



**Village of Hesperia**

**SPECIAL EVENTS PERMIT**

**A refundable deposit of \$50.00 is required for this permit**

Date(s) of Event \_\_\_\_\_ Event Time: Begin \_\_\_\_\_ End \_\_\_\_\_

Place: \_\_\_\_\_

Describe the Event:

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

Full name of Promoter: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Name & Address of Local Sponsor:

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

Is your organization Non-profit: Yes / No

What areas will be used for this event? (Use another sheet for more space).

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

What special assistance will you need from the Village? Be specific (example: road closures, barrels, police escort etc. These services would be at an extra cost to the Promoter of the event.)

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

What is the approximate attendance expected? \_\_\_\_\_

Describe your security and who will be responsible for that security (if required).

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

What arrangements for parking have been made? \_\_\_\_\_

\_\_\_\_\_

List 2 (two) people with local addresses who are responsible for the set-up and take down:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Village of Hesperia  
33 E. Michigan Avenue P.O. Box 366  
Hesperia, MI 49421  
231-854-1212 or 231-854-6205**

Are there amusement-type rides involved with the event? YES or NO (please circle)

Are there exhibitors/concessions associated with your special event? If so, please describe:

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

Do you need a certificate from the health department? YES or NO (please circle)

**IF YES, PLEASE SUBMIT A COPY.**

If any alcohol is to be consumed or sold at your event, this item needs specific approval from the Village Council and you will need a license from the Michigan Liquor Control Commission.

**IF YES, PLEASE SUBMIT A COPY.**

What utilities are required for the event and does the area have them available? If not, how will they be provided?

\_\_\_\_\_

Are the restrooms in the area adequate? YES or NO (please circle)

If required, who will maintain them during the event?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

What measures will be taken to keep the area clean and dispose of refuse during the event and after take down? \_\_\_\_\_

\_\_\_\_\_

**\*\*LIABILITY INSURANCE MAY BE REQUIRED.** IS the Village of Hesperia listed as "A Named Insured" on the rider? Depending on the size of the event and exposure of risk, the "Per Incident" and "Per Person" level of liability coverage required will be determined by the Village and its attorney.  
**\*\*A MINIMUM OF 45 DAYS FROM THE DATE OF APPLICATION TO DATE OF EVENT IS REQUIRED TO OBTAIN THE NECESSARY APPROVALS. A LARGER TIME FRAME IS STRONGLY RECOMMENDED.**

SIGNATURE OF PROMOTER: \_\_\_\_\_ DATE: \_\_\_\_\_



Number of days requested: \_\_\_\_\_

Fee paid: \_\_\_\_\_  cash  credit card  check # \_\_\_\_\_

Permit for the proposed is hereby granted: \_\_\_\_\_ Not granted: \_\_\_\_\_

Village President: \_\_\_\_\_ Date: \_\_\_\_\_

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