City of Farmington
Economic & Community Development Dept
23600 Liberty St
Farmington, MI 48336
(248) 474-5500
Fax (248) 473-7261

TEMPORARY SPECIAL EVENT PERMIT APPLICATION

Business name and type: _____

Address: _____Business Phone #: _____

Name of applicant: _____

Applicant's address: _____Phone #: _____

Email address: _____

Responsible Party (if different from Applicant) _____

Phone number and email for Responsible Party_____

Type and name of Business: _____

Hours of operation_____

To the fullest extent permitted by law, the individual or sponsoring organization assume(s) all risks and agrees to defend, pay on behalf of, indemnify, and hold harmless, the City of Farmington, including all of its elected and appointed officials, all employees and volunteers, against any and all claims, demands, suits, or loss, including all costs connected therewith, including but not limited to attorney fees, and for any damages which maybe asserted, claimed, or recovered against or from the City of Farmington, by reason of personal injury, including bodily injury or death, and/or property damage, including loss of use thereof, which arise out of your actions during this special event.

As the duly authorized individual or agent of the sponsoring organization, I hereby apply for approval of this special event, affirm the above information, and agree that I (or the sponsoring organization) will comply with the City's Temporary Special Event Permit requirements and rules and all other City requirements, ordinances, and other laws which apply to this temporary special event.

_____
APPLICANT'S SIGNATURE   DATE

Submission Checklist:
Signed application
Scaled Plan with requested information
Landlord approval (if business is a tenant)

Right of Way Permit application if needed, for any use of City or public property, including sidewalks, parking areas, or open spaces
Insurance certificates showing City as additional insured (if applicable)

Please submit all documents to the City of Farmington Economic & Community Development Department by mail, drop off, fax at number above or email to kchristiansen@farmgov.com
Please allow 48 hours for review of complete applications. Once any temporary measures or fixtures are installed please call 248.474.5500 24 hours prior to opening for inspection.

FOR OFFICE USE ONLY

Date Submitted _____ Layout Drawing _____
Landlord approval _____ Approval Date_____
Application Approved:_____Permit #_____
Inspection complete: _____