



**CITY OF HART**  
 407 S. State St., Hart, MI 49420  
 Ph: 231-873-2488 Fax: 231-873-0100  
**SPECIAL EVENTS PERMIT**



THE CITY IS NOT RESPONSIBLE FOR BY-STANDERS AT YOUR EVENT.

DATE OF APPLICATION: \_\_\_\_\_

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

DATE OF EVENT: \_\_\_\_\_ TIME: \_\_\_\_\_ TO \_\_\_\_\_

RAIN DATE OF EVENT: **MUST PROVIDE**

LOCATION AND/OR ROUTE OF EVENT: \_\_\_\_\_  
 \_\_\_\_\_

DESCRIPTION OF EVENT: \_\_\_\_\_  
 \_\_\_\_\_

SPECIAL NEEDS: \_\_\_\_\_  
 \_\_\_\_\_

NAME OF ORGANIZATION OR SPONSOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**X**

**SIGNATURE OF EVENT COORDINATOR/SPONSOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

**IT IS YOUR RESPONSIBILITY TO SCHEDULE THE LOGISTICS MEETING WITH THE CITY DEPARTMENTS INDICATED  
 IF YOUR APPROVED PERMIT INDICATES THAT A MEETING IS NEEDED. PLEASE NOTE THAT A 7 - 10 DAY  
 ADVANCE NOTICE WILL BE NEEDED TO SCHEDULE THE MEETING.  
 POLICE: 873-2488, DPW: 873-3100, HYDRO: 873-5367, EMS: 873-8240**

**SECTIONS BELOW TO BE COMPLETED BY THE CITY**

PROOF OF LIABILITY INSURANCE FOR STREET SOLICITATION: YES OR NO

LOGISTICS MEETING NEEDED: YES OR NO

DEPT. ATTENDING: DPW POLICE EMS HYDRO

PERMIT NUMBER: \_\_\_\_\_ APPROVED BY CITY COUNCIL/CITY MANAGER \_\_\_\_\_

DATE OF APPROVAL/DENIAL: YES OR NO

CONDITIONS: \_\_\_\_\_

CITY REPRESENTATIVE'S SIGNATURE: \_\_\_\_\_