



Date Received \_\_\_\_\_ Community Event Application # \_\_\_\_\_

CITY OF NILES  
508 E. MAIN  
NILES, MICHIGAN 49120

CITY COUNCIL APPROVAL DATE: \_\_\_\_\_

EVENT APPLICATION FORM

Name of Applicant Group \_\_\_\_\_

Type of Group (example: church, school, non-profit, for-profit) \_\_\_\_\_

Address of Applicant Group \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

1. Name of Event \_\_\_\_\_

2. Date: Starting \_\_\_\_\_ Ending \_\_\_\_\_

3. Time: Starting \_\_\_\_\_ Ending \_\_\_\_\_

4. Type of Event & Description:  Parade  Festival  Fundraiser  Other

5. Location/Route Requested (Attach detailed description and map or drawing)

6. Name of Contact Person \_\_\_\_\_

7. Telephone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Fax) \_\_\_\_\_

Email Address \_\_\_\_\_

8. Will this person have authority to cancel or greatly modify event plans? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Will this person be present at the event area or areas and in charge of the event at all times?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Alternate \_\_\_\_\_ Phone# \_\_\_\_\_

10. List of Streets to be closed (if applicable) \_\_\_\_\_

11. Will a traffic detour be required in order to conduct this event? Yes \_\_\_\_\_ No \_\_\_\_\_

12. Request for additional City services (electric hookup, reserve officers, River Rescue, barricades, etc.)

13. Expected Number of Participants: \_\_\_\_\_ and Spectators: \_\_\_\_\_

Please attach a draft copy of the entry form for participants.

14. History of Event (if any) \_\_\_\_\_

15. Proposed use of proceeds from Event \_\_\_\_\_

16. Proposed Event/Entertainment/Activities (include food & beverage service) \_\_\_\_\_

17. Copy of Insurance Policy attached? Yes \_\_\_\_\_ No \_\_\_\_\_  
(All groups organizing events in municipal parks/property require liability insurance in the amount of \$1,000,000 minimum naming the City of Niles as additional insured.)

18. Clean up schedule \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return this form and complete supporting documentation, if required, one (1) month prior to your event to the Niles City Clerk, P.O. Box 487, Niles, Michigan 49120 (269/683-4700, ext. 204) The application will then be reviewed by city personnel and/or City Council and/or the Michigan Department of Transportation (for use of state highways only).

Distributed to the following departments on: \_\_\_\_\_

Engineering \_\_\_\_\_ Fire \_\_\_\_\_ Police \_\_\_\_\_ Planning \_\_\_\_\_ Other \_\_\_\_\_

Responses received from the following departments on:

Engineering \_\_\_\_\_ Fire \_\_\_\_\_ Police \_\_\_\_\_ Planning \_\_\_\_\_ Other \_\_\_\_\_