR LOCATING ANY OF THESE ITEMS IN THE AREA OF THE EVENT:**

**Kiwanis and/or Lion's Shelter**      YES                      NO

*Reservations for the Kiwanis and Lion's Shelters are handled under separate permits available at City Hall.  
Please check availability first by calling City Hall at (248) 733-3700.*

**Booths**                      YES                      NO

If yes, indicate number of booths and size of each.

**Tents**                      YES                      NO

If yes, indicate number of tents and size of each.

*\*The City requires inspection of all tents larger than 10' x 10'. If any of the tents for your event are larger than 10' x 10', please provide the date and time the tent is assembled so an inspection may be scheduled:*

*Date: \_\_\_\_\_ Time: \_\_\_\_\_*

**Awnings**                      YES                      NO

If yes, number of awnings and size of each:

**Canopies**                      YES                      NO

If yes, number of canopies and size of each:

**Tables**                      YES                      NO

If yes, number of tables and size of each:

**Portable Restrooms**                      YES                      NO

If yes, number of portable restrooms requested and locations:

**Other Items Requested**                      YES                      NO

If yes, describe:

**CERTIFICATE OF INSURANCE AND  
HOLD HARMLESS AGREEMENT REQUIREMENTS**

The following two (2) documents must be included with your Application:

**INSTRUCTIONS REGARDING CERTIFICATE OF  
INSURANCE:**

This Certificate must be **from your insurance company** naming the City of Rochester as an additional insured, with the specific date of your event included.

**(See next page for SAMPLE CERTIFICATE.)**

**INSTRUCTIONS REGARDING HOLD  
HARMLESS AGREEMENT:**

**You must print the sample language below on the official letterhead of the organizer and the original must be signed by a duly authorized representative of the organization.**

**Your document must contain at least the following language:**

**INSTRUCTIONS REGARDING HOLD  
HARMLESS AGREEMENT:**

You must print the sample language below on the **official letterhead of the organizer** and the original must be signed by a duly authorized representative of the organization. Your document must contain at least the following language:

*SAMPLE HOLD HARMLESS LANGUAGE: To the fullest extent permitted by law the **(insert applicant's/ event organizer's name)** its officers, directors, employees, agents, contractors, volunteers, representatives and others working on behalf of the applicant/ organizer of the event. **(insert applicant/organization name)** is legally liable, agrees to be responsible for any liability, defend, pay on behalf of, indemnify, and hold harmless the City of Rochester, its elected and appointed officials, employees and volunteers and others working on behalf of the City of Rochester against any and all claims, demands, suits, or loss, including all costs and reasonable attorney fees connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City of Rochester, its elected and appointed officials, employees, volunteers or others working on behalf of the City of Rochester, by reason of personal injury, including bodily injury and death and/ or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with the applicant's/ event organizer's activities permitted pursuant to its special event permit dates: **(insert date of event)** issued by the City of Rochester. Such responsibility shall not be construed as liability for damage caused by or resulting from the sole act or omission of the City Rochester, its elected or appointed officials, employees, volunteers or others working on behalf of the City of Rochester. (Include a signature line for duly authorized representative of the organizer to sign and date.)*

**(For Internal Use Only: City of Rochester Department Review/Comments)**

<b>Department</b>	<b>Name</b>	<b>Comments</b>	<b>Costs Expected</b>
City Manager			
DPW/Parks & Recreation			
Police Department			
Fire Department			
Building Department			
Finance Department			
Clerk			
DDA (*If in the district)			

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

**PRODUCER**

Agency Name  
Agency Address

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURED Named Insured \*\*\* SAMPLE  
Street Address  
City, State, Zip

INSURER A: Company Name

INSURER B:

INSURER C:

INSURER D:

INSURER E:

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	POLICY NUMBER	Term Dates	Term Dates	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 1,000,000
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				PROPERTY DAMAGE (Per accident)	\$
						AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AUTO ONLY: AGG	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input checked="" type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	POLICY NUMBER	Term Dates	Term Dates	EACH OCCURRENCE	\$ 1,000,000
						AGGREGATE	\$ 1,000,000
							\$
							\$
							\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					

SAMPLE  
Certificate of Insurance

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

The City of Rochester is Named as Additional Insured for the Following Event

**CERTIFICATE HOLDER**

City Of Rochester  
City Manager  
400 Sixth Street  
Rochester, MI 48307

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE