

**OUTDOOR GATHERING**

**Stockbridge Township**

**(517) 851-9362**

**PO Box 565**

**Stockbridge, MI 49285**

**\*\*\*Application must be made 60 days prior to the date of the proposed assembly and 30 days prior to the next regularly scheduled Township Board meeting. \*\*\* Each application must include a \$100.00 non-refundable fee. \*\*\***

Date of Application: \_\_\_\_\_ Date of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Maximum Number Attending: \_\_\_\_\_

Location of Event: \_\_\_\_\_

**(PLEASE ALSO NOTE THAT AN AFFDAVIT INDICATING CONSENT OF THE PROPERTY OWNER MUST BE SUBMITTED.)**

Corporation Sponsoring Event (if applicable): \_\_\_\_\_

Group Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Best Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Purpose and Description of Event: \_\_\_\_\_

**Attachments to Application:** Each application shall be accompanied by a detailed explanation including drawings and diagrams (in other words, **a site plan/plans**).

*I hereby certify that all information and data attached and made part of this application are true and accurate to the best of my knowledge and belief. I understand that there are requirements that must be met in order to comply with the Stockbridge Township Outdoor Gathering Ordinance (Stockbridge Township Ordinance Number 333). I agree to conform to all applicable laws and ordinances of this jurisdiction.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# OUTDOOR GATHERING INFORMATION & CHECKLIST

*Please read the description of the requirements for each item (in attached Ordinance), and describe on a separate sheet how you will meet the requirement. Please provide the supporting documents where required.*

- Insurance—**30 days prior to event with the Township named as additional insured.**
- Security Personnel (How many, how are you providing security, where are they located and head-quartered?)
- Fire Protection\*\*\*\*
- Police\*\*
- Access and Traffic and Control\*\*
- Communication Facilities
- Toilet Facilities\* (also provide proof that the appropriate # of toilets will be available)
- Water Facilities
- Food Service\*
- Medical Facilities\*/\*\*\*\*
- Liquid Waste Disposal\*
- Solid Waste Disposal\*
- Parking/shuttle service
- Camping and Trailer Parking\*\*\*
- Illumination
- Sound Producing Equipment
- Noise Control and abatement
- Fencing
- Duration
- Miscellaneous

\*Must call Ingham County Health Department (517) 887-4312. Provide proof to the Township (e-mail from Department is acceptable as long as any permits required by the Health Department are **also** supplied).

\*\*Must call Ingham County Sheriff’s Department—Chief Deputy Greg Harless (517) 676-8203—to address any and all concerns they may have regarding traffic and crowd control, and that the concerns have been satisfied to the Sheriff’s Department’s satisfaction (an e-mail from them is acceptable).

\*\*\*If there will be overnight camping, the campground must be licensed by Ingham County Health Department (517) 887-4312.

\*\*\*\*Must contact Stockbridge Area Emergency Services Authority (517) 851-7943 to arrange for medical and fire protection.

\*\*\*\*\*  
Office use only:

**All requirements of the Outdoor Gathering Ordinance have been met.**

\_\_\_\_\_  
Authorized Township Signature

\_\_\_\_\_  
Date