CITY OF WYOMING
Special Event Application

This form must be completed and returned to the ***City of Wyoming Parks and Recreation Department (1155 – 28th ST SW, Wyoming, Michigan 49509) or (parks_info@wyomingmi.gov)*** *no later than 120 days prior to an event with an expected attendance of greater than 300 participants OR no later than 60 days prior to an event with an expected attendance of less than 300 participants*

Event Name: _____

Event Date(s): _____

Event Location: _____

(NOTE: If the event is on private property, the application must be accompanied by written consent from the property owner)

Event Description (*including purpose, activities, equipment/supplies used, target market, etc.*): _____

_____

_____

_____

_____

Will there be Food and Beverage? Yes _____ No _____ Alcohol? Yes _____ No _____

If Yes to either Food and Beverage or Alcohol, Please Describe what will be Served: _____

_____

_____

Expected Attendance: _____

Method of Participant Admittance to Event (*free admission, ticketed admission, etc.*): _____

_____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

(over)

Event Set-Up Date and Start Time: _____

Event Tear-Down Date and End Time: _____

First Time Event: Yes _____ No _____

If Not First Time Event, Provide Location and Date(s) of Previous Event:

_____

Event Type: Parade _____ Walk/Run/Ride _____ Festival _____ Picnic _____ Wedding _____

Neighborhood Block Party _____ Concert/Music _____ Fundraiser _____ Other _____

(If Other, please explain): _____

_____

_____

Sketch Plan Notes *(Sketch plan must accompany application)*: _____

_____

_____

_____

_____

Seeking City of Wyoming Co-Sponsorship: Yes _____ No _____

I affirm I have the legal authority to submit this Special Event Application on behalf of the organization/agency. I understand and will abide by all the terms and requests of a subsequent Special Event Agreement/Release of Liability and the responsibilities included therein. I also understand that the failure to adhere to these responsibilities could result in the termination of this Application and/or subsequent Agreement/Release of Liability and financial adjustments being made accordingly.

Applicant Name *(printed)*: _____

Applicant Signature: _____

Date: _____

(City Use Only)

Major Special Event: _____ **Minor Special Event:** _____

Application Fee: _____ **Date Received:** _____

Approved: _____ **Denied:** _____