



City of West Branch

121 N 4th St, West Branch, Michigan 48661
(989)345-0500 • Fax (989)345-4390 • www.westbranch.com

Special Event Permit

Event Name: _____

Event Date: _____ Start Time: _____ End Time: _____

Name of Sponsoring Organization: _____

Address: _____

Contact Person: _____ Phone Number: _____

Describe the purpose of this event: _____

Point of Assembly and/or proposed route (attach separate diagram if needed):

If requesting a road closure Road closure Start time: _____ End time: _____

Road closure location _____

In an effort to help your event run smoothly you must make sure the following departments are aware of and/or can staff your event. **Please obtain signatures from each department listed advising us that they are aware:**

West Branch City Police - services NOT needed arrangements have been made

Chief of Police

Ogemaw County Posse - services NOT needed arrangements have been made

Chief of Police

West Branch City DPW – services NOT needed arrangement have been made

DPW Superintendent



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Additional Terms and Conditions:

- 1. Sponsoring Organization agrees that it will fully comply with the terms of this permit and will also comply with all State, County, and Local ordinances that may pertain to the event.
2. Sponsoring Organization further agrees and understands that it shall hold harmless and indemnify the City, its officers, employees, contractors, subcontractors, representatives, and agents from and against any and all civil actions, claims, judgements, injuries and/or damages including attorney fees resulting and/or arising from the special event and/or from the actions and/or omissions of the special event.
3. Sponsoring Organization further agrees and understands that it shall hold harmless and indemnify the City, its officers, employees, contractors, subcontractors, representatives, and agents from and against any and all civil actions, claims, judgements, injuries and/or damages including attorney fees resulting and/or arising from thee special event and/or from the actions and/or omissions from third parties hired or are volunteers of Sponsoring Organization.

Sponsor Organization signs this Agreement after having fully reviewed the terms and conditions set forth above and agree to be responsible for full compliance of such terms and conditions.

Applicant Signature

Date

For Office Use Only:

Permit Approved – Yes / No

Council meeting date

Manager / Clerk Signature