CITY OF ISHPEMING

SPECIAL EVENT APPLICATION

Please complete this application and return it to the City Manager's Office at least 45 calendar days prior to the starting date of the event.

Organization's
Name _____ Phone _____

Organization Address _____

Organization's Agent _____ Phone _____

Agent's Title _____

Agent's Address _____

Organization/Agent's Email Address _____

Event Name _____

Event purpose _____

_____

Event Dates _____

Event Times _____

Event Location _____

Streets Requested for Closure _____

_____

_____

1. Type of Event:

   [ ] City Operated Event [ ] Co-Sponsored Event

   [ ] Other Non-Profit Event [ ] Other For-Profit Event

   [ ] Political or Ballot Issue Event

2. Annual Event: Is this event expected to occur next year? [YES] [NO]

If yes, you can reserve a date for next year with this application. To reserve dates for next year, please provide the following information:

Normal Event Schedule _____

Next year's Specific Dates: _____

3. An Event Map [Is] [Is Not] attached. If your event will use streets and/or sidewalks (for a parade, run, etc.) or will use multiple locations, please attach a complete map showing the assembly and dispersal locations and the route plan. Also please show any streets or parking lots that you are requesting to be blocked off with preferred locations of any barricades, traffic cones, and any other requested City property.

4. Vendors: Food Concessions? [Yes] [No] Other vendors? [Yes] [No]

5. Event signs: Will this event include the use of signs? [Yes] [No]

6. Other Requests: _____

_____

7. CERTIFICATION AND SIGNATURE: I understand and agree on behalf of the sponsoring organization that:

a. A certificate of Insurance must be provided which names the City of Ishpeming as an additional named insured party on the policy.

b. Event organizers and participants will be required to sign Indemnification Agreement forms.

c. All food vendors must be approved by the Marquette County Health Department and each food vendor must provide the City with a Certificate of Insurance which names the City as an additional named insured on the policy.

d. All liquor vendors must obtain a liquor license for the event which must be approved by the Michigan Liquor Control Commission and must provide the City with a Certificate of Insurance which names the City as an additional named insured on the policy.

e. The approval of this special event may include additional requirements based on the City's review of this application in accordance with the City's Special Event Policy. The event will be operated in conformance with the written confirmation of approval.

f. The organization will provide a security deposit for the estimated fees as may be required by the City and will promptly pay any billing for City services which may be rendered.

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

Date _____ Signature of Organization's Agent _____

Return this Application at least forty-five (45) days prior to the first day of the event to:

City of Ishpeming
Attn: City Manager's Office
100 E. Division Street
Ishpeming, MI 49849

Email: estack@ishpemingcity.org

Exhibit B

INDEMNIFICATION AND INSURANCE AGREEMENT

The _____ agree(s) to defend, indemnify and hold harmless the City of Ishpeming, from any claim, demand, suit, loss, cost of expense or any damage which may be asserted, claimed or recovered against or from the _____ by reason of any damage to property, personal injury or bodily injury, including 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 the performance of this contract and regardless of which claim, demand, damage, loss, cost of expense is caused in whole or in part by the negligence of the City of Ishpeming or by third parties, or by the agents, servants, employees or factors of any of them.

It is further understood and agreed that the City of Ishpeming, including all elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and their board members, employees and volunteers shall be an Additional insured on the organization's liability insurance policy. It is further understood and agreed that by naming the City of Ishpeming as an additional insured, coverage afforded is considered to be primary and any other insurance the City of Ishpeming may have in effect shall be considered secondary and/or excess.

It is further understood and agreed that the organization's liability insurance policy shall be Comprehensive General Liability including contractual coverage with limits in an amount of at least One Million ($1,000,000) Dollars per occurrence, One Million ($1,000,000) Dollars aggregate bodily injury and One Million ($1,000,000) Dollars aggregate property damage or One Million ($1,000,000) Dollars Combined Single Limit.

It is further understood and agreed that the Certificate of Insurance shall be delivered to the City of Ishpeming, Office of the City Manager, at least forty-five (45) days prior to the scheduled event. In the event that the organization fails to comply with this requirement, the City of Ishpeming will take reasonable steps as may be necessary to advise the organization and the general public that the event will not occur.

Signature: _____

Date: _____

Witness: _____