



## Special Event Application

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Return Completed Applications to:

City of Wayland  
City Manager's Office  
103 South Main Street  
Wayland, MI 49348  
Phone: (269)792-2265    Email: [jeggleston@cityofwayland.org](mailto:jeggleston@cityofwayland.org)

Please print Clearly:

Event Organizer: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Business/Group Name: \_\_\_\_\_

Event Organizer Phone Number: \_\_\_\_\_ Event Organizer E-mail: \_\_\_\_\_

Event Organizer Mailing Address: \_\_\_\_\_

On-site event contact if different (name and phone number): \_\_\_\_\_

### Event Information

Event Name/type of event: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Start Time/Date: \_\_\_\_\_ Event End Time/Date: \_\_\_\_\_

Event Description (provide additional sheets of information if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anticipated Attendance: \_\_\_\_\_

### Request for City Services

Road Closures (Location of proposed road closures) (attach map as required):

Proposed Road Closure Date/Times (Beginning and End): \_\_\_\_\_

Description of Proposed Detour Routes: \_\_\_\_\_

Description of Traffic Control Methods (Signage/Barricades/Etc.) \_\_\_\_\_

Will City Signs/Barricades Be Needed (Yes or No): \_\_\_\_\_

If Yes How Many: \_\_\_\_\_

Water Hookup Needed (Yes/No)(Details): \_\_\_\_\_

(Water Hookup subject to proper backflow prevention and inspection by City)

Electrical Hookup (Yes/No) (Details): \_\_\_\_\_

Trash Containers (Yes/No) (Proposed Locations): \_\_\_\_\_

Picnic Tables Needed (yes/no), If yes how many: \_\_\_\_\_

Will City Stage Rental Be Needed (Yes/No): \_\_\_\_\_

Note: Separate Application/Fee/User Agreement Required for Use of City Stage)

Event Details

Will Music Be a Part of Event (Yes/No): \_\_\_\_\_ Type of Music: \_\_\_\_\_

Time of Music Start/End: \_\_\_\_\_

Animals (Such as Petting Zoo) (Yes/No): \_\_\_\_\_

Will food/drink be sold (yes/no): \_\_\_\_\_ Will alcohol be served (yes/no): \_\_\_\_\_

Will any structures be placed (tents/pavilions/etc.) be placed (yes/no) (please indicate on map): \_\_\_\_\_

Will there be any amusement park rides/bounce houses (yes/no) (show on map): \_\_\_\_\_

Will alcohol be served (yes/no): \_\_\_\_\_

Additional Information For City to Consider: \_\_\_\_\_

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

Is this event expected to be an Annual Event (yes/no): \_\_\_\_\_

Normal Schedule of Event (e.g. third weekend in July): \_\_\_\_\_

**Indemnification:**

The \_\_\_\_\_ agree(s) to defend, indemnify, and hold harmless the City of Wayland, Michigan, its officers, employees and agents, from and against any claim, demand, suit, loss, cost, expense, or any damage, which may be asserted, claimed, or recovered against for from the City of Wayland, its officers, employees, or agents by reason of any damage to property, bodily injury, or 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 or related to the special event

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Date Received: \_\_\_\_\_

Department Reviews: Police: \_\_\_\_\_ DPW: \_\_\_\_\_ Fire: \_\_\_\_\_ Administration: \_\_\_\_\_

Application Status: Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Approved with Conditions: \_\_\_\_\_

Conditions of Approval: \_\_\_\_\_

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