

General Event Information/ Application

CITY OF NILES • 333 N. SECOND STREET • NILES, MICHIGAN 49120
(269) 683-4700 X 3030 ci.niles.mi.us FAX: (269) 684-3930

CLASS II – EVENT (PARK RESERVATION FEE \$25)

Involves physical activities by participants or spectators and requires city services.

APPLICATION PROCESS: The completed application is submitted at least 60 days (not including weekends or holidays) in advance to the City Clerk which acts as a clearinghouse, routing the request, 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 .

Date: _____

Name of Event: _____

Organization: _____

Event Coordinator: _____ Mailing/Billing address: _____

Cell: _____ Business: _____ Fax: _____ E-mail: _____

Estimated Attendance: _____

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

Take Down date: _____ Take Down Time: _____

Extended Noise Curfew? (curfew is 10pm) YES___ NO___

Is amplification of music or speakers anticipated? Yes___ No___

Will there be any games, rides or activities? YES___ NO___

Type of activities: _____

Food vendors: YES___ NO___ *Food vendors must contact the Health Dept. (269)684-2800*

Will the event require any public utility connections? Water___ Electric___ Other_____

Is the event intended as a fundraiser? YES___ NO___

Which organization(s)? _____

Is your group recognized as non-profit by the state? Yes___ No___

STREET CLOSURE INFORMATION

NAME AND DATE OF EVENT: _____

START/END TIME OF EVENT: _____

Identify street name with cross street from/to points: (i.e. Main Street from 3rd Street to Front Street)

STREET(S) CLOSED	FROM	TO

As a sponsor, you are responsible for notifying the businesses/residents along the streets of the proposed closure.

FOR OFFICE USE ONLY:


Barricade List and Location(s)

Type:	Number:	Location/Comments

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 four weeks prior to the event. Insurance companies must be "A" rated or acceptable by the City of Niles. The City of Niles 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.

CP ID: 6F
DATE 04/10/2009



CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement in this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: _____ CONTRACT NUMBER: _____
 NAME: _____ PHONE: _____ FAX: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 PRODUCER: _____
 SUBPRODUCER: _____

INSURER A: _____
 INSURER B: _____
 INSURER C: _____
 INSURER D: _____
 INSURER E: _____

COVERAGES: _____ CERTIFICATE NUMBER: _____ REVISION NUMBER: _____

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	DATE SUBR	POLICY NUMBER	POLICY PERIOD	COVERAGE	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE DAMAGE SUFFERED DEFENDERS EXPENSES	\$ 1,000,000 \$ 100,000 \$ 5,000
COMMERCIAL REPAIR LIABILITY				STRUCTURAL REPAIR LIABILITY	\$ 1,000,000
				GENERAL AGGREGATE	\$ 2,000,000
				PRODUCTS-COMPLAISC	\$ 2,000,000
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT BODILY INJURY (PER ACCIDENT)	\$ 500,000 \$ 500,000
				BODILY INJURY (PER PERSON)	\$ 500,000
				PROPERTY DAMAGE (PER ACCIDENT)	\$ 500,000
UMBRELLA LHM				EACH OCCURRENCE	\$ 5,000,000
EXCESS LHM				AGGREGATE	\$ 5,000,000
WORKERS COMPENSATION				EL ENG WORKBENEFIT	\$ 500,000
				EL DISEASE-BENEFIT	\$ 500,000
				EL DISEASE-POLICY LIMIT	\$ 500,000

ADDITIONAL INSURED: City of Niles

CERTIFICATE HOLDER: City of Niles
508 E. Main St.
Niles, MI 49120

CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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PARK RESERVATION FEE:

\$25 park reservation fee. Submit with application.

RIVERFRONT PARK AMPHITHEATER SPECIAL EVENT RATE (SEE- CODE OF ORDINANCES - SECTION 62-151-208)

	Application Fee	Rental Fee (4 hour minimum)	Each Additional Hour	Security Deposit (Refundable)
Residents	\$25.00	\$100.00	\$25.00	\$200.00
Non-Residents	\$25.00	\$150.00	\$35.00	\$200.00

Liability Insurance in the amount of \$1,000,000 with the City as named insured. (See General Liability Insurance Requirement)

No rental fee or additional hour fee will be charged under the following conditions:

- Any charitable organization which has valid license by the State of Michigan, under the provisions of Act No. 169 of the Public Acts of Michigan of 1975, as amended (attached proof);
- City-sponsored functions;
- Parks and Recreation Board functions;
- School District functions.

All other groups and/or individuals will be charged the above mentioned rate.

NOTE:

The waiver of fees can only be done by the City Council and must be requested in your event description; otherwise, your organization or sponsored event will be fully responsible for all fees relating to your event.

Once your application has been approved by the City Council, NO additional activities can be added. You will be notified of the conditions, additional requirements or fees by the City Clerk prior to your event.

FOR OFFICE USE ONLY:**CITY SERVICES**

Department	Amount	Impact
Water	\$	
Electric	\$	
Fire	\$	
Police	\$	
Street	\$	