



CITY OF BRIDGMAN

SPECIAL EVENT REQUIREMENTS AND APPLICATION

A Special Event Application will be required for:

- Organized activities held on public property, including parks, streets, municipal parking lots, sidewalks and city-owned land, such as the examples listed below:
 - Fair, concert, carnival, festival or other similar activity.
 - An activity taking place on a designed route on the public right-of-way (sidewalk-street), park or other city open space.
 - Fun run, bike or foot race, parade, walk-a-thon or other similar activity.
 - An event open to the public which utilizes temporary structures such as tents and/or trailers, etc.

CITY CO-SPONSORED EVENTS: The City of Bridgman will co-sponsor certain events with other organizations when the City Council determines that the event is of general interest to the public and advances the City's mission. The City will provide financial support to these events as determined in the annual budget appropriation. These events must meet the other requirements for special events and must reimburse the City for any costs in excess of the support level authorized by the budget.

WRITTEN CONFIRMATION OF CITY APPROVAL: Upon approval of the special event application, a written confirmation as to the action of the City Council will be forwarded to the sponsor. This confirmation will outline any special conditions that must be met if the event is to be held.

RIGHT TO CANCEL, STOP, OR RESTRICT: Administration and public safety officials have the authority to cancel or stop an event, or place additional restrictions on the event if it is deemed that the public health, safety, or welfare would be better served with additional restrictions.

ADDITIONAL SERVICES: Following the event, the City will invoice the event sponsor for any additional services that may have been requested/required. Payment is due 30 days after the billing date. Event sponsors are responsible for the repair of any damages resulting from the use of city equipment or facilities.

OUTSTANDING BALANCE: If your event has an outstanding balance with the City from a previous event, we will not process your application until it has been paid in full.

SPECIAL EVENT APPLICATION

APPLICATION PROCESS: The completed application must be submitted at least calendar 60 days in advance of the event date to the City Clerk, who acts as a clearinghouse, routing the request and collecting responses from city departments and providing information to the event sponsor. As a result of the review of the event application there may be special conditions on the event. If additional city services are requested, the event sponsor will be advised of the additional estimated costs.

Upon approval/denial of the special event, a written confirmation as to the action of the City Council will be forwarded to the event sponsor by the City Clerk. This confirmation will outline any special conditions that must be met if the event is to be held

LIABILITY INSURANCE CERTIFICATE REQUIREMENT: In order to comply with the City of Bridgman's insurance liability carrier, the city requires that all sponsors of special events carry liability insurance with coverage of at least \$1,000,000 naming the City of Bridgman as an additional insured. The Certificate of Insurance can be obtained from the sponsor's insurance agency. ***Applications will not be considered without the Certificate of Insurance.***

PARTICIPANT WAIVER OF LIABILITY: The special event sponsor shall be responsible for obtaining all signed Indemnification Agreements as required by the City. **(See Indemnification Agreement)**

VENDORS: All food vendors are required to contact the Berrien County Health Department **WELL IN ADVANCE** of the event to obtain a temporary food vendor license. Vendors are required to sign an Indemnification Agreement.

BIKE/WALK/RUN OR USE OF CITY STREETS: Sponsors must submit a detailed map of the event route. All costs for street barricading and traffic detours must be paid by the event sponsor. **(See Street Closure Information)**

ELECTRICAL/WATER SYSTEM: Electric and Water access are supplied upon request where available. The cost of providing special electrical or water services must be paid by the event sponsor. Electrical cords or hoses are not supplied by the City of Bridgman.

SANITARY FACILITIES: Restroom facilities may be required depending upon the size and type of festival or event. The event sponsor is responsible for making arrangements for additional facilities.

TENTS AND STRUCTURES: If the event requires the use of tents, food booths or temporary structures, you must specifically state the type of structure, size, use and the proposed location. Mark the location where the stakes will be driven with white paint. You ***must contact MISS DIG (800) 482-7171 or 811, at least 3 business days (not including weekends or holidays) prior to driving the stakes into unimproved land for safety reasons. There are no exceptions.***

ALCOHOLIC BEVERAGES: A temporary state liquor license is required in order to sell alcoholic beverages. If you are selling alcohol a \$1,000,000 Liquor Liability Certificate of Insurance is required in addition to the State of Michigan issued permit. ***Visit the Michigan Department of Licensing and Regulatory Affairs Liquor Control Commission website for more information.***

AUDIO MICROPHONE AND SPEAKERS: The City does not supply audio microphones or speakers.

CLEANUP: The City of Bridgman does not provide clean-up. Your organization is responsible for having enough trash receptacles in place for the event. You are also responsible for the removal and disposal of all trash generated by your event.

Date of Application: _____

Name of Event: _____

Description of Event. Please describe all events and activities that will take place, including location. If a large attendance is expected you will be responsible to provide additional portable toilets, tables and trash containers, and address security concerns. Please be detailed.

Event Coordinator's Name: _____

Coordinator's Contact Number: _____ **E-mail:** _____

Organization: _____

Mailing/Billing Address: Street _____
City _____ State _____ Zip _____

Event Date(s): _____ **Set-up date:** _____ **Set-up time:** _____

Take down date: _____ **Take-down time:** _____

On-site event manager/contact person – name and mobile number:

Is the organization recognized as a non-profit by the state? Yes ____ No ____

Tax exempt # _____

Is the event intended as a fundraiser? Yes ____ No ____

Beneficiary: _____

Is amplification of music planned? Yes ____ No ____

Will paid or volunteer staff be provided to assist with safety, security and maintenance? Yes ____ No ____

Describe:

Will alcoholic beverages be served or sold? Yes _____ No _____

Describe:

Will food/beverages be served or sold? Yes _____ No _____ (Berrien County Health Department approval required for food sales)

Will merchandise be sold? Yes _____ No _____

If yes, describe:

Will the event require the use of any of the following municipal equipment?

Picnic tables: Yes _____ No _____

Barricades: Yes _____ No _____

Traffic cones: Yes _____ No _____

Portable fencing: Yes _____ No _____

Trash receptacles: Yes _____ No _____

Safety vests: Yes _____ No _____

Other: Yes _____ No _____ (describe) _____

Will you be requesting City safety personnel to be assigned to this event (Police/Fire)? Yes _____ No _____

Describe

Will street or municipal parking lot closures be necessary? Yes _____ No _____

If yes, include a detailed map and indicate the date and time for closing and re-opening including set-up and take-down.

GENERAL LIABILITY INSURANCE REQUIREMENT

It is required that you obtain and provide evidence for a \$1,000,000 General Liability Insurance Policy for the event. Proof of insurance must be provided no less than three weeks prior to the event. The City of Bridgman must be named as an additional insured along with the description, date and location of the event. If you are serving alcohol, a \$1,000,000 Liquor Liability Certificate of Insurance is required in addition to the State of Michigan issued permit.

An example of an insurance policy is shown below.

| ACORD™ CERTIFICATE OF LIABILITY INSURANCE | | | | | | DATE (MM/DD/YYYY) | |
|---|---|---|------------------------------------|---|---|-------------------|---------------|
| PRODUCER Agency Name Agency Address | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | | | | | |
| INSURED Named Insured Street Address City, State, Zip | | ** SAMPLE | | | INSURERS AFFORDING COVERAGE INSURER A: Company Name INSURER B: INSURER C: INSURER D: INSURER E: | | NAIC # |
| COVERAGES THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | | | |
| INSR/ADCL/ LTR/INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | | |
| | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | POLICY NUMBER | Term Dates | Term Dates | EACH OCCURRENCE | \$ 1,000,000 | |
| | | | | | DAMAGE TO RENTED PREMISES (EA OCCURRENCE) | \$ 300,000 | |
| | | | | | MED EXP (Any one person) | \$ 5,000 | |
| | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 | |
| | | | | | GENERAL AGGREGATE | \$ 1,000,000 | |
| | | | | | PRODUCTS - COMP/OP AGG | \$ 1,000,000 | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (EA accident) | \$ | |
| | | | | | BODILY INJURY (Per person) | \$ | |
| | | | | | BODILY INJURY (Per accident) | \$ | |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per accident) | \$ | |
| | | | | | OTHER THAN AUTO ONLY: EA ACC | \$ | |
| | | | | | AGG | \$ | |
| | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000 | POLICY NUMBER | Term Dates | Term Dates | EACH OCCURRENCE | \$ 1,000,000 | |
| | | | | | AGGREGATE | \$ 1,000,000 | |
| | | | | | E.L. EACH ACCIDENT | \$ | |
| | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | |
| | | | | | E.L. DISEASE - POLICY LIMIT | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER | | | | WC STATUS - OTHER LIMITS | \$ | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS The City of Bridgman is named as an additional insured for the following event: | | | | | | | |
| CERTIFICATE HOLDER <div style="border: 1px solid black; padding: 5px; color: red;"> City of Bridgman 9765 Maple Street Bridgman, MI 49106 </div> | | | | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE | | | |

SPECIAL EVENT INDEMNIFICATION AGREEMENT

For good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, the undersigned agree(s) to indemnify, defend, and hold harmless the City of Bridgman, located in Berrien County, Michigan, a Michigan Municipal Corporation, its agents, employees, officers, assigns, and officials, from and against any and all actions, claims, liabilities, assertions of liability, losses, costs, and expenses including, but not limited to, damages of any nature of sort, attorney fees, reasonable investigative and discovery costs, and court costs, which in any manner may arise or be alleged to have arisen, or resulted or alleged to have resulted from the presence, activities, special event, and promotions of any nature or otherwise of the undersigned, its agents, employees or invitees on or adjacent to the premises known as (describe City property where event will be held or located) _____, which is located within the City of Bridgman.

This Agreement shall include, but not be limited to, claim or claims for or of bodily injury or death of persons, and for loss of or damage to property, including claims or loss against the City of Bridgman, its agents, officials, assigns, and employees.

The undersigned represents and warrants to the City of Bridgman that the execution, delivery, and performance of this agreement has been duly authorized by all necessary corporate action or other action of the responsible parties to this Agreement.

The undersigned has executed this agreement on the _____ day of _____, _____.

Responsible Party, Organization, Corporation: _____

Applicant Signature: _____

Applicant Printed Name: _____

Name of Organization: (if applicable) _____

Address: _____

Home phone #: _____ Mobile phone #: _____

EVENT CONDITIONS AND FEES

CONTACT INFORMATION

Name of Event: _____ Date of Event: _____

Sponsoring Organization: _____

Phone: _____ E-mail: _____

CITY COUNCIL ACTION

DATE: _____

Approved

Denied

Conditions or Requirements:

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FEES: (Estimates)

| | | REMARKS |
|-------------------------|----------|---------|
| Park Reservation | | \$ |
| Services | | |
| | Water | \$ |
| | Electric | \$ |
| | Fire | \$ |
| | Police | \$ |
| | Street | \$ |
| | | |

CERTIFICATION AND SIGNATURE

I (on behalf of the sponsoring organization) do hereby certify that I have read and understand the application and the conditions described; and that all information and attachments provided are true and correct; and that any billing for city services will be paid promptly upon completion of the event. I also certify that I agree to comply with all applicable city codes, ordinances and state laws.

_____ (Signature)

_____ (Date)