



CITY OF JACKSON SPECIAL EVENT POLICY

City Clerk's Office * 161 W. Michigan Avenue * Jackson, MI 49201
(517) 788-4025

The City of Jackson appreciates your efforts in contributing to the heart and vitality of the City through your proposed Special Event. We recognize that the City of Jackson is fortunate to have many varied and beautiful parks and friendly streets and neighborhoods, all of which provide wonderful venues at which to hold Special Events.

To preserve the City's natural resources, while still offering enjoyment, the City may permit the temporary use of public properties or roadways for special activities. The City coordinates the review of these events with various City departments to ensure that the events are conducted safely.

The City Clerk's Office will distribute copies of your application to all City departments or agencies affected by your event. These department or agencies will contact you individually only if they have specific questions or concerns about your event.

PURPOSE: The purpose of the Special Events Policy is to promote uniform procedures to regulate and permit special event activity at locations under the jurisdiction of the City of Jackson. The Special Event Application is a starting point for any group or individual who wishes to hold an event, parade, assembly, festival, or similar affair, within the municipal limits of the City of Jackson.

SPECIAL EVENT APPLICATION REQUIRED: This Policy Statement on Special Events covers all special events. Any organization wishing to sponsor or hold a Special Event in the City of Jackson that takes place on public lands or lands that are controlled by the City of Jackson will be required to complete the City of Jackson Special Event Application.

A Special Event within the City of Jackson that will be conducted on the streets, parks or other public area is required to be approved by the City Council. Applications to conduct a Special Event must be made in writing to the Office of the City Clerk. Applications are available from the City Clerk's Office, office of the Downtown Development Authority, and via the City's website at www.cityofjackson.org.

The City will provide a complete review of any special event application, including consultation with the applicant as may be reasonably necessary to resolve problems and/or concerns. It is the responsibility of the event holder to contact the Downtown Development Authority at (517) 788-4355, for downtown street and City-owned parking lot closures.

Sponsors of Special Events should be aware that noise generated by the event could have an impact on the neighborhoods near the event site. Sponsors must be considerate of the neighborhood and be aware of the City Noise Ordinance.

As an event organizer, you must consider the availability of rest room facilities during this event. Consideration should be made regarding the type of event, the length of time it will be held, the number of people, etc. You must determine the rest room facilities in the immediate area of the event venue and then identify the potential need for portable facilities. Remember to identify accessible facilities for ADA requirements as well.



CITY OF JACKSON

SPECIAL EVENT POLICY page 2

City Clerk's Office * 161 W. Michigan Avenue * Jackson, MI 49201
(517) 788-4025

IMPLEMENTATION

Eligibility Requirements: The application or representative of any business, group or organization that seeks approval to conduct a special event, must be 21 years of age or older and officially designated as the agent of the sponsoring business, group, or organization.

Application Procedure: A Special Event Application must be received in the City Clerk's Office no later than thirty (30) days before the first day of the event. An incomplete application may result in denial of your request. We ask that applicants begin the process as early as possible in order that proper approvals and deadlines are met.

Please submit the following information:

Signed application

Map (sketch) of event site, detailing street closures, parking requirements, etc.

Schedule of Event

Proof of insurance/indemnification (naming City of Jackson as an "additional insured")

EMERGENCY MEDICAL SERVICES: Due to the vast number of different types of events, along with the anticipated crowd sizes, at a minimum, all event holders should have knowledge of 911 access and someone who is certified in First Aid/CPR. Also, basic First Aid Stations and/or kits should be on site.

LIABILITY INSURANCE REQUIREMENTS: To comply with the City's insurance liability carrier, the City must require that all sponsors of a special event carry liability insurance with coverage of at least \$500,000. An event sponsor must provide a valid certificate of insurance naming the City of Jackson as an additional named insured party on the policy.

An event sponsor may request that the City Council waive the insurance coverage for an event classified as Low Hazard. A Low Hazard event is a small gathering or ceremony involving not more than 50 people, who are passively participating in the activity, without any physical activity by participants or severe exposure to spectators, and no City services are required. An event sponsor of a Low Hazard event must sign a Hold Harmless and Indemnification Agreement as part of its application process.

CLEAN UP: Applicants are responsible for clean up and repairs. Applicants who fail to clean up and repair damages to the Event Area may be billed for City services and such failure will be considered for future applications.

WRITTEN CONFIRMATION OF CITY APPROVAL: It is expected that the event coordinator or a representative be present at the City Council meeting to answer any possible questions that Councilmembers may have regarding your proposed event. **Please note, if questions arise at the Council meeting, and a representative is not present, your request may be denied.**

Upon approval of the Special Event Application, a written confirmation as to the action of the City Council will be forwarded to the individual or organization requesting the event by the City Clerk's Office. This confirmation will outline any special conditions that must be met if the event is to be held.

PLEASE CONTACT ANGELA ARNOLD, DEPUTY CITY CLERK, WITH QUESTIONS REGARDING THIS POLICY AT (517) 788-4025.



**CITY OF JACKSON
SPECIAL EVENT APPLICATION**

City Clerk's Office * 161 W. Michigan Avenue * Jackson, MI 49201
(517) 788-4025

Date Received By Clerk's Office: _____ **Time:** _____ **By:** _____

Please complete this application in accordance with the City of Jackson Special Events Policy, and return it to the Office of the City Clerk at least 30 calendar days before the first day of the event.

Sponsoring Organization's Legal Name: _____

Organization Address: _____

Organization Agent: _____ Title: _____

Phone: Work _____ Home _____ During event _____

Agent's Address: _____

Agent's E-Mail Address: _____

Event Name: _____

Please give a brief description of the proposed special event: _____

Event Day(s) & Date(s): _____ Event Time(s): _____

Set-Up Date & Time: _____ Tear-Down Date & Time: _____

Event Location: _____

ANNUAL EVENT: Is this event expected to occur next year? YES NO How many years has this event occurred? _____

MAP: (a) If your event will use streets or sidewalks (for a parade, run, etc.) or will use multiple locations, please attach a complete map showing the assembly and dispersal locations and the route plan. (b) Show any streets or parking lots that you are requesting to be blocked off, and location of vendors, if any. A final map, if different, must be provided seven (7) days before the event. (c) Please show an emergency vehicle access lane.

STREET CLOSURES: Start Date/ Time: _____ through Date/ Time: _____

RESERVED PARKING: Are you requesting reserved parking? YES NO
If yes, list the number of street spaces, City lots or locations where parking is requested:

VENDORS: Food Concessions? YES NO Other Vendors? YES NO

DO YOU PLAN TO HAVE ALCOHOL SOLD/SERVED AT THIS EVENT? YES NO

If yes, are liquor license and liquor liability insurance attached? YES NO

If yes, what time? _____ until _____



CITY OF JACKSON

SPECIAL EVENT APPLICATION, Page 2

City Clerk's Office * 161 W. Michigan Avenue * Jackson, MI 49201
(517) 788-4025

ENTERTAINMENT: Are there any entertainment features related to this event? YES NO

If yes, provide an attachment listing all bands/performers, type of entertainment, and performance schedule.

ATTENDANCE: What is the expected (estimated) attendance for this event? _____

AMUSEMENT: Do you plan to have any amusement or carnival rides? YES NO

If yes, you are required to obtain a permit through the City Clerk's Office.

REST ROOMS: Are you planning to provide portable rest rooms at the event? YES NO If yes, how many? _____

As an event organizer, you must consider the availability of rest room facilities during this event. Consideration should be made regarding the type of event, the length of time it will be held, the number of people, etc. You must determine the rest room facilities in the immediate area of the event venue and then identify the potential need for portable facilities. Remember to identify accessible facilities for ADA requirements as well.

OTHER REQUESTS: (i.e., Police Department assistance, Fire Dept., street closures, electrical, etc.)

INSURANCE: All sponsors of special events must carry liability insurance with coverage of at least \$500,000. An event sponsor must provide a valid certificate of insurance naming the City of Jackson as an additional insured party on the policy. A sponsor of a Low Hazard event may request that City Council waive the insurance requirement and execute a Hold Harmless and Indemnification Agreement. This event qualifies consideration for Low Hazard because:

CERTIFICATION AND SIGNATURE: I understand and agree on behalf of the sponsoring organization that:

A Certificate of Insurance must be provided which names the City of Jackson as an additional named insured party on the policy or I am requesting that City Council waive the insurance requirement for this Low Hazard Event as identified in paragraph above related to insurance, and I have executed the Hold Harmless and Indemnification Agreement on behalf of the event sponsor.

All food vendors must be approved by the Jackson County Health Department, and each food or other vendor must provide the City of Jackson with a Certificate of Insurance which names the City of Jackson as an additional named insured party on the policy.

The approval of this special event may include additional requirements or limitations, based on the City's review of this application.

Applicants who fail to clean up and repair damages to the Event Area may be billed for City services and such failure will be considered for future applications.

As the duly authorized agent of the sponsoring organization, I am applying for approval of this Special Event, affirm the above understandings, and agree that my sponsoring organization will comply with the terms of the written confirmation of approval, and all other City requirements, ordinances and other laws, which apply to this Special Event. By signing this Special Event Application, I declare I am 21 years of age or older.

Date

Signature of Sponsoring Organization's Agent

RETURN THIS APPLICATION at least thirty (30) days before the first day of the event to:

CITY CLERK'S OFFICE - ATTN: ANGELA ARNOLD
161 W. MICHIGAN AVENUE - JACKSON, MI 49201



CITY OF JACKSON

SPECIAL EVENT APPLICATION, Page 3

City Clerk's Office * 161 W. Michigan Avenue * Jackson, MI 49201

(517) 788-4025

Event Title: _____

DEPARTMENTAL USE ONLY: Please contact applicant directly with any questions or concerns. Sign and return to the City Clerk's Office, as soon as possible.

Approvals noted below, by departments, indicate they have been made aware of the request and the reasonability of their department have been met.

Police Dept.: _____ Recommend Approval: YES NO Est. Economic Impact:\$ _____

Fire Dept.: _____ Recommend Approval: YES NO Est. Economic Impact:\$ _____

Traffic Eng.: _____ Recommend Approval: YES NO Est. Economic Impact:\$ _____

Dept. Pub. Serv.: _____ Recommend Approval: YES NO Est. Economic Impact:\$ _____

DDA: _____ Recommend Approval: YES NO Est. Economic Impact:\$ _____

Have businesses been notified for street closures?: YES NO

Parks/Forestry: _____ Recommend Approval: YES NO Est. Economic Impact:\$ _____

Reason for disapproval: _____

Any special requirements/conditions:

Insurance / Indemnification Received: _____

Insurance Approved: _____

City Council Approved: _____ Denied: _____

Approval/ Denial Mailed: _____