



Village of Lake Orion

21 E. Church Street
Lake Orion, Michigan 48362
Tel 248.693.8391
Fax 248.693.5874
www.lakeorion.org

EVENT PERMIT APPLICATION

**** ATTN: APPLICATION NEEDS TO BE TURNED IN 120 DAYS PRIOR TO EVENT ****

Date of Application:	Date Application Fee Paid:
----------------------	----------------------------

Sponsoring Organization's Legal Name: AMERICAN LEGION	
Phone	Fax
Email	Website OrionLegion.org

Sponsoring Organization's Agent Name: STEPHEN Hauxwell	
Phone 248-770-6981	Fax
Email	Website

Event Name: MEMORIAL DAY SERVICES & PARADE

Event Details: (Provide a detailed description of all activities that will take place. Attach additional sheets if necessary)

CEREMONY EAST LAWN CEMETARY 9:AM RIFLE SALUTE
CEREMONY CHILDRENS PARK 10:AM RIFLE SALUTE
MEMORIAL DAY PARADE FROM BLANCH SIMMS SCHOOL TO KEMMAN CENTER

Date/Hours of Event: MAY 26 2025 9:AM CEMETARY 10:AM CHILDRENS PARK 11:AM DOWNTOWN LAKE ORION
--

Date/Hours of Set-up and Tear Down: MAY 26 8:45AM - 12:30PM NO SET UP NEEDED FOR EITHER CEREMONY LINE UP FOR PARADE IS 10:15-11:00 NO TEAR DOWN OR CLEAN UP NEEDED
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Event Location and Boundaries

Event Location and Boundaries

Include an Event Map which clearly shows the locations for each activity during the event, including but not limited to the following:

- Tent locations
- Parking / loading areas
- Food / drink stations
-  Streets and parking lots to be closed
-  Walk / run routes
- Anticipated staffing
- Loading locations
- Porta John locations and number
- Trash/dumpster
- Event staff parking

Will street closures and/or Parking Lot closures be necessary: ☒ Yes ☐ No

If yes, describe, including: date and time of closures, setup schedule and take down schedule, and time you will need the parking lot for deliveries.

Coordinating with Another Event:

YES ☒ NO

If Yes, Event Name

Event Name/Details:

Event Information

Type of Event (See definitions attached to Information page)

☐ Village Operated ☐ DDA ☐ Individual ☐ Co-Sponsored ☒ Group

Indicate Status

☐ Non-Profit* ☐ Not-for-Profit ☐ For-Profit

***If the event is sponsored by a Non-Profit please provide proof of non-profit status.**

<p>Annual Event: Is this event expected to occur next year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, you can reserve a date for next year with this application. To reserve dates for consideration for next year please provide the next year's specific dates. Event Application Form will need to be filled out for each year's event.</p> <p style="margin-left: 40px;"><u>MAY 26 2025</u></p>
<p>Is this event a Fund raiser? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, indicate beneficiary information:</p>
<p>Is this the first time the event is being held in the Village of Lake Orion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Describe:</p>
<p>Was this event previously held outside the Village of Lake Orion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Describe:</p>
<p>Total estimated attendance each day</p> <p style="margin-left: 40px;"><u>1500 - 2000</u></p>
<p>What parking arrangements will be necessary to accommodate attendance?</p> <p>Describe:</p> <p style="margin-left: 40px;"><u>N/A</u></p>
<p>NOTE: For events over 100 people, you must submit a parking plan.</p>
<p>How will trash be handled?</p> <p>Describe:</p> <p style="margin-left: 40px;"><u>THERE WILL BE NO TRASH CLEAN UP BY LEON.</u> <u>THE EVENT IS NOT LONG ENOUGH TO ACCUMULATE</u> <u>SIGNIFICANT TRASH</u></p>



Is amplification of music or speakers planned or anticipated? ☒ Yes ☐ No
If yes, describe, including the dates and times and the maximum limit and amplification:

Will tents be used: ☐ Yes ☒ No
If yes, indicate number of tents, use of each, location and size:

Portable restrooms: ☐ Yes ☒ No
If yes, number of portable restrooms and location:

Will alcoholic beverages be served: ☐ Yes ☒ No
If yes, describe:

Is liquor license issued by the State of Michigan? ☐ Yes ☐ No?
If yes, whose name is the license issued to:

N/A

Copy of License must be submitted to the Village within 15 days of the Event.

Will food and beverages be sold: ☐ Yes ☒ No
If yes, describe:

All food vendors must be approved by the Oakland County Health Departments. No permit is necessary where only pre-packaged, ready-to-eat type foods are sold from a concession stand or booth.

Will merchandise be sold: ☐ Yes ☒ No
If yes, describe:

WILL THE EVENT REQUIRE THE USE OF ANY OF THE FOLLOWING MUNICIPAL EQUIPMENT?

Electrical Connections: () Yes (✓) No
If yes, describe:

Water: () Yes (✓) No
If yes, describe:

Barricades and/or Traffic cones: (✓) Yes () No
If yes, complete "REQUEST TO USE VILLAGE EQUIPMENT FORM":

Do you have need of emergency fire equipment, such as ambulance? (✓) Yes () No
If yes, describe:

Other Village services: () Yes (✓) No
If yes, describe:

EVENT SIGNS

Will this event include the use of signs? () Yes (✓) No
If yes, complete the "TEMPORARY SIGN PERMIT APPLICATION".

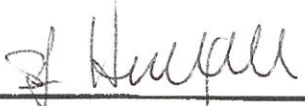
CERTIFICATIONS AND SIGNATURES

I understand and agree on behalf of the sponsoring event the following must be provided 30 days prior to the event:

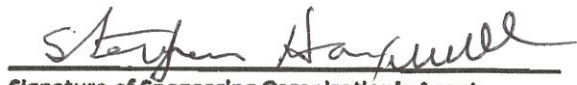
- A. A Certificate of Insurance in the amount of \$1,000,000 liability insurance and \$1,000,000 aggregate insurance must be provided which names the Village of Lake Orion as an additionally insured party on the policy. (See Insurance Certificate on "Required Documents for a Special Permit Sheet".)
- B. Event sponsors are required to sign a Hold Harmless Agreement form.
- C. Event sponsor is required to contact the Orion Township Fire Department at least one week prior to the event to set up a time for inspections prior to the event.
- D. All food vendors must be approved by the Oakland County Health Department.
- E. The approval of this Special Event may include additional requirements/and or limitations, based on the Village's review of this application.
- F. The sponsoring organization will provide a security deposit for the estimated fees as may be required by the Village and will promptly pay any billing for Village services which may be rendered.
- G. If the event is serving alcohol, a copy of the Liquor License issued by the State of Michigan shall be provided to the Village prior to the event.
- H. The Event contact persons list complete with cell phone numbers and email addresses shall be provided to the Village at least one week prior to the event.
- I. Advertising of the event is not recommended prior to approval of the Event Permit. Advertising of the event prior to the approval of the permit does not guarantee the event will be approved as advertised. Advertisement must include note that the advertisement is pending Village Approval.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this special Event Permit, affirm the above understandings and agree that my sponsoring organization will comply with the Village Special Event Policy, the terms of the Written Confirmation of approval and all other Village requirements, ordinance and other laws which apply to this Special Event.

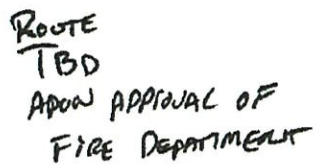
Date


2-10-25

Signature of Sponsoring Organization's Agent


STEPHEN HAXWELL
Print Name

Traffic, Bicycling, Terrain, Directions



NO

Yellow Route
OK

Signature -

26 FEB 2024
DATE ✓

CC: BPN

Map data ©2015 Google 200 ft

4/21/2015 5:14 PM

Received 2/10/22



Village of Lake Orion

21 E. Church Street
Lake Orion, Michigan 48362
Tel 248.693.8391
Fax 248.693.5874
www.lakeorion.org

HOLD HARMLESS AGREEMENT

FOR AND IN CONSIDERATION of the granting by the Village of Lake Orion to permit/allow *

MEMORIAL DAY PARADE
Activity/Event

MAY 26 2025 8:45 - 12:30
Dates and Time

BLANCHARD SIMS SCHOOL PLORENCE STREET, FLINT STREET, BROADWAY ST ELA BTH ST.
General Description of Location

as requested by the undersigned, the undersigned does hereby agree to fully hold harmless, defend and indemnify the Village of Lake Orion, and all of its officers, officials, agents and employees, with respect to all claims, losses, damages, causes of action, judgments, costs and expenses, including reasonable attorney fees, whether or not the same are now known, liquidated, discovered, discoverable or justifiable, which may be asserted, brought or rendered against, incurred or suffered by, and/or imposed upon, the Village of Lake Orion and/or its officers, officials, agents and employees, by reason of or arising out of the grant or exercise of the rights stated above granted by the Village of Lake Orion to the undersigned.

[Signature]
Applicant/Property Owner/Contractor Signature**

Bridget R Brown
Witness One Signature ***

STEPHAN HANWELL
Applicant/Property Owner/Contractor Printed Name

Bridget L Brown
Witness One Printed Name

2-10-25
Date

D.J. Miller
Witness Two Signature ***

DENNIS MILLER
Witness Two Printed Name

* Applicant MUST provide information regarding what the activity is, date(s), times activity will be held and the areas (public sidewalks, streets, parking spaces, etc.) that are affected.

** If the activity is obstructing public right-of-way for work on private property, the property owner or contractor MUST provide their signature.

*** The signatures from two (2) witnesses are required.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/8/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Acrisure Great Lakes Partners Insurance Services 223 West Grand River Ave #1 Howell MI 48843	CONTACT NAME: Natalie Miller	FAX (A/C, No): 248-698-7634	
	PHONE (A/C, No, Ext): 248-698-7600	E-MAIL ADDRESS: nmiller@acrisure.com	
INSURED American Legion Charlton Polan Post 233 164 S Broadway St Lake Orion MI 48362	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Michigan Millers Mutual Insurance Company		14508
	INSURER B: Accident Fund National Insurance Company		12305
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 1625777312

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			C0508972	1/8/2025	1/8/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			C0508972	1/8/2025	1/8/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	100120773	1/8/2025	1/8/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	<input type="checkbox"/> Liquor Liability			C0508972	1/8/2025	1/8/2026	Liquor Occurrence 1,000,000 Liquor Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Village of Lake Orion is insured additional insured with respect to general liability.

CERTIFICATE HOLDER

CANCELLATION

Village of Lake Orion
21 East Church Street
Lake Orion MI 48362-3212

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

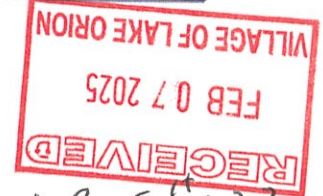
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Village of Lake Orion

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Tel 248.693.8391
Fax 248.693.5874
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TEMPORARY USE OF VILLAGE RIGHT-OF-WAY (PROPERTY, STREETS AND SIDEWALKS)



APPLICANT INFORMATION

Applicant Name: STEPHEN HAWKSWELL Business Name: AMERICAN LEGION Post 233
Applicant Phone #: 248-693-2782 Address: 1645 BROADWAY
Applicant E-Mail: _____ City, State, Zip: LAKE ORION MI 48362

TYPE OF TEMPORARY USE

Property/Right-of-way will be used for: _____ Building Maintenance _____ Business Sale/Event ☒ Utility Installation

Briefly Describe Use/Project Activity: MEMORIAL DAY PARADE

RIGHT-OF-WAY (ROW) TO BE USED

Site Address: (Property adjacent to street/sidewalk/ROW) _____

Temporary Use of Right-of-Way Begins - Day: MAY 26 2025 Time: 10:45 - 12:30 AM

Temporary Use of Right-of-Way Ends - Day: MAY 26 2025 Time: 12:30 PM

ADDITIONAL REQUIRED INFORMATION

Please place your initials next to the items in the applicable column to acknowledge that all items are included with your application.

Required for Special Event Applications	Required for General Obstruction of Public ROW Only
<input checked="" type="checkbox"/> Anticipated Attendance <u>2000</u>	____ Sketch of Project Area
<input checked="" type="checkbox"/> Event Map	____ Hold Harmless Agreement
<input checked="" type="checkbox"/> Hold Harmless Agreement	____ Barrier Plan/ Safe Route Plan
____ License Agreement (if applicable - to be approved by Village Council)	Additional Items for Excavation / Construction on Public Property
____ Parking Plan	____ Application Fee
____ Sign Application (if applicable)	____ Insurance Certificate
<input checked="" type="checkbox"/> Insurance Certificate	____ Copy of License
____ Approvals from all applicable outside agencies	____ \$1,000 Escrow Deposit
	____ Construction Detail
	____ Soil Erosion Sedimentation Control

I, the undersigned, understand that the Village Hold Harmless Agreement must be completed and must accompany this application. I understand I will be liable for damage done to any street or sidewalk and that I must fully cooperate with all Village departments. Failure to cooperate may lead to immediate revocation of this permit by the Village of Lake Orion.

Signature of Applicant: SA [Signature] Date: 2-10-2025

*** To Be Completed by Village Administration ***

APPROVAL / COMMENTS BY

Police Chief: [Signature] Date: 2-10-25

Special Events: Condition of approval is that the applicant must make arrangements for barricades and detour signs at least one week prior to event. When Flint Street is closed, temporary STOP signs must be installed on both eastbound and westbound Shadbolt at Anderson Street and any other locations that the Police Chief deems necessary.

Fire Chief: _____ Date: _____

DPW Director: [Signature] Date: 2-10-25

Village Council: _____ Date: _____

OR

Village Manager: _____ Date: _____

Conditions of Approval: _____



Charter Township of Orion

3365 Gregory Rd., Lake Orion MI 48359
www.oriontownship.org

Fire Department

Phone: (248) 391-0304, ext. 2000

Fax: (248) 309-6993

February 26, 2025

Village of Lake Orion
21 E. Church Street
Lake Orion, MI 48362

RE: Memorial Day Parade

Lake Orion Village Council,

It is the recommendation of the Orion Township Fire Department that the event, Memorial Day Parade and Services, be approved with the following condition.

1. Parade route will follow as indicated on the provided map from the applicant highlighted in YELLOW.

John Pender

John Pender, Assistant Fire Chief
Orion Township Fire Department

VILLAGE OF LAKE ORION
21 E CHURCH
LAKE ORION, MI 48362-3287
United States
Phone : (248) 693-8391

Received From: AMERICAN LEGION
Date: 02/10/2025 Time: 1:50:50 PM
Receipt: 0000048378 *** REPRINT ***
Cashier: HEDRICKC

MEMORIAL DAY PARADE SPECIAL EVENT

ITEM REFERENCE	AMOUNT

APPL FEE APPLICATION FEE	
1 @ 25	\$25.00
UTSPROW UTIL PLAN SPECIAL EVENT ROW	
1 @ 75	\$75.00

TOTAL	\$100.00
 CHECK 7451	 \$100.00
Total Tendered:	\$100.00
 Change:	 \$0.00