



**West Bloomfield Township**  
**Clerk's Office**  
 4550 Walnut Lake Road  
 West Bloomfield, MI 48323  
 (248) 451-4848 Phone  
 (248) 682-3788 Facsimile  
[www.wbtwp.com](http://www.wbtwp.com)

## Outdoor Gathering Permit Application and Requirements

**Non-refundable Application Fee: \$300.00**

**Note:** This application is pursuant to the Outdoor Gathering Ordinance, Section 6-101 through 6-119.

A permit is necessary for such organized activities as parades, walkathons, marches, bicycle parades, parties, festivals, carnivals, outdoor gatherings, etc., where roads may or may not be closed during the event, and where the event may cause congestion because of the interest it attracts, or where more than 300 people are expected to attend the event within a twenty-four hour period.

### GENERAL REQUIREMENTS

**Submit application at least sixty (60) days prior to the date of assembly** in order to insure adequate review time by the Clerk's Department, Police, Fire, Building Department, Planning, and Code Departments, give proper notice to properties within 300 feet of the event, as well as add the request to the agenda of the next available Township Board meeting for final approval.

**GENERAL LIABILITY INSURANCE** must be obtained in the following amounts:

	Bodily Injury	Property Damage
General Liability <small>(Including injuries to participants)</small>	\$500,000.00	\$100,000.00
Auto Liability <small>(Including owned, non-owned and hired vehicles)</small>	\$500,000.00	Combine Single Limit For Both

**Certificate of Insurance** must name West Bloomfield Township and the Road Commission for Oakland County as added insured for the event dates, *including set-up through tear-down*.

Upon receipt of this request, the Township Board will then authorize the Clerk to make an application to the Road Commission for Oakland County for the permit.

### FIRE DEPARTMENT REQUIREMENTS

For all events:

- It is imperative that traffic flow and parking arrangements allow fire department vehicle access to and from the site using normal routes (unless otherwise specified by you and approved by us).
- Provisions must be made for notifying the fire department in case of an emergency (9-1-1), directing the fire department to the scene.
- Normal access to hydrants must be maintained.
- Outdoor gatherings with more than 1,500 people expected at one time, (or fewer if handicapped or elderly) require a designated and posted first aid location with appropriately trained personnel.
- Applications for outdoor gatherings encompassing more than the immediate area (such as marathons, walks, bicycle events, etc.), a map of the location/routes, and a plan for detecting medical emergencies is required.

**FIRE DEPARTMENT REQUIREMENTS, *continued***

Please note the following **definitions and specifications** listed below:

CANOPY..... covering no sides

TENT..... covering and sides

CANOPY/TENT ..... International Fire Code (I.F.C. 2009): Exposed Flames, gasoline, propane gas, charcoal or other cooking device or any other unapproved open flame shall not be permitted inside or located within 20 feet of any canopy/tent or air supported structure.

PORTABLE FIRE EXT..... at least one portable fire extinguisher with a minimum 2-A rating shall be provided in all tents or air supported structures.

FABRIC INSPECTION..... all canopies and tents in the event are to be flame retardant, with Certificates, Canopies/tents are to have attached certification labels.

**Note:** The space below must be used to record any required documentation and to verify the applicant understands the above requirements.

As the responsible person for \_\_\_\_\_, I have read the Fire Department requirements cited in this notice and agree to comply. In the space below, I have recorded any information necessary to satisfy these requirements.

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**BUILDING DEPARTMENT REQUIREMENTS**

Events that plan to have signs, tents and/or canopies must apply for a permit from the Building Department.

**Submit application to the Building Department at least sixty (60) days prior to the date of assembly** in order to insure adequate review time by the Building, Planning, Police, Fire, and Code Departments. If you have any questions, please contact the Community Development Department at 248-451-4842.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

**AGREEMENT FOR REIMBURSEMENT OF PUBLIC SAFETY EXPENSES**

**We, the Board of Directors of the \_\_\_\_\_ do hereby agree to the**  
Name of Subdivision or Group

**Reimbursement of any and all public safety expenses arising out of operations from the**  
**activities by \_\_\_\_\_ scheduled for \_\_\_\_\_.**  
Name of Subdivision or Group Date of Activity

**In addition, we, our heirs, our executors, administrators and assigns do hereby release and discharge public safety members of West Bloomfield Township from all claims of damages, demands, actions and causes of action whatsoever, in any manner arising or growing out of their participation in said event.**

WITNESS	DATE	PRESIDENT	DATE
WITNESS	DATE	VICE PRESIDENT	DATE
WITNESS	DATE	TREASURER	DATE

**LETTER OF INDEMNIFICATION**

The following must be signed by the President, Vice President/Secretary and Treasurer of your group. After it has been fully executed and returned to the Township Clerk along with all parts of this application, it serves as a Letter of Indemnification.

**We, the Board of Directors of the \_\_\_\_\_ do hereby indemnify and**  
Name of Subdivision or Group

**save harmless all persons of claims of every kind arising out of operations from the activities to**  
**be held by \_\_\_\_\_ scheduled for \_\_\_\_\_.**  
Name of Subdivision or Group Date of Activity

**In addition, we, our heirs, our executors, administrators and assigns do hereby release and discharge the Township of West Bloomfield, its elected and appointed officials, all employees and volunteers, all boards and commissions, and board members; and the Road Commission for Oakland County and its board members from all claims of damages, demands, actions and causes of action whatsoever, in any manner arising or growing out of their participation in said event.**

WITNESS	DATE	PRESIDENT	DATE
WITNESS	DATE	VICE PRESIDENT	DATE
WITNESS	DATE	TREASURER	DATE

## OUTDOOR GATHERING PERMIT APPLICATION

Name of Organization: \_\_\_\_\_ Application Date: \_\_\_\_\_  
Name of Subdivision or Group

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Business Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Fax Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

### OUTDOOR GATHERING DETAILS

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

Type of Event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Hours of Event: \_\_\_\_\_

Date of Set-Up: \_\_\_\_\_ Date of Tear-Down: \_\_\_\_\_

Place of Outdoor Gathering: \_\_\_\_\_

Owner of Property: \_\_\_\_\_

Written Permission From: \_\_\_\_\_ (provide written document)

Event Sponsor: \_\_\_\_\_

Proposed Licensee: \_\_\_\_\_

Number of People Expected to Attend: \_\_\_\_\_

Number, Types, and Use of Tents or Temporary Structures: \_\_\_\_\_

\_\_\_\_\_

Will your event require the closure of any public right-of-way?  Yes  No

If yes, date(s) of closure: \_\_\_\_\_ Location of closure: \_\_\_\_\_

*(If yes, a separate Parade/Banner/Road Closure Application must be submitted with the Clerk's Office)*

Insurance: \_\_\_\_\_

Bonding: \_\_\_\_\_

**OUTDOOR GATHERING DETAILS, continued**

Please provide a detailed explanation, including drawings and diagrams where applicable, of the plans to provide for the following:

- Police and Fire protection and on and off-site traffic control, if appropriate (will you be making arrangements for same?) \_\_\_\_\_
- Food and water supply and facilities
- Health and sanitation facilities
- Medical facilities and services including emergency vehicles and equipment
- Vehicle access and parking facilities
- Camping and trailer facilities
- Illumination facilities
- Communication facilities
- Noise control and abatement
- Facilities for clean-up and waste disposal
- Insurance and bonding arrangements
- A map of the overall site of the proposed outdoor assembly

**For Township Use Only:**

\$300.00 application fee collected

Letter of Indemnification signed

Insurance Certificate provided w/appropriate added insured

Agreement for Reimbursement of Public Safety Expenses signed

Reviewed by Building Department:

Approved    Denied   Date: \_\_\_\_\_

Reviewed by Code Enforcement:

Approved    Denied   Date: \_\_\_\_\_

Reviewed by Fire Department:

Approved    Denied   Date: \_\_\_\_\_

Reviewed by Planning Department:

Approved    Denied   Date: \_\_\_\_\_

Reviewed by Police Department:

Approved    Denied   Date: \_\_\_\_\_

Township Approval:

**Debbie Binder, West Bloomfield Township Clerk**

Upon Board Approval Send:

Notice to RCOC      Date Sent: \_\_\_\_\_

Notice to applicant      Date Sent: \_\_\_\_\_