



# EVENT APPLICATION

Revised 3/25/21

**Email application to [huberm@portagemi.gov](mailto:huberm@portagemi.gov) AND [napierp@portagemi.gov](mailto:napierp@portagemi.gov)  
Applications must be submitted 90 days in advance of your requested event date.**

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: (Cell): \_\_\_\_\_ (Wk): \_\_\_\_\_

Contact Email: \_\_\_\_\_

Requested Date of Event: \_\_\_\_\_

Requested Facilities: \_\_\_\_\_

Requested time frame: Set-Up: \_\_\_\_\_(am/pm) Registration: \_\_\_\_\_(am/pm)

Event: \_\_\_\_\_(am/pm) Vacate: \_\_\_\_\_(am/pm)

Anticipated # of participants/attendees: \_\_\_\_\_ Anticipated # of volunteers/staff: \_\_\_\_\_

Intended Walk/Run distance, if applicable: \_\_\_\_\_

Desired use areas (please include indoor facilities, outdoor space and trail areas (route) that you are requesting):  
\_\_\_\_\_  
\_\_\_\_\_

- |  |     |    |  |
|--|-----|----|--|
| Do you have a 501c3 Non-Profit Status?       | Yes | No | <i>*Proof of status must be submitted with application</i> |
| Will you need access to water?               | Yes | No | <b>If Yes what for?</b> _____                              |
| Will you rent a large tent or canopy?        | Yes | No | <b>How many tents?</b> _____                               |
| Is your event open to the public?            | Yes | No | <b>If Yes are you charging a fee?</b> _____                |
| Are you advertising the event to the public? | Yes | No |  |
| Will you need access to outdoor electrical?  | Yes | No |  |
| Will you need access to heated building?     | Yes | No |  |
| Will you charge an entry fee?                | Yes | No |  |
| Will you serve alcohol?                      | Yes | No |  |
| Will you sell alcohol?                       | Yes | No |  |
| Will attendees bring their own alcohol?      | Yes | No |  |
| Do you have liability insurance?             | Yes | No |  |



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Will you serve food?	Yes	No	
Will you sell food?	Yes	No	
Will you prepare food on site?	Yes	No	<b>If Yes Liability Insurance/Licensing is Required.</b>
Will food be prepared at home?	Yes	No	
Will licensed vendors sell food?	Yes	No	<b>If Yes Who? _____</b>
Will licensed vendors prepare food?	Yes	No	
Will you or vendors be selling merchandise?	Yes	No	
Will you be able to provide volunteers for parking?	Yes	No	<b>If required minimum 2 per parking lot.</b>

Please give a brief description of your event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## STAFF USE ONLY BELOW THIS POINT

APPROVED	NOT APPROVED	PERMIT #: _____
INSURANCE TURNED IN: _____		FOOD TRUCK INSURANCE IN: _____
EVENT STAFF NEEDED: _____		GOLF CART/GATOR NEEDED: _____
# OF RANGERS NEEDED: _____		DPW ASSITANCE NEEDED: _____