



# SPECIAL EVENT PERMIT APPLICATION

**APPLICATION** |

Name of Sponsor \_\_\_\_\_ Non Profit ID # \_\_\_\_\_

Address \_\_\_\_\_ City/ Zip \_\_\_\_\_

Business \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

**PERSON  
IN CHARGE  
OF ACTIVITY** |

Name \_\_\_\_\_

Address \_\_\_\_\_ City/ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**EVENT TYPE  
& LOCATION** |

\_\_\_\_\_  
\_\_\_\_\_

**EST. # OF  
PARTICIPANTS** |

\_\_\_\_\_

**DATES** |

From \_\_\_\_\_ 202\_\_ To \_\_\_\_\_ 202\_\_

**HOURS OF OPERATION** |

Set Up \_\_\_\_\_ to \_\_\_\_\_

Event \_\_\_\_\_ to \_\_\_\_\_

Clean Up \_\_\_\_\_ to \_\_\_\_\_

**SPECIAL REQUEST** |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR INTERNAL USE**

Date Received \_\_\_\_\_  Approved  Denied Signature \_\_\_\_\_ Date \_\_\_\_\_

# WAIVER OF LIABILITY

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NAME OF EVENT \_\_\_\_\_ DATE OF EVENT \_\_\_\_\_

\_\_\_\_\_ Shall indemnify, and hold harmless the City of Gladstone, it's officers, employees and agents from and against any and all claims, demands, liability, costs and expenses of whatever nature, including court cost and counsel fees arising out of injury to or death of any person or persons or loss of or physical damage to any property resulting in any manner from the willful misconduct acts, or negligence of the applicant, it's sub-consultants, agents, employees, volunteers, licensees, or guest in the making or performance of this Special Event Permit.

It is understood the City of Gladstone issues the permit in order to review and approve all plans for events which will affect public facilities or the public right of way.

*Note: General Liability Coverage with a minimum limit of liability of \$1,000,000.00 is required*

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## WAIVER OF SUBROGATION

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The lessor waives all rights of recovery against the lessee, lessee's employees, agents and invites for any loss or damage to property of the lessor located at the premises covered by the Special Events Permit, including property insured under valid and collectible insurance policies, to the extent of any recovery collectible under such insurance.

PLEASE SUBMIT COMPLETED FORM VIA  
MAIL | FAX | EMAIL | @ CITY HALL

**CITY OF GLADSTONE**  
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Gladstone, Michigan 49837  
Fax | 906-428-3122  
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