

**CHARTER TOWNSHIP OF FLINT
1490 SOUTH DYE ROAD
FLINT, MI 48532**

APPLICATION TO CONDUCT A SPECIAL EVENT

NAME OF PETITIONER: _____
PHONE: _____

REPRESENTING: _____

LOCATION: _____

DATE (S) OF EVENT AND HOURS OF OPERATION _____

NUMBER OF EMPLOYEES: _____

LEGAL OWNER OF PROPERTY: _____

TYPE OF FIRE PROTECTION: _____

LIABILITY INSURANCE IS REQUIRED IN THE AMOUNT OF \$500,000 FOR GENERAL LIABILITY, \$1,000,000 FOR EXCESS LIABILITY, AND FOR WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY \$100,000 EACH ACCIDENT, \$500,000. DISEASE POLICY LIMIT AND \$100,000 DISEASE- EACH EMPLOYEE. PLEASE ATTACH POLICY.

SANITARY FACILITIES PROVIDED: _____

TOILET FACILITIES PROVIDED: _____

DUMPSTER: _____

IF FOOD HANDLING IS TO BE PERFORMED, APPLICANT MUST CONFORM TO THE REQUIREMENTS OF THE GENESEE COUNTY HEALTH DEPARTMENT.

NAME OF RESPONSIBLE PARTY (S) _____

PHONE: _____ **CELL:** _____

FOR OFFICE USE ONLY

BUILDING DEPARTMENT: ___ YES ___ NO

(SIGNATURE)

COMMENTS: CONTINGENT UPON FINAL INSPECTION

FIRE DEPARTMENT: ___ YES ___ NO

(SIGNATURE)

COMMENTS: CONTINGENT UPON FINAL INSPECTION

POLICE DEPARTMENT: ___ YES ___ NO

(SIGNATURE)

COMMENTS: CONTINGENT UPON FINAL INSPECTION

NOTE: THIS FORM AND NECESSARY ATTACHMENTS MUST BE COMPLETED AND RETURNED TO THE CLERK'S OFFICE AT LEAST FOUR WEEKS BEFORE THE SCHEDULED EVENT.