



OUTDOOR ASSEMBLY APPLICATION

*Application must be submitted 60 days prior to event

Office Use Only
Application # _____
Date Rec'd _____

Applicant Information

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Sponsoring Company/Organization/Group: _____

Has this Company/Organization/Group applied for a New Buffalo Township Outdoor Assembly Permit Before: Yes No

Organization Type: For Profit _____ Non-Profit _____ Individual _____

Event Information

Name of Event: _____ Est. Number of Attendance: _____

Location of Event: _____

Date(s) of Event: _____ Event Start Time: _____ Event End Time: _____

When will the Event begin set-up (Date and Time) _____

When will the Event tear down (Date and Time) _____

Type of Event: Run/Walk _____ Festival _____ Car Show _____ Fundraiser/Auction _____

Other (Please Specify) _____

Will this event be age restricted: Yes _____ No _____ * If yes, minimum age required for entry: _____

Primary Contact for Event: Name _____ Phone _____

Secondary Contact for Event: Name _____ Phone _____

Will any portion of the event be held on Township/Public Land? Yes _____ No _____

Event Description: _____

(*A detailed site map/ or route map must be submitted with application)

Are street closures requested? Yes _____ No _____ * If yes, list all streets _____

Date/Time/ and Duration requesting road/lane closures: _____

Parking Plan Description: _____

Will all parking be located at event property/location: Yes _____ No _____

(If answered No, Event coordinator must provide proof of land agreement/lease of property where parking will occur)

Will any portion of the event be enclosed with fencing? Yes _____ No _____ (If yes, type, height, and area enclosed must be noted on site plan, along with designated entrance/exits)

Will temporary signage/advertising be posted for the event? Yes _____ No _____

Type: Banner _____ Large Temporary Sign (up to 16 sq ft) _____ Small Sign (Up to 12 sq ft) _____

Other (Describe) _____ (A zoning permit maybe required for specific signage)

Location of all proposed signs: _____

Special Considerations

Will a tent be used during this event? Yes _____ No _____ If yes, how many? _____

Tent Dimensions: _____ Company installing tent: _____

Will Food be sold at the event? Yes _____ No _____

Will Food be cooked/prepared on site? Yes _____ No _____

(If food will be sold, or cooked/prepared, Event coordinator will need to provide the name of the company, restaurant, or food truck to provide food, along with a copy of their County or State health license)

Will Alcohol be served or sold? *Yes _____ No _____ *If yes, note on site plan where alcohol sales or consumption will occur. (Event Coordinator will need to provide evidence of Liquor License issued by the MLCC, and proof of Liquor Liability Insurance)

Number of Toilets available for attendees: _____ (Required 1 Toilet/100 Attendee)

By signing below, I am stating that I have read through and complete all sections of the application that pertain to my event, I have included all required attachments, and that my statements are true. I understand that submittal of this application does not guarantee approval of my event. I understand that I may be asked to make some adjustments to my plans based on the availability of staff, equipment, construction, and the scheduling of other events. I understand that I am responsible for all fees invoiced for any requested Township services. I also understand that this permit may be revoked at any time by New Buffalo Township if found to be in violation as defined in Chapter 101-11 of the Outdoor Assembly Ordinance.

Signature of Applicant: _____ Date: _____



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Application Review

Building Department:
Reviewed By:

Police Department:
Reviewed By:

Fire Department:
Reviewed By:

Other:
Reviewed By: