
The City of Traverse City

Office of the Clerk

GOVERNMENTAL CENTER
400 Boardman Avenue
Traverse City, MI 49684
(231) 922-4480
tcclerk@ci.traverse-city.mi.us



Dear Prospective Event Holder:

Subject: Parks or Public Land Use

Thank you for your interest in adding to our community by putting together an event in Traverse City! The City of Traverse City strongly desires to coordinate the use of the city's parks and public land in a way that is convenient and smooth for all. Once you submit your application, we will begin touching base with the appropriate city departments and divisions to coordinate the review of your request. We look forward to working with you.

Low Impact and High Impact Park and Public Land usage requests are processed differently and have different requirements, as outlined in the city's Parks and Public Land Use Policy. By answering a few questions, you will be able to determine if your event is considered Low Impact or High Impact under the city's policy.

Low Impact uses are approved by the Parks and Recreation Division.

High Impact uses are generally approved by the City Clerk's Office, which coordinates the review process. In some cases, the City Commission must approve a high impact use.

Determining if the event is a "Low Impact Event" or High Impact Event" under the City's Park and Public Land Use Policy

The event is a "Low Impact Event" under the definition of the City's Park and Public Land Use policy if you answer "no" to all of these questions:

1. Is the event 3 days or more in duration including set up and take down? Yes ___ No ___
2. Will a for-profit or commercial entity receive direct financial benefit from your event, such as directly selling goods or services? Yes ___ No ___
3. Will you be requesting, or is it likely the City will require, that you utilize City personnel during the course of your event? Yes ___ No ___
4. Will you be setting up significant infrastructure, such as tents, stages, or amusements? Yes ___ No ___
5. Will you be selling alcohol in connection with your event? Yes ___ No ___

If you answered no for each question you are considered **Low Impact**.

(www.ci.traverse-city.mi.us/forms-and-permits/Permit-Applications/LowImpactApplication.pdf)

If you answered yes to any question you are considered **High Impact**.

(www.ci.traverse-city.mi.us/forms-and-permits/Permit-Applications/HighImpactApplication.pdf)

Robert Cole
Director of Public Services

Benjamin C. Marentette, CMC
City Clerk



City of Traverse City Application for Park and Public Land Use Permit Low Impact Events

Name of Applicant: _____

Address: _____
Street City State Zip

Phone No: _____ E-Mail: _____

Authorized co-representative: _____

Phone No: _____ E-Mail: _____

Actual date(s) of event: _____

All date(s) requested, including set up and tear down: _____

Time(s) of Event: _____

Name of Park(s) or Public Land(s) Requested: _____

Brief description of use: _____

Expected number of participants: _____

All applicants, please answer the following questions:

1. Are you setting up any equipment such as tables, portable toilets, public address systems, chairs, tents, etc.? Yes No

2. Are you staking any tents, or driving anything into the ground? Yes No

If yes, you must provide a map of the park (maps available from the Parks and Recreation Office) showing where these items will be located, and contact MISS DIG (1-800-482-7171) and the City's Parks and Recreation Supervisor (231) 922-4900, extension 122) at least five (5) days prior to such staking. It is the applicant's sole responsibility to ensure this is done and that all staking is removed immediately following the event.

3. Will you be utilizing any signs at the event? Yes No

If yes, approval must be provided by the Zoning Administrator. Please contact the Zoning Administrator at (231) 922-4464. If yes, please note the location of the signs on the park map.

4. Will alcohol be served? Yes No ***If yes, the entity serving the liquor is required to provide a Certificate of Host Liquor Liability Insurance in the amount of \$1M per occurrence,***

naming the City of Traverse City as additional insured. The certificate must list the following as certificate holder: City of Traverse City, c/o City Clerk, 400 Boardman Avenue, Traverse City, MI 49684 (tcclerk@traversecitymi.gov)

Note: some parks do not allow alcohol. In all cases, no glass is permitted on beaches. Please check with the City's Parks and Recreation Division for any clarification (231) 922-4900, extension 144. Additionally, if the entity that will be serving the alcohol is different from the applicant, please provide the following information:

Contact person's name: _____
Organization name: _____
Organization mailing address: _____
Contact telephone number: _____

5. Will there be any water events? _____ Yes _____ No
If yes, DNR (Michigan Department of Natural Resources) Permits may need to be obtained; please contact the local DNR Office at (231) 775-9727

6. Do you need extra trash receptacles? _____ Yes _____ No If yes, how many? _____
Do you need extra picnic tables? _____ Yes _____ No If yes, how many? _____

Please indicate on the park map where the tables and/or barrels should be placed. Extra trash receptacles and picnic tables are not always available upon request; however, the City tries to accommodate requests. Please contact the Parks and Recreation Division with any questions at (231) 922-4900, extension 144.

7. Are any City barricades needed? _____ Yes _____ No
If yes, for what purpose? _____
How many are needed? _____
If yes, all barricades must be retrieved from, and returned to, the City Streets Division at 625 Woodmere Avenue. Please contact the Streets Division Superintendent at (231) 922-4900, extension 112 for information on renting barricades.

8. Is electrical service needed? _____ Yes _____ No For how many days? _____
If yes, please note that some parks do not offer electricity. If using an extension cord, you must use a UL Listed Commercial Grade Extension Cord.

9. Will there be any food served or vendors present? _____ Yes _____ No
If yes, you may need a permit from the Grand Traverse County Environmental Health Department Office. Please contact them at (231) 995-6051.

10. Will there be any entertainment or amplified music? _____ Yes _____ No
If yes, you must comply with the City's Noise Ordinance. For questions, please contact the City's Noise Control Officer at (231) 995-5151

11. Please attach the necessary application fee. The following outlines the fees:

Low Impact Event Permit:

If no City services are needed and only minimal infrastructure is set up in park: No Fee

All other Low Impact Event Permits – City resident \$15.00

All other Low Impact Event Permits – non-City resident \$25.00

ALL EVENTS - Please also note the following requirements:

- a. If alcohol is being served, the applicant shall furnish to the City a certificate of insurance for liquor liability in the amount of \$1 million per occurrence policy naming the City of Traverse City as additional insured. The City Clerk may require additional insurance coverage.
- b. The Applicant shall be liable for all damages both to property and person and shall defend, indemnify and hold harmless the City, its officers, agents, and employees from any and all claims, liabilities, losses, damages, actual attorney fees, and settlement expenses resulting or arising out of or in connection with the performance of the act for which this permit is issued. The obligations to defend, indemnify and hold harmless shall exclude only those matters in which the claim arises out of allegations of the sole negligence or act of the City, its officers, agents or employees.
- c. The Applicant shall reimburse the City for expenses such as police, fire, streets, and others as agreed upon between the City and the applicant and will be billed accordingly.
- d. The tent/canopy membrane material shall be non-combustible, flame resistant, or treated in an approved manner in accordance with the Michigan Building Code. On-site inspection will be done by the Fire Marshal. You must contact the Fire Marshal at least 7 days before the event at (231) 922-4930.
- e. The applicant is responsible for any cleanup following this event and any damage done to City property and will be billed accordingly.
- f. The rights granted by this permit are revocable at the will of the City of Traverse City, and the Applicant waives any right to claim damages or compensation in the event that this permit is revoked.
- g. If issued, a permit may not be transferred or assigned.

Please submit your application; and if applicable, the application fee to:

**City of Traverse City Parks and Recreation Division
c/o Sheila Dodge
625 Woodmere Avenue
Traverse City, MI 49686
(231) 922-4900, extension 144
sdodge@traversecitymi.gov**

The undersigned, declares and says he/she wishes to be permitted to perform the operation, service or act stated hereon and that the statements made above are true and correct to the best of his/her knowledge and belief, he/she will comply with all provisions of the ordinances of the City of Traverse City (hereafter "City") relative to the operation, service or act for which the permit is requested, and agrees to hold the City free and harmless from all liability which may be imposed upon it, to reimburse the City for all expenses of litigation in connection with the defense of claims as such liability and claims may arise because of negligence in the performance of the work or act for which the permit was issued. The undersigned acknowledges that the City may revoke a permit if the city determines information regarding the event was not accurately conveyed to the City on this application document or if the City's ordinances or policies are violated; and by signing, waives any claims of liability, financial or otherwise, against the City should a permit be revoked. The applicant acknowledges that the City may be required from time to time to release records in its possession. The applicant hereby gives permission to the City to release any records or materials received by the City from the applicant as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.

Date: _____

Authorized Applicant Representative:

(Please print) _____

(Signature) _____