



City of Jackson Downtown Development Authority
 161 W Michigan Ave, Jackson Michigan, MI 49201
 Contact for questions at 517-768-6411 or mevans@cityofjackson.org

SPECIAL EVENT APPLICATION

*Application must be submitted **60** days PRIOR to event*

Application Attachments

- | | |
|--|---|
| <input type="checkbox"/> \$75 Application Fee <input type="checkbox"/> \$50 Late/Rush Fee (submitted post 60-day deadline) <input type="checkbox"/> Insurance documentation for sponsoring organization <input type="checkbox"/> Event Map –Please indicate the location of all items | <input type="checkbox"/> Liquor License & Liquor Liability Insurance (if applicable) <input type="checkbox"/> Carnival Ride Permit (if applicable) <input type="checkbox"/> Insurance documentation for all vendors (if applicable) |
|--|---|

Make checks payable to “Downtown Development Authority”

Special Event Application Policy

Additional charges may occur if policies are broken.

1. The applicant or representative of any business, group, or organization that seeks approval to conduct a special event must be 21 years of age or older.
2. No ground stakes are allowed on City property. Tents and inflatables must be weighted down.
3. Glitter and confetti are prohibited at all events.
4. No plugging into outlets without prior approval.
5. For events utilizing street space, all fixtures (tents, vehicles, trucks, etc.) must be placed near the curbs to allow for emergency vehicle access.
6. No alcoholic beverages allowed unless proper paperwork is provided along with City Council approval. Alcoholic beverages must be consumed within the area in which they are served. No containers, open or closed, may leave the event area unless approval is granted.
7. Only a removable medium, such as chalk and/or tape, can be used to mark event area or routes. No paint of any kind is permitted. Tape must be removed once event is over.
8. One temporary sign/banner is permitted with your event, provided it measures no more than 12 ft and does not block any intersections, driveways, or right-of-ways.

Applicant Information

Sponsoring Organization Legal Name:

| | | | |
|----------------------------|----------|----------------|--|
| Address: | | Phone: () | |
| Tax ID#: | Website: | | |
| Contact Name: | Phone: | Email: | |
| Contact Name: | Phone: | Email: | |
| Contact Name During Event: | | Phone: () | |

Event Information

Event Name:

| Event Date(s): | Set up Time: | Start Time: | End Time: | Tear Down Time: |
|----------------|--------------|-------------|-----------|-----------------|
| | | | | |

Has this event occurred before? Yes, (if yes, how many previous years? _____) No

Do you expect this event to occur again next year? _____ What is the expected attendance for this event? _____

Type of Event (please check all that apply)

Walk/Run Festival March/Parade Other: _____

Event Location – Choose any of the following that apply. For parks, include a map of the area being used.

- | | |
|---|---|
| <input type="checkbox"/> Horace Blackman Park | <input type="checkbox"/> GrandRiver Farmers Market Pavilion |
| <input type="checkbox"/> Bucky Harris Park | <input type="checkbox"/> TRUE City Square (Stage) |
| <input type="checkbox"/> Ella Sharp Park (requires Ella Sharp Board approval) | <input type="checkbox"/> MLK Equality Trail |
| <input type="checkbox"/> Other Location: _____ | |
| <input type="checkbox"/> Streets: _____ | |
| <input type="checkbox"/> Other Park: _____ | |

Brief Description of Event

This description will be posted on the Special Events Calendar on our website. Please attach an additional sheet if necessary.

Street Closure– Please indicate all street closures on your map.

| | |
|---------------------------------------|-------------------------------------|
| Street Name: _____ | Cross Streets _____ |
| Closure Start Date: _____ Time: _____ | Closure End Date: _____ Time: _____ |
| Street Name: _____ | Cross Streets _____ |
| Closure Start Date: _____ Time: _____ | Closure End Date: _____ Time: _____ |
| Street Name: _____ | Cross Streets _____ |
| Closure Start Date: _____ Time: _____ | Closure End Date: _____ Time: _____ |
| Street Name: _____ | Cross Streets _____ |
| Closure Start Date: _____ Time: _____ | Closure End Date: _____ Time: _____ |
| Street Name: _____ | Cross Streets _____ |
| Closure Start Date: _____ Time: _____ | Closure End Date: _____ Time: _____ |

City Resources Requests

Not all resources may be available at your requested site.

Please be specific and list any additional information or requests. Such requests might include assistance from the Police Department, Fire Department, Parks and Recreation Department, Public Works Department, etc. Attach additional pages, if needed.

- Electrical Power:** Indicate electrical requirements: _____
Amount of electrical wattage needed: _____ Amount of plug ins: _____
Locations of where plugs are needed: _____
****All electrical lines MUST be covered to limit tripping hazards. ****
- Water Needs:** Indicate water requirements: _____
Amount of water needed: _____ Locations of where water is needed: _____
- Food/Vendors:** Indicate vendors requirements: _____
Amount of electrical wattage needed: _____ Amount of plug ins: _____
Locations of where plugs are needed: _____ Number of vendors: _____
- Alcohol Sales:** (If yes attach liquor license and liquor liability insurance)
Start Time: _____ End Time: _____
- Amusement or Carnival Rides:** If yes indicate electrical requirements: _____
Amount of electrical wattage needed: _____ Amount of plug ins: _____
Locations of where plugs are needed: _____
- Fireworks:** If yes indicate electrical requirements: _____
Amount of electrical wattage needed: _____ Amount of plug ins: _____
Locations of where plugs are needed: _____
- Traffic Cones Mobile Stage (please circle **15-foot** or **25-foot** version)
- Other: _____

Additional Event Information

Garbage Plan: Brief description on garbage management for events with 100+ attendees.

Bathroom Plan: Brief description on bathroom(s) based on event size, duration, and services offered.

Required Attachments for Application Processing

Insurance

Please request the following documentation from your insurance carrier.

| Insurance Type | Requirements |
|--|--|
| Certificate of Liability Insurance <i>(MUST also be provided by all vendors)</i> | <ul style="list-style-type: none"> Showing a liability coverage of at least \$1,000,000 Identifying "City of Jackson" & "Jackson Downtown Development Authority" as additional insured |
| Liquor Liability Insurance <i>(if needed)</i> | <ul style="list-style-type: none"> Identifying "City of Jackson" & "Jackson Downtown Development Authority" as additional insured |
| XCU Fireworks Liability Insurance <i>(if needed; required for all fireworks displays)</i> | <ul style="list-style-type: none"> Identifying "City of Jackson" & "Jackson Downtown Development Authority" as additional insured |

I am a Level I Special Event (low resources), and would like to be considered for eligibility to enter a Hold Harmless Agreement with The City of Jackson in lieu of providing the above-required insurance documentation.

Event Map *Details of all event activities MUST be included.*

| | | |
|--|---|--|
| <input type="checkbox"/> Route Plan <input type="checkbox"/> Vendor Locations <input type="checkbox"/> Tent Locations <input type="checkbox"/> Assembly Locations | <input type="checkbox"/> Emergency Vehicle Access <input type="checkbox"/> Dispersal Locations <input type="checkbox"/> Trash Receptacles <input type="checkbox"/> Requested Street Closures | <input type="checkbox"/> Restroom Locations <input type="checkbox"/> Tables <input type="checkbox"/> Requested Reserved Parking <input type="checkbox"/> Electrical Wires & Outlets |
| If these details change, a revised map must be provided seven days prior to event. Revised maps cannot include any additional street use, reserved parking, or additional space reservations. | | |

***Note:** We want to inform you that adjustments are being made to the City Special Event Application process to align with the demand for City resources and the overtime required to facilitate these events. As part of this process, we will gradually introduce limits and monetary requirements for utilizing city resources.

Special Event Application

Certification & Signature

1. I am the person with authority to act on behalf of the sponsoring organization.
2. I have submitted all required documents in support of the Special Event Application
3. A Special Event Application Fee is submitted along with this application.
4. Only the activities listed on the application will be permitted at the event. If additional activities are added, I will immediately contact the City of Jackson. I understand that the approval of my application may be withdrawn or additional action required.
5. All food vendors must be approved by the Jackson County Health Department and each food and other vendor must provide the City of Jackson with a Certificate of Insurance which names the City of Jackson and the Downtown Development Authority as additional insured parties on the policy.
6. Fire Department permit and approval is required for events including display fireworks. Extreme Close-Up (XCU) fireworks liability insurance is required for all fireworks display.
7. **The approval of this special event may include additional requirements, limitations, or fees based on the City's review of the application.**
8. If I, or my organization, fail to clean up and repair damages to the event area, my organization may be billed for City services, and that failure to clean up and repair damage will be considered for future applications.
9. As the duly authorized agent of the sponsoring organization applying for approval of the Special Event, I affirm the above understandings and agree that my sponsoring organization will comply with the terms of the written confirmation of approval and all City requirements, ordinances and other laws which apply to this Special Event.
10. By signing this Special Event Application, I declare I am 21 years of age or older.
11. If required to provide liability insurance, the sponsoring organization will add the City of Jackson and the Downtown Development Authority as additional insured parties on the sponsoring organization's liability policy.
12. On behalf of the sponsoring organization, I agree that the sponsoring organization will defend, indemnify, and hold harmless the City of Jackson, its officers, employees and agents from and against any claim, demand, suit, loss, cost or expense, or any damage, which may be asserted, claimed, or recovered against or from the City of Jackson, its officers, employees, and agent, by reason of any damage to property, bodily injury, or 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 or related to this Special Event.
13. The City of Jackson reserves the right to waive any requirements of this policy in the interests of the health, safety, and welfare of the citizens of Jackson.

Signature: _____

Date: _____

| Office Use ONLY |
|---------------------------|
| Application Received: |
| Date: |
| Time: |
| By: |
| Application Fee Received: |

| Application Requirements |
|---|
| Application MUST be submitted 60 days PRIOR to event ***NO EXCEPTIONS*** |
| Application MUST be submitted along with all required attachments to: City of Jackson Downtown Development Authority Office 161 W Michigan Ave, 5 th Floor Jackson Michigan, MI 49201 or aecon@cityofjackson.org (517) 768-6411 |
| Prohibited Items |
| <i>Additional fees may apply if policies are not followed</i> |
| No ground stakes No confetti or glitter No use of outlets without prior approval |

