
Received signature



City of Sylvan Lake

1820 Inverness

Sylvan Lake, MI 48320

Phone (248) 682-1440 Fax: 682-7721

Approval Date

Application Date

Approval Signature

APPLICATION FOR COMMUNITY EVENT

Name of Event: _____

Date(s) and hours of event: _____

Proposed Location of event: _____

Description and Purpose of event: _____

Is this the first time the event has taken place? _____ Has this event ever occurred outside of Sylvan Lake? _____

Name of resident _____

Sponsor Organization: _____ Contact person: _____

Phone: _____ Email: _____

Address: _____

Event Information

How many expected to attend: _____ Will someone supervise parking? _____

How many expected at any given time: _____ Will any roads need to be closed? _____

Will food/drink or products be available? _____ If yes, would items be for a charge? Describe: _____

Describe entertainment: _____

Will music or sound amplification be at the event? _____

Will you advertise with signs? _____ Where? _____

*All markings on sidewalks may only be made with chalk and the applicant is responsible to wash chalk off after event.

Will there be a tent, tables, chairs, or stage set up? Describe: _____

Will there be food trucks? If so, describe type and location: _____

Describe any additional information: _____

Please attach a detailed map depicting the location and layout of the event. Map should include tents, food, merchandise, signs, decorations, and parking.

This application should be submitted to City Hall 60 days prior to the event date.

❖ Block out dates include Fridays and Saturdays. Exceptions may apply.

Immediately following the event, the applicant is responsible to remove all trash, signs, decorations, setup, etc., and restore the property to the same or better condition than it was prior to the event. The applicant is responsible for any costs due to damages or clean up.

Resident Applicant Signature: _____ Date: _____