City of Buchanan | 302 N Redbud Trail
269-695-3844 | Buchanan, MI 49107

Special Event Application Form

Important: Please fill out each item as completely as possible, to allow your application to be processed as quickly as possible, without unnecessary delays. Please return the completed, signed application, with any necessary attachments, to City Hall, 302 N Redbud Trail. Completed applications can also be sent to clerk@cityofbuchanan.com.

Special Events must be approved by the City Commission, which typically meets twice per month. We recommend submitting your application at least two months before your organization wishes to receive approval, to allow time to work through issues with the staff, and to allow for the possibility that the City Commission may still see issues that should be addressed before approval.

Applicant Information

Name of Special Event: Boochanan Halloween Street Dance

Sponsoring Organization (if applicable): Buchanan Business Boosters

Mailing Address: 303 Carroll Street

City/State/Zip: Buchanan, MI 49120

Contact Person(s): Jen Martell Jodi Walpole Dennis Mori

Phone: 219.614.4925 Jodi Email: jodi@smokelifted.com

Event Information

*A separate event schedule and/or description may be attached in response to questions 1 through 4.

**For any question, if there is not room to include a complete response, please include the response on a separate attachment and note "see attached". When providing information in an attachment, please refer to the appropriate question number(s) to help the City staff review the application.

1. **What is the requested day(s), date(s), and time(s) of the Special Event?:**
   10.31.26 530pm-10pm

2. **Is there a requested alternative date(s)?** YES: ____ No: X

   If YES, please provide the alternative date(s): ____

3. **Please describe the Event:**

   ~~Halloween Street Dance~~

4. **What is the requested location(s) of the Event:**
   Main Street from Front Street to right before Dewey

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Please complete the following check list regarding your event and special needs: More detailed instructions are included on the following pages. Please use additional sheets where appropriate for more detailed responses. * Indicates attachments required

1. Is this event expected to occur again in a future calendar year?	Yes ____	No X
Normal annual date: _____		
2. Have you included a map indicating the location of your event? *	Yes X	No ____
3. Does the applicant wish to prohibit vending within the event area?	Yes ____	No X
4. Does the applicant plan to include vending as part of this event? *	Yes ____	No X
5. Will this event include the use of signs?	Yes ____	No X
6. Is the applicant providing special parking arrangements, such as reserved parking? *	Yes ____	No X
	Yes ____	No X
7. Is the applicant requiring utility connections, such as electric?	Yes ____	No X
8. Does the applicant require other public services?	Yes ____	No X
• Barricades/fencing	Yes X	No ____
• Street Sweeping	Yes ____	No X
• Mowing	Yes ____	No X
• Rubbish Containers	Yes ____	No X
• Picnic Tables	Yes ____	No X
• Cessation of Lawn Sprinkling	Yes ____	No X
• Other _____	Yes ____	No X
• Map included indicating locations of these services?*	Yes X	No ____
9. Does the applicant have any special security of safety concerns?	Yes ____	No X
10. Are you requesting assistance from the Public Safety?	Yes ____	No X
11. Are you requesting security/safety assistance form an outside agency?	Yes ____	No X
12. Will the event include loud or unusual sounds?	Yes ____	No X
• Musicians/Amplified Announcers	Yes ____	No X
• Carnival Rides/ Motor Vehicle Noises	Yes ____	No X
• Other portable speaker-will not be at a excessive noise level	Yes X	No ____
13. Will the event include unusual lighting beyond what is normal at that location?	Yes ____	No X
14. Are alcoholic beverages proposed to be served as part of the event?	Yes ____	No X
Have all necessary liquor licenses been obtained at the time of this application?	Yes ____	No X
15. Does the applicant have any other requests that are not listed in this form?	Yes ____	No X
16. The applicant is required to provide $1,000,000 of liability insurance coverage with respect to the event; have you attached a Certificate of Insurance listing the City of Buchanan as an additional named insures?	Yes X	No ____

Special Event Application Form

11. Will the event include loud or unusual sounds, such as a musicians, singers, amplified announcers, carnival rides, motor vehicle noises beyond those regularly present in the location, etc.? If yes, you must please attach information indicating all of these on this application.

12. Will the event include unusual lighting beyond that regularly present in the location that could have an impact upon occupants of neighboring properties? If yes, you must please attach information indicating all of the types of lighting, the location, the beginning and end times, and whether the lighting is constant or intermittent during those times.

12. Are alcoholic beverages proposed to be served as part of the event? If yes, you must advise the Department of Public Safety of your intention to serve alcoholic beverages. Approval of the special event does not constitute final approval of service of alcoholic beverages; any necessary approval of a liquor license is a separate process. You must have any and all necessary liquor licenses been obtained at the time of this application.

13. Please attach a separate sheet detailing any aspects of the event that are not specifically addressed in this form but of which the City Commission should be aware to make a fully informed decision with regard to approval of the proposed event.

14. The applicant is required to provide a minimum of $1,000,000 of general liability insurance coverage with respect to the event. The City may require additional insurance coverage based on the potential risk and nature of the event. A Certificate of Insurance with the City of Buchanan listed as additional insured must be provided one month before the event. Additional Insureds include the following: The City of Buchanan, all elected and appointed officials, all employees and volunteers, agents, all boards, commissions, and/or authorities and board members, including employees and volunteers thereof. It is understood and agreed by naming the City of Buchanan as additional insured, coverage afforded is considered to be primary and any other insurance the City of Buchanan may have in effect shall be considered secondary and/or excess. Please email a copy to clerk@cityofbuchanan.com, attach below or mail to 302 N Redbud Trail, Buchanan MI 49107.

15. Will the event be requesting a street closure? If yes, please attach your street closure request form with this application.

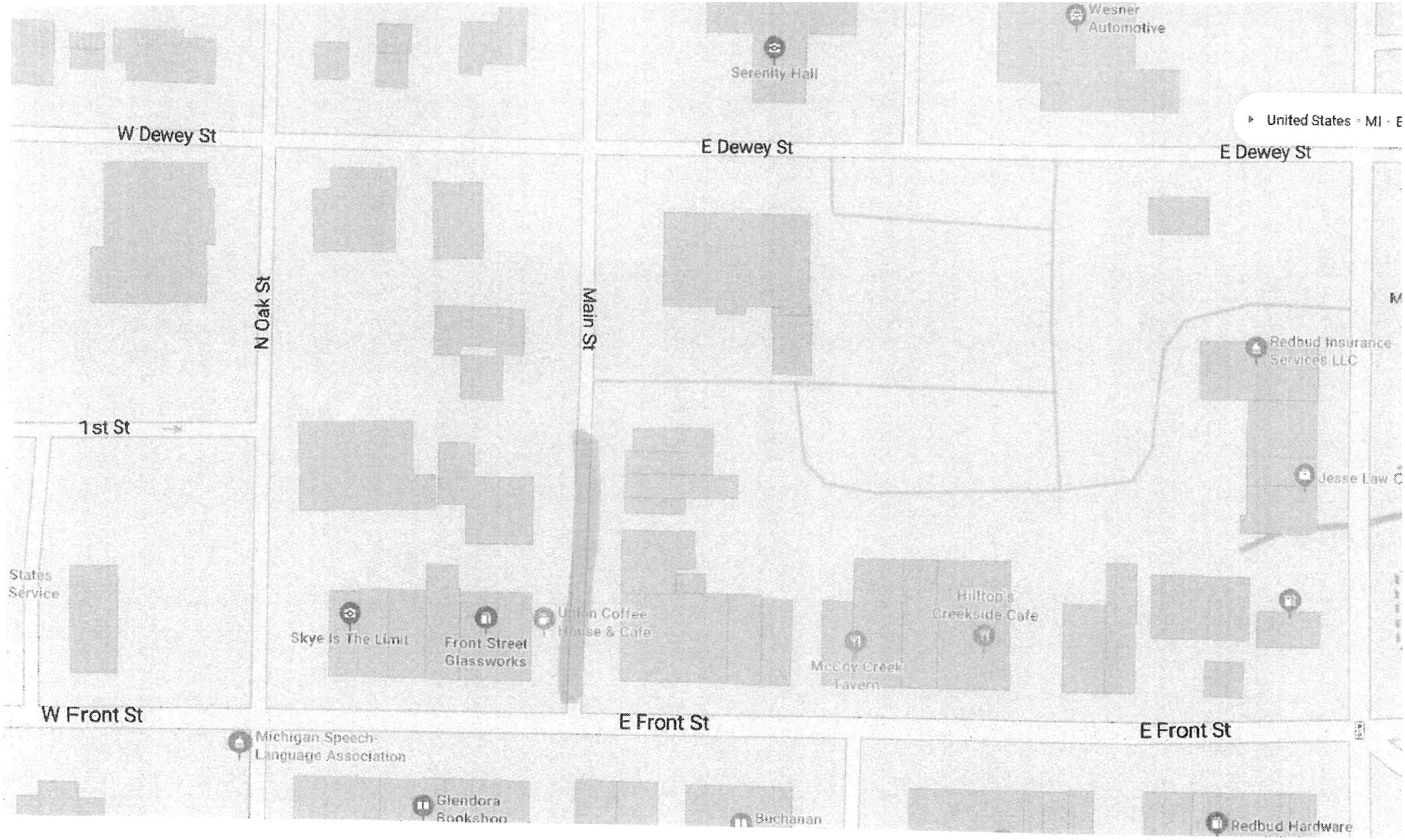
The City of Buchanan PROHIBITS any and all painting of any city property, including sidewalks and streets. Events of those persons violating this policy will be canceled and no future event will be allowed.

Applicant Signature

I hereby affirm that the information is true to the best of my knowledge and belief, and agree that the applicant will be responsible for making certain that the event follows the ordinances, rules and regulations of the City of Buchanan, and that the event takes place in accordance with the application as approved by the Buchanan City Commission, including any conditions placed thereon.

Jodi Walpole

Printed Name: Jodi Walpole Date: 8.19.26



Location of Event

City of Buchanan
Street Closure Request Form

Street(s) requested to be closed Main Street -
between front & Dewey - before HCY

Street Closing: from 10.31.26 5:30P to 10.31.26 10:00p
Date *Time* *Date* *Time*

Reason: Halloween Street Dance

Request being made by
Organization Name: Buchanan Business Boosters
Address: 2805 Redbud trl
Niles MI 49120
Phone: 219 614 4925 Jodi

Company Representative Name *(printed)*: Jodi Walpole
Company Representative Signature: Jodi Walpole
Title: Treasurer

Approved: _____
Police Chief

Approved: _____
Fire Chief

Approved: _____
Public Services Director

Approved: _____
City Manager

Comments (Office Use Only)