

Village of Middleville, 100 E Main St. Middleville MI 49333  
Application for Special Event Permit

**Any person, firm or organization, organizing a special event within the Village of Middleville must obtain a Special Event Permit.**

This application must be filed with the Village sixty (60) days prior to the scheduled date of the Special Event. Any application received less than 60 days before the event may not be approved. For questions please call the Village Hall at 269-795-3385.

Name of each organization sponsoring the event: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State/ZIP

Contact Person: \_\_\_\_\_  
Name Business Phone Home Phone

Description of Activity or Special Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location Requested: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time Period: \_\_\_\_\_

Number of expected participants and spectators: \_\_\_\_\_

Check and attach a detailed explanation, including drawings, or completed information where applicable, of the following: (Please use an extra sheet if needed for complete information)

1. Submit route map for any parades, running/walking events, etc.
2. Specification of any street or intersections which the applicant is asking to be closed during event.
3. If and where parking is to be restricted or prohibited during the special event. \_\_\_\_\_  
\_\_\_\_\_
4. Will you have parking attendants and parking areas defined? \_\_\_\_\_
5. Description of any sound amplification equipment to be used and how and where it is to be used.
6. Will charity, gratuity, admissions, or offerings be solicited, or sales approved, or beverages or other merchandise be available? \_\_\_\_\_
7. Applicant shall be responsible for communicating all permit requirements to vendors. Vendor/Solicitation permits are available at the Village Office.

- 8. If food or beverages are to be sold, approval from Eaton-Barry County Health Dept. is required.
- 9. Are the restrooms in the area adequate? Who will maintain them during the event? Who will replace the restroom supplies? \_\_\_\_\_
- 10. How much refuse will be generated by your event and what measures have been taken to keep the area clean? \_\_\_\_\_
- 11. Who within your organization is responsible for cleanup and by what time will the area be cleaned? \_\_\_\_\_  
\_\_\_\_\_
- 12. Will extra trash bins be required? \_\_\_\_\_
- 13. Does your organization have insurance coverage for the event day?
  - a. Insurance Co. Name: \_\_\_\_\_
  - b. Amount \_\_\_\_\_
- 14. What utilities are required for your event and does the area have them available? \_\_\_\_\_  
\_\_\_\_\_
- 15. If not, how will they be provided? \_\_\_\_\_
- 16. Do you have a plan for emergency vehicle access? \_\_\_\_\_
- 17. Is another group assisting with payment of advertising or other parts of the event? \_\_\_\_\_
- 18. Do you plan to distribute advertising or flyers before or during this event? \_\_\_\_\_
- 19. Do you want the Village/DDA Event Coordinator to do a Press Release ten days prior to the event? \_\_\_\_\_
- 20. Do you plan to place any signs or banners or other advertisement at the event site? \_\_\_\_\_ If yes, person responsible for installation and removal of all items \_\_\_\_\_
- 21. Will any fireworks be discharged during the event? \_\_\_\_\_ If yes, please complete the Fireworks Display permit.

I do attest and affirm that the above and attached information is true and accurate to the best of my knowledge and that I am authorized to apply for a Special Event permit on behalf of the above-named organization.

I/We agree to be responsible for the removal of all equipment, paraphernalia, waste, trash, and other personal property belonging to or resulting from the event.

In case of public works emergency, I/We will call: **Barry County Dispatcher 269-948-4800 Ext. 1.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Office Use Only**

Application Complete

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

Send Copy to:

\_\_\_\_\_ Sgt. Stevens

\_\_\_\_\_ DPW

\_\_\_\_\_ TTES

Sgt. Stevens' comments: \_\_\_\_\_

DPW comments: \_\_\_\_\_

TTES comments: \_\_\_\_\_

Approved: \_\_\_\_\_

Council Meeting Date: \_\_\_\_\_

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

## FIREWORKS DISPLAY

Please complete this section if you plan on displaying fireworks:

What dates and time will the fireworks display take place? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long of a duration will the display occur? \_\_\_\_\_

Please provide the following:

1. Insurance Provider: \_\_\_\_\_
2. Proof of Insurance and Bonding (minimum \$1 million policy)
3. Proof of Consumer Fireworks License from Bureau of Alcohol, Tobacco and Firearms
4. Proof of Display Fireworks License from Bureau of Alcohol, Tobacco and Firearms

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I do attest and affirm that the above and attached information is true and accurate to the best of my knowledge and that I am authorized to apply for a Fireworks Display Permit on behalf of the above-named organization or individual. I acknowledge that the Village may receive complaints regarding the display of fireworks and understand that, as a result of those complaints (most notably complaints of property damage, injury, or failure to comply with permit conditions), the Village may revoke previously-granted permits or deny subsequent permit applications as a result of those complaints.

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Helpful Links:

<https://www.atf.gov/explosives/qa/are-%E2%80%9Cconsumer-fireworks%E2%80%9D-subject-regulation-under-federal-explosives-laws>

<https://www.atf.gov/explosives/qa/are-%E2%80%9Cdisplay-fireworks%E2%80%9D-considered-be-explosive-materials-subject-regulation-under>