

# STREET CLOSING EVENT REQUEST APPLICATION

## East Tawas Business Association

Answer all the questions that pertain to your event. Some may not be applicable.

NAME OF EVENT \_\_\_\_\_

NAME OF SUPPORTING ORGANIZATION \_\_\_\_\_

EVENT ORGANIZER Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

(cell) \_\_\_\_\_ email address \_\_\_\_\_

2<sup>nd</sup> Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

(cell) \_\_\_\_\_ email address \_\_\_\_\_

DESCRIBE THE EVENT INCLUDING A COMPLETE LIST OF ACTIVITIES  
(ATTACH A FLYER IF AVAILABLE)

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PURPOSE OF EVENT AND HOW IT WILL BENEFIT EAST TAWAS

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DATES OF EVENT AND HOURS OF OPERATION

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WHICH STREET (S) YOU ARE REQUESTING BE CLOSED. HOW MANY  
BLOCKS? \_\_\_\_\_

DATE AND TIME YOU NEED STREET CLOSED \_\_\_\_\_

ARE YOU A FOR PROFIT OR NON-PROFIT ORGANIZATION? \_\_\_\_\_

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WHAT HAS BEEN YOUR PAST EXPERIENCE RUNNING THIS TYPE OF EVENT?

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DO YOU HAVE ANY CREDENTIALS TO SUPPORT THIS? IF SO, WHAT ARE THEY?

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## QUESTIONS ABOUT YOUR EVENT:

IS THERE A FEE BEING CHARGED TO PARTICIPATE IN YOUR EVENT? \_\_\_\_\_  
IF YES, HOW MUCH AND FOR WHAT?

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HOW ARE YOU ADVERTISING AND WHEN DID YOU START?

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ESTIMATED PARTICIPATION EACH DAY \_\_\_\_\_

NUMBER OF VOLUNTEERS YOU ANTICIPATE NEEDING \_\_\_\_\_

WHAT PRECAUTIONARY MEASURES HAVE BEEN TAKEN IN THE EVENT OF  
A MEDICAL EMERGENCY OR INJURY?

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WILL ALCOHOL BE SERVED? \_\_\_\_\_  
IF YES, A CERTIFICATE OF INSURANCE IS REQUIRED. WHO WILL BE  
PROVIDING THIS CERTIFICATE?

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WILL YOU BE USING MOBILE EQUIPMENT (ATV, golf carts, snowmobiles, horse  
drawn carts etc)? \_\_\_\_\_ IF YES, WHO WILL BE RESPONSIBLE FOR  
THE INSURANCE FOR ITS USE?

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**PLEASE NOTE: WHERE INSURANCE IS REQUIRED THE CITY OF EAST  
TAWAS MUST BE NAMED AS AN ADDITIONAL INSURED**

IS ACCESS TO ELECTRICITY NEEDED? \_\_\_\_\_ HOW WILL IT BE USED?

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WHO WILL BE SETTING UP THE ELECTRICAL?

ARE YOU USING PORT-A-POTTIES? \_\_\_\_\_

WILL YOU REQUIRE TRASH PICKUP AND WHEN? \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

If you have any questions regarding this form:

Susan Elliott  
(989) 362-6875

ONCE COMPLETED PLEASE RETURN FORM TO:

EAST TAWAS BUSINESS ASSOCIATION  
P.O. BOX 229  
EAST TAWAS, MI 48730

The Event Review Committee will review your application. You will be notified of the committee decision within 6 weeks. Its recommendation will be made to the East Tawas City Council.

Please contact City Manager, Ron Leslie at 989-362-6161 at East Tawas City Hall regarding the particulars of your event.

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