



**Livonia**  
PARKS & RECREATION

## SPECIAL USE APPLICATION

*A Special Use Permit is required when an event/activity falls beyond the normal scope of park operations.*

### APPLICANT / SPONSORING ORGANIZATION INFORMATION

SPONSORING ORGANIZATION: \_\_\_\_\_

CHIEF OFFICER/CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (DAY): \_\_\_\_\_ PHONE (MOBILE): \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

Please list any additional event organizer(s) or service provider(s) hired by the applicant that is authorized to work on your behalf to produce this event.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (DAY): \_\_\_\_\_ PHONE (MOBILE): \_\_\_\_\_

Please identify contact person "on site" day of event (Note: this person must be in attendance for the duration of the event and immediately available to park officials).

NAME: \_\_\_\_\_ PHONE (MOBILE): \_\_\_\_\_

### EVENT INFORMATION

TYPE OF EVENT:      Charity              Run/Walk              Assembly (public)              Bike Race              Concert  
                                         Fair/Festival              Educational/Environmental              Other: \_\_\_\_\_

EVENT TITLE: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

EVENT DATE(S): \_\_\_\_\_ ALTERNATE DATE(S): \_\_\_\_\_

ESTIMATED NUMBER OF PARTICIPANTS (Includes volunteers and staff): \_\_\_\_\_

ACTUAL EVENT HOURS: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

SET UP DATE: \_\_\_\_\_ SET UP START TIME: \_\_\_\_\_ AM/PM      END TIME: \_\_\_\_\_ AM/PM

Please describe the scope of setup work needed provide specific details): \_\_\_\_\_

\_\_\_\_\_

CLEAN UP DATE: \_\_\_\_\_ CLEAN UP START TIME: \_\_\_\_\_AM/PM END TIME: \_\_\_\_\_AM/PM

### EVENT DESCRIPTION

Please provide a detailed descriptions of your event (attach additional sheets if necessary).

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

Is this a first time event for the sponsoring organization at this location? \_\_\_\_\_

If No, how does it differ from previous years?

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

Last Year's Attendance \_\_\_\_\_

Event will be open to: \_\_\_\_\_ Public \_\_\_\_\_ Members Only \_\_\_\_\_ Invite Only \_\_\_\_\_ Other

Park Facilities Requested (circle all that apply):

Pavilions      Open Fields      Ball Fields      Trails      Other \_\_\_\_\_

Showmobile (*Additional Showmobile Request is required*)      Roads (*Required additional request form*)

Yes      No

\_\_\_      \_\_\_      Are you requesting use of electricity? If YES, please list operational needs: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_      \_\_\_      Will items or services be sold at the event? If YES, please describe: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_      \_\_\_      Does the event involve pedestrian / vehicular circulation of any kind along walkways, trails, etc? If YES, attach a detailed map of the proposed circulation (pedestrian, shuttle, bicycle, vehicles, etc.) route, indicating direction of travel. Provide a written narrative to accompany map. \_\_\_\_\_  
\_\_\_\_\_

\_\_\_      \_\_\_      Does this event involve the closure of any park facilities / areas? If YES, list required

closures as a result of this event. Include areas (trail name(s), field(s), etc.) date and time of closing and reopening: \_\_\_\_\_

\_\_\_\_ Will Alcohol be served? If YES, an Alcohol Permit must be obtained from the Livonia Police Department. Who will be serving alcohol? \_\_\_\_\_

In addition to the route map, a diagram showing the overall event layout and set up, including locations for the following items, may be required:

1. Food Concession and/or Food Preparation Areas  
Describe how food will be served at the event: \_\_\_\_\_

If food will be cooked on site, please specify method:

\_\_\_ Gas/Propane \_\_\_ Electric \_\_\_ Charcoal \_\_\_ Other (specify): - \_\_\_\_\_

*Food vendors must have proper Health Department licensing and approval from the Fire Department.*

2. Will vendors be selling any items? If YES please describe \_\_\_\_\_  
*A permit may be required from the City of Livonia's Clerk's Office.*

3. Portable Toilet Facilities  
Number of standard portable toilets to be supplied: \_\_\_\_\_

Number of ADA Accessible toilets to be supplied: \_\_\_\_\_

Name of company providing these facilities: \_\_\_\_\_

When will the facilities be delivered? \_\_\_\_\_

When will the facilities be picked up? \_\_\_\_\_

4. Trash and Recycling Receptacles and Management  
You must properly dispose of waste and garbage throughout the term of your event and immediately upon conclusion of the event. The area must be returned to a clean, pre-event condition. The Department does not provide sanitation services for special events. Please describe your waste management and clean-up plan:

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

Number and Size of dumpsters with lids: \_\_\_\_\_ Required – 1 for every 400 people

Number of trash receptacles to be supplied: \_\_\_\_\_

Number of recycling receptacles to be supplied: \_\_\_\_\_

Which of following will be necessary to conduct your event? Please check all that apply.

- First Aid Facilities and Ambulance Location
- Booths, Displays or Enclosures
- Tables and chairs
- Fencing, Barriers and/or barricades
- Scaffolding, bleachers, platforms, stages
- Generators and/ or electricity source
- Other:

**SAFETY / SECURITY / ACCESSIBILITY**

Please describe procedure for both crowd control and internal security: \_\_\_\_\_

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Please describe accessibility plan for individuals with disabilities: \_\_\_\_\_

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REQUIRED – It is the applicant’s responsibility to comply with all federal disability access requirements as established by the Americans with Disabilities Act (ADA).

Ambulance(s)	# _____	Provided by: _____
Emergency Medical Technicians	# _____	Provided by: _____
First Aid Stations	# _____	Provided by: _____
Other	# _____	Provided by: _____

Is this a night event? \_\_\_\_\_ If YES, please describe how the event and the surrounding area will be illuminated to ensure safety of the participants and the spectators: \_\_\_\_\_

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**PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT**

Please provide a description of your parking and/or transportation /shuttle plans: \_\_\_\_\_

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Please describe your plan for Handicap accessible parking: \_\_\_\_\_

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Please describe our plan to notify nearby residents, businesses, etc. impacted by the event: \_\_\_\_\_

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## PROMOTION / ADVERTISING / MARKETING

Yes

No

\_\_\_ \_\_\_ Will this event be promoted, advertised or marketed in any manner? If YES, please describe:

\_\_\_\_\_

\_\_\_ \_\_\_ Will there be any live media coverage during the event? If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

## ENTERTAINMENT / CONTRACTED SERVICES / RELATED ACTIVITIES

Yes

No

\_\_\_ \_\_\_ Will music entertainment / DJ be provided at your event? If YES, please indicate name of Band /

DJ Service: \_\_\_\_\_

\_\_\_ \_\_\_ Will amplified sound be used? If yes, please indicate: Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

*It must be kept at a reasonable level. Absolutely no profanity or profane lyrics are allowed in the selection of music that is played for the event. If such music is heard by park staff or if complaints are received from other park users, it will be grounds or shutting down the event and a prohibition on any future events by the sponsor.*

\_\_\_ \_\_\_ Any inflatables, bouncers or similar devices? If YES, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_ \_\_\_ Any signs, banners, decorations or special lighting? If YES, please describe and give location:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ \_\_\_ Any tents, canopies or temporary structures? If YES, please describe and give location:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ \_\_\_ Any raffles, bingo, prize money to be awarded on site? If YES, a Charitable Gaming License is also required. You may apply here: [http://www.michigan.gov/documents/cg/BSL-CG-1655\\_500424\\_7.pdf](http://www.michigan.gov/documents/cg/BSL-CG-1655_500424_7.pdf) Please describe your plan for secure transport of monies being collected:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ \_\_\_ Any inflatables, bouncers or similar devices? If YES, please describe: \_\_\_\_\_

\_\_\_\_\_

*DUNK TANKS AND LIVE ANIMALS ARE NOT ALLOWED.*

**DEPARTMENT SUPPORT / SPECIAL REQUESTS**

Yes      No

\_\_\_      \_\_\_      Is park staff support requested? If YES, please describe needs: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_      \_\_\_      Is use of park equipment requested? If YES, please describe needs: \_\_\_\_\_  
\_\_\_\_\_

**INSURANCE REQUIREMENTS**

Before final approval will be granted, the applicant may be required to provide an original and current certificate of general liability insurance including bodily injury and property damage naming the City of Livonia as “additional insured”. Insurance coverage must be maintained for the duration of the event.

Amount of Insurance Required \$1,000,000 general liability:

If alcohol consumption either by individuals or group, an Alcohol Permit is required from the Livonia Police Dept. Alcohol beverages for sale – Liquor License required and must meet all LCC requirements.

All insurance information must be submitted on form 2020A, Certificate of Insurance for Permitted Activities in City of Livonia Parks. Please submit this form to your insurance agent. Your agent may mail it to City of Livonia, Parks and Recreation Department, 1100 Hubbard, Livonia, MI 48154.

**RELEASE & HOLD HARMLESS AGREEMENT**

In consideration of being issued a Special Use Permit by the City of Livonia and if applicable, in consideration of being allowed by the City of Livonia to possess and consume beer and/or wine at the above location and date, the undersigned by this instrument do hereby expressly stipulate and agree to release, discharge, indemnify and forever hold harmless the City of Livonia, its assigns, agents, servants and employees of and from all claims, demands, actions or causes of action now existing or which may hereafter exist by reason of any damage, loss or injury which heretofore has been or which may hereafter be sustained by the said group, organization or family in consequence of their participation in any and all activities in connections with issuance of this permit.

This release extends and applies to, and also covers and includes, all unknown, unforeseen, unanticipated and unsuspected injuries, damages, loss and liability, and the consequences thereof, as well as those now disclosed and known to exist. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extend to claims, demands, injuries or damages, which are unknown or are unsuspected to exist at the time to the person executing such release, are hereby expressly waived.

HAVING READ THE ABOVE CONDITIONS AND RECEIVING THE GUIDELINES PERTAINING TO THIS RENTAL, I/WE \_\_\_\_\_ AGREE TO ADHERE TO THE CONDITIONS OF THIS AGREEMENT AND THE SPECIAL USE GUIDELINES. DATE \_\_\_\_\_

*For Office Use*

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

Application Checklist: Completed Application \_\_\_\_\_ Event Map \_\_\_\_\_ Cert. of Insurance \_\_\_\_\_

Department Approvals: Mayor \_\_\_\_\_ Police \_\_\_\_\_ Fire \_\_\_\_\_ DPW \_\_\_\_\_ Parks & Rec. \_\_\_\_\_

Parks & Recreation Commission Meeting: \_\_\_\_\_ Council Approval: \_\_\_\_\_

Permit Issued: \_\_\_\_\_ Permit Denied: \_\_\_\_\_ Staff: \_\_\_\_\_