

**City of Troy  
City Clerk's Office  
500 West Big Beaver  
Troy, Michigan 48084  
(248) 524-3331**



## **INSTRUCTIONS FOR SPECIAL EVENT APPLICATION**

The following questions will help determine which type of Special Event application you need for your event:

Are you:

- |   |  |
|---|--|
| Filming a movie?  | Contact Mr. Mark Miller – (248) 524-3330     |
| Hosting a craft show or trade show?                       | Contact the Fire Department – (248) 524-3419 |
| Hosting an event in a City park or open forum?            | Contact Parks & Recreation – (248) 524-3484  |
| Hosting an event in a parking lot or on private property? | Contact Planning Dept – (248) 524-3359       |
| Using City property, right-of-way, or public property?    | <b>Continue with this application</b>        |

### **STEP I. APPLICANT:**

- Submit the **completed** Special Event Application (**TYPED OR PRINTED**) to the City Clerk's Office with the following:
  - Map of the area affected (either drawn on page 3 or attached)
  - Signatures of residents affected (or notification to residents attached)
  - Participant waivers signed by participants (if applicable)
  - Check payable to City of Troy

### **STEP II. APPLICANT/CITY CLERK'S OFFICE:**

- Review accuracy of completed application
- Process application fee; give receipt to applicant
- Print second copy of receipt; paperclip to application
- Inform applicant that processing time is approximately 3 weeks

### **STEP III. CITY CLERK'S OFFICE:**

- Route application packet electronically for approval/denial
- Print license; mail to contact listed on application

City of Troy  
City Clerk's Office  
500 West Big Beaver  
Troy, Michigan 48084  
(248) 524-3331



**APPLICATION FOR SPECIAL EVENT PERMIT – PUBLIC RIGHT-OF-WAY**

**FEES: WITH STREET CLOSING - \$50.00  
WITHOUT STREET CLOSING - \$25.00**

Date \_\_\_\_\_

Name of Organization/Business \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Email: \_\_\_\_\_

Name of Event \_\_\_\_\_

Date of Event \_\_\_\_\_

Day and Date

Time of Event \_\_\_\_\_ until \_\_\_\_\_

Start Time

End Time

For this event, a temporary closing of \_\_\_\_\_ between

Name of street

and

\_\_\_\_\_

\_\_\_\_\_

between the hours of \_\_\_\_\_ and \_\_\_\_\_ is requested.

Time

Time

Will sidewalks Be Used?   Streets?   Are barricades requested?     
Yes No Yes No Yes No Number

Will signs be displayed?   If yes, how many?  Dimension(s)?   
Yes No

Attach a separate page if needed

**CONTINUED ON NEXT PAGE**



**City of Troy  
City Clerk's Office  
500 West Big Beaver  
Troy, Michigan 48084  
(248) 524-3331**



**REQUIRED ATTACHMENTS:**

- a) A detailed map showing the location of the event, barricade placement, sign placement, streets to be closed and affected intersections
- b) Approval letters from the affected neighborhood residents and businesses

***Competitive events require a participant release form (waiver)***

- Please submit any additional information that may be pertinent such as:
  - Brochures, Letters of Recommendation, Requested miscellaneous support documents on Organization letterhead.
- The applicant hereby applied for a non-competitive/Special Event permit for the event described above and on the attachments.
- The applicant agrees to hold harmless, indemnify and defend the City of Troy, its officers and employees, from any liability, which may arise out of this event. Applicant shall maintain General Liability Insurance with limits of liability of not less than One Million Dollars (\$1,000,000.00) per occurrence, and/or aggregate, combined single limit for personal injury, bodily injury and property damage. It is preferred that a certificate of insurance be submitted at the time of application. Troy shall be named as an additional insured on applicant's General Liability Insurance policy and also shall be named on applicant's automobile policies, if any vehicles will be used; in accordance with the attached SAMPLE INSURANCE CERTIFICATE and ENDORSEMENT.
- The applicant agrees to comply with all City and County ordinances and regulations in connection with the event and to pay the City for its direct costs in connection with the staging of this event, if assessed.

**The above stated event will be carried out in accordance with all City Ordinances, Special Conditions and/or controls deemed necessary by the City. Any violation of this condition shall be sufficient cause for the City to stop the event and revoke the permit.**

**The foregoing information is provided for your information and/or approval.  
Please acknowledge and return to the City Clerk's Office.**

\_\_\_\_\_  
Applicant's Signature

<p><b>Approval of this application is determined by the following departments: Attorney's Office, Building, Engineering, Fire, Parks &amp; Rec, Police, Public Works, Risk Management</b></p>
---

**Note: The permit does not relieve applicant from meeting any applicable requirements of law or other public bodies or agencies.**



**Sample Additional Insured Endorsement for General Liability**

**ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT**

Named Insured			Endorsement Number 4
Policy Symbol HDO	Policy Number 1	Policy Period 10/01/2014 TO 10/01/2015	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:**

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

**SECTION II - WHO IS AN INSURED**, is amended to include as an additional insured:

Any person or organization to whom you become obligated to include as an additional insured under this policy, as a result of any contract or agreement you enter into which requires you to furnish insurance to that person or organization of the type provided by this policy, but only with respect to liability arising out of your operations, completed operations, or premises owned by or rented to you. However, the insurance provided will not exceed the lesser of:

- The coverage and/or limits of this policy, or
- The coverage and/or limits required by said contract or agreement.

\_\_\_\_\_  
Authorized Agent

Sample Additional Insured Endorsement for Automobile Liability

**ADDITIONAL INSURED -  
DESIGNATED PERSONS OR ORGANIZATIONS**

Named insured			Endorsement Number 2
Policy Symbol ISA	Policy Number	Policy Period 10/01/2014 TO 10/01/2015	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

The above is required to be completed only when this endorsement is issued subsequent to the preparation of the policy.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM  
TRUCKERS COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
GARAGE COVERAGE FORM  
EXCESS BUSINESS AUTO COVERAGE FORM  
EXCESS TRUCKERS COVERAGE FORM**

Additional Insured(s): Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.

- A. For a covered "auto," Who is insured is amended to include as an "insured," the persons or organizations named in this endorsement. However, these persons or organizations are an "insured" only for "bodily injury" or "property damage" resulting from acts or omissions of:
1. You.
  2. Any of your "employees" or agents.
  3. Any person operating a covered "auto" with permission from you, any of your "employees" or agents.
- B. The persons or organizations named in this endorsement are not liable for payment of your premium.

\_\_\_\_\_  
Authorized Representative