



**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

Parade/Banner/Road Closure Permit Application and Requirements

Note: This application is pursuant to the requirements of the Oakland County Road Commission.

A permit is necessary for such organized activities as parades, walkathons, marches, bicycle parades, parties, festivals, carnivals, outdoor gatherings, banners, 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. Please note the following: Applicants must contact DTE at (248) 745-5015 for placement of Over-the-Road Banners; a Community Special Event Sign Permit Application may be required by the Planning Department as well. For more information please call the Planning Department at (248) 451-4811.

PARADE/BANNER/ROAD CLOSURE DETAILS

Submit application at least sixty (60) days prior to the date of assembly in order to insure adequate review time by the Clerk, Police, Fire, and Planning Departments, as well as time to add the request to the agenda of the next available Township Board meeting for final approval.

Name of Organization: _____ Phone: _____
Name of Subdivision or Group

Contact Person: _____ Phone: _____

Address: _____ E-mail Address: _____

Name of Event: _____

Type of Event: _____

Dates(s) of Event or Banner Display: _____ Hours of Event: _____

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

If yes, date(s) of closure: _____ Location of Closure: _____

Insurance: _____

Bonding: _____

Provide an explanation and attach a diagram of the parade route and/or banner:

Note: Signage other than the banner requested in this application will require a Temporary Sign Permit. Please contact the West Bloomfield Township Planning Department at (248) 451-4876 for requirements.

GENERAL REQUIREMENTS

GENERAL LIABILITY INSURANCE must be obtained in the following amounts:

	Bodily Injury	Property Damage
General Liability (Including injuries to participants)	\$500,000.00	\$100,000.00
Auto Liability (Including owned, non-owned and hired vehicles)	\$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.

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.

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(s) 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

When completed, return to: **DEBBIE BINDER, Township Clerk**
West Bloomfield Township Hall
4550 Walnut Lake Road
P.O. Box 250130
West Bloomfield, MI 48325-0130

For Township Use Only:

- Agreement for Reimbursement of Public Safety Expenses signed Letter of Indemnification signed
 Insurance Certificate provided with appropriate added insureds

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: _____