

**Jackson County Parks
Special Event Application
Jackson County, MI**



Submit to: Jackson County Parks, 1992 Warren Avenue, Jackson, MI 49203, klewis@co.jackson.mi.us

*Fill out the form completely
and submit to Jackson
County Parks for approval
at least 60 days prior to
planned event or activity.*

Applicant Information (Please Print)

Name of Applicant: _____ Email: _____

Address: _____

Contact #1: _____ Contact #2: _____

Name of Sponsoring Organization (If Applicable): _____ Non-Profit Profit

Address: _____

Contact person on the day of the event _____ Contact #: _____

Non-profit Benefactor – Please attach letter from non-profit organization verifying their partnership.

***** A Certificate of 501 © (3) status from the IRS must accompany the application form. *****

Name of Chair Person for this event: _____ Applicant is also Chairperson

(If applicant is not the Chair Person complete the information below)

Address: _____

Email: _____ Email #2: _____

Contact #1: _____ Contact #2: _____

General Event Information

Event Name _____

Type/Purpose of Event: _____

Date(s) of event: _____ Time of event: _____ Set up time: _____ Tear down time: _____

Anticipated number of attendees and participants: _____ Anticipated number of staff and volunteers: _____

Location/Park Requested _____

Describe specific area: _____

Does your event utilize picnic shelters in the park (rental fees apply) Yes No

If yes, which shelter(s): _____

Describe event in full detail (attach additional pages if necessary): _____

A site map of the event area including location(s) of equipment and activities must be submitted with this application.

Event History

New event Planning for annual event: Yes No

Re-Occurring Re-Occurrence - how many years: _____

Event Details

What is the event purpose: (Check all that apply)

Charitable 501(c)3 For Profit Organization Open to Public Fundraiser

Admission: (Check all that apply)

Intend to charge a fee (please list fee(s)_____) Free event to public Accepting Donations

Road Closure Yes No Where: _____

From (Date & Time) _____ Until (Date & Time) _____

Will you require assistance from Jackson County Parks staff? Yes No

If yes, please explain _____

Will you be requesting assistance from Fire and Rescue? Yes No

Will you be requesting assistance from the Police Department? Yes No

Will you have private security? Yes No

Is water needed (Cascades Park & Fair Grounds Only)? Yes No

Will music be provided/included as part of your event? Yes No

What type of music: Live Amplification Recorded Loudspeakers

Proposed time music will begin and end: _____ to _____

Will amplification equipment be used? Yes No If yes, what length of time? _____

(Must comply with the Jackson County Parks noise ordinance Chapter VI Section 7A; and, event organizers must be considerate of the neighborhood and be aware of the appropriate City, Township or Village Noise Ordinance.)

Will items be left overnight? Yes No If yes, what, where and for how long? _____

Additional restrooms needed? Yes No If yes, how many? _____

Will the event require use of any parking lots as staging areas? Yes No If yes, list

Will the event require additional parking from what is currently available? Yes No

What is your parking plan? _____

Do you plan to use tents, canopies or awnings that require stakes? Yes No If yes, where? _____

Do you plan to use fencing? Yes No If yes, what type? _____

Is electricity needed? Yes No

How will you meet your electrical needs? Will there be generators on-site? _____

Please list all equipment using electricity _____

What activities will be provided or performed at your event? _____

Does your event require shutting down any other areas of the park? Yes No If yes, where? _____

Vendor Information

Will Food be served? Yes No (IF YES, 60 day notice required) Sold Free

Will food be prepared on site? Yes No

Will merchandise be sold? Yes No

Please Describe: _____

Number of anticipated Vendors: _____ *(Please attach your completed vendor list attached to this application).*

All food/beverage vendors must have permits/licenses with Jackson County Health Department at least 30 days prior to the event. (All must be attached)

Open Flames

Will you have open flames? Yes No

What will your open flame usage be? (Check all that apply)

Grilling/BBQ Deep Fryer Activity/Entertainment

Other _____

Traffic Closures

What closures are being proposed for the event?

Streets Yes No Alleys Yes No

Sidewalks Yes No Parking Lots Yes No

Provide a detailed description of all traffic closures for this event (include location, times and closure devices). You may be required to contact additional government jurisdictions for specific rules and ordinances depending on the location.

For traffic closures, additional permits are required by the City of Jackson, or appropriate jurisdiction

Name of contracted professional barricade company _____

Contact Name: _____ Phone: _____

Please describe your parking plans _____

Entertainment /Amplified Sound

Will there be a stage or multiple stages? Yes No Quantity, size, and locations _____

Who are you getting the stage from? (Name Address & Phone No). _____

What will take place on the stage? Please explain _____

Will inflatables be on site? Yes No *if yes, please attach a certificate of insurance and endorsement for Inflatables Company.

Name of company providing services _____

List types of inflatables	Quantity	Sizes
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will Mechanical Rides be on site? Yes No *if yes, please attach a certificate of insurance and endorsement for Mechanical Company.

Name of company providing services _____

List types of Rides	Quantity	Sizes
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will animals be on site? Yes No *if yes, please attach a certificate of insurance and endorsement for Animal Company.

Name and address of company providing services _____

List types of Animals	Quantity	Sizes
_____	_____	_____
_____	_____	_____

Event Maintenance / Clean-Up/Damages

***It is the responsibility of the event organizer to ensure trash is picked up during and at the conclusion of the event with the expectation that the park is left in as good as condition as when you arrived (tables returned to pavilions, etc.). At the conclusion of the event, County Parks staff will empty park-owned trash cans. For larger events that require the need for contracted trash service such as roll-off bins, it is the responsibility of the event organizer to make these arrangements. The organizer agrees to accept liability for any damages to Jackson County Parks property, and understands that any fees associated with repairs as a result of your event may be charged to your organization.**

If roll off bins are brought in, what company (name and address) will be used? _____

Location of roll off bin(s)? _____

Delivery Date _____ Delivery Time _____

Removal Date _____ Removal Time _____

Are you hiring a professional clean-up crew? Yes No

Name of Company _____

Cell Phone _____ Email _____

Important Reminders

No person shall, upon property of the County Parks Department, possess, consume, sell, give or furnish alcoholic beverages to anyone.

No person shall, upon property of the County Parks Department, fire, discharge, or have in their possession, any firework or any substance of an explosive nature, without permission of the Parks Director.

I have read the above statements regarding alcoholic beverages and fireworks and understand my responsibilities and rights. _____ (Initial)

Indemnification Agreement (Must be completed by applicant)

To the fullest extent permitted by law, applicant agrees to defend, pay on behalf of, indemnify, and hold harmless Jackson County, its elected and appointed officials, employees, agents and volunteers, and others working on behalf of Jackson County against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed, or recovered against or from Jackson County, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises from this event. The undersigned agrees they have been given a copy of the Jackson County Parks Special Event Policy and has read and understands the policy.

Signature of Applicant

Date

Signature of Witness

Date

Agreement for use of Inflatables, Mechanical Rides, and Animals on County Property

(Must be completed by supplier if special event will include use of inflatable(s), mechanical ride(s), or animal(s) on County property.)

Name of Company/Supplier _____

Address: _____ Phone: _____

Name of Owner: _____

Address: _____ Phone: _____

Email Address: _____

Insurance certificate requirements:

- Commercial General Liability Insurance on an "Occurrence Basis" with limits of liability not less than \$1,000,000 per occurrence and aggregate. All deductibles are the responsibility of the Owner and coverage shall apply to the activities being performed.
- Additional Insured: Commercial General Liability shall include an endorsement stating the following shall be Additional Insureds: Jackson County, all elected and appointed officials, all employees and volunteers, all boards, commissions, and/or authorities and board members, including employees and volunteers thereof. It is understood and agreed by naming Jackson County as additional insured, coverage afforded is considered to be primary and any other insurance Jackson County may have in effect shall be considered secondary and/or excess.
- Proof of Insurance Coverage: The Contractor shall provide Jackson County at the time that the contracts are returned by him/her for execution, a Certificate of Insurance as well as the required endorsements. In lieu of required endorsements, if applicable, a copy of the policy sections where coverage is provided for additional insured and cancellation notice would be acceptable.

INDEMNIFICATION AGREEMENT

In consideration of permitting the business owner ("OWNER") to rent, supply and place a bounce house and/or inflatable, mechanical ride, or animals on the County of Jackson's ("COUNTY") grounds and/or facilities and to the furthest extend allowed by law, OWNER does hereby agree to indemnify, hold harmless and defend the COUNTY and each of its officers, officials, employees, agents and authorized volunteers from any and all loss, liability, fines, penalties, forfeitures, costs and damages (whether in contract, tort or strict liability, including but not limited to personal injury, death at any time and property damage) incurred by COUNTY, OWNER, PERMITEE (Renter) or any other person, and from any and all claims, demands and actions in law or equity (including attorney's fees and litigation expenses), arising or alleged to have arisen directly or indirectly out of the operation and use of the inflatable. OWNER'S obligations under the preceding sentence shall apply regardless of whether the County or any of its officers, officials, employees, agents or authorized volunteers are negligent, but shall not apply to any loss, liability, fines, penalties, forfeitures, costs or damages caused solely by the gross negligence, or caused by the willful misconduct, of COUNTY or any of its officers, officials, employees, agents or authorized volunteers.

Signature of Owner

Date

Signature of Witness

Date