

CLARENCE TOWNSHIP

27052 R Drive North
Albion, Michigan 49224
Phone: 517-857-2288
Fax: 517-857-2488
Website: www.clarencetwp.com

LARGE GATHERING PERMIT APPLICATION

Name of Applicant: _____ Organization (if applicable) _____

Mailing Address: _____

Contact Person: _____ Contact Phone Number: _____

Detailed description of the event (Please attach additional sheets of paper if Needed)

Property address of the event: _____

Date (s) of the Event: _____ Hours: _____
Begin: _____ End: _____

Estimated Attendance: _____ Minimum: _____ Maximum: _____

Alcohol to be served or consumed: Yes No

Applicant and contact person must be reachable by phone at all times during the event.

Name of Property Owner (The following must be completed by the property owner involved):

Mailing Address:

Phone Number:

Email:

Cell Phone Number:

I _____, have thoroughly discussed the above event with the promoter and am in agreement with him/her in all areas. I do hereby give my consent to use my property for this event. I do hereby consent to entry, at any time, in the course of his/her duties, any township or state official in the performance of his/her duties, including but not limited to inspection. I agree to adhere to all laws, regulations, and ordinances of the Township of Clarence. Under the penalty of perjury I do hereby consent and certify that the above application is true.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS SPACE, FOR TOWNSHIP USE ONLY

Building Inspector/Code Enforcement Officer
Signature of Approval

Date:

Township Board Approval

Date:

Department Comments or additional conditions required:

Applicant: I do hereby agree to implement any additional conditions listed above: Signature: _____ Date: _____

Denied Reason: _____

Approved

PERMIT FEE \$100.00

PERMIT IS VALID FOR SIXTY (60) DAYS FROM DATE OF APPROVAL

The following facilities will be available during the entire event:

Sanitation (Bathrooms or port-a-johns) Number of units: _____

Medical or first aid provide by: _____

Traffic control provided by: _____

Parking for _____ vehicles is planned.

Attach plan of exact parking location and exact route to be kept open for emergency vehicles.

Parking plan not applicable: Please explain:

Attach plot plan

Name of Promoter or Applicant:

Mailing address:

Phone number:

I _____, do hereby accept all responsibility for the above described event. I agree to adhere to all laws, regulations, and ordinances of the Township of Clarence and the State of Michigan. I do hereby consent to entry, at any time, in the course of his/her duties, any official of the Township of Clarence in the performance of his/her duties, including to but not limited to inspection. I also agree to provide surety that the Township of Clarence deems necessary. Under the penalty of perjury, I do hereby certify that the above information is true.

Signature: _____ Date: _____

Clarence Township is an equal opportunity employer and provider
To file a complaint contact the Township Secretary