

Date of Application: \_\_\_\_\_

## Parade and Street Closure Permit Application

Submit Applications to Downtown Development Authority Office

Permit Fee: \$25

Street Address: 203 West Main Street, Ionia, MI 48846

Mailing Address: P.O. Box 496, Ionia, MI 48846 Ph: (616) 527-4170 Website: <u>www.ci.ionia.mi.us</u>

submitted at least <u>30 days</u> in advance of the ever lonia as a certificate holder. A diagram is required	sure for a parade or other special event. Applications must be nt and include a certificate of liability insurance listing the City of d with the application outlining where the street closure will occur barricades. Applicants will be notified of the request's final w process.		
This application does not apply to the Fred Meij through the State of Michigan.	ier Grand River Valley Rail Trail System. These requests must go		
Appli	cant Information		
Name of Event:			
Date of Event:	Time of Event:		
Sponsoring Organization:	Contact's Name:		
Address:	City, State, Zip:		
Phone:	Email:		
Eve	nt Information		
Name of Street(s) Requesting to C	close:		
Starting Cross Street	Ending Cross Street		
2. What time is requested for the str	. What time is requested for the street closure to begin and end:		
3. Description of Event:			
4. If the event is a parade, where is t	If the event is a parade, where is the starting and ending point:		

5.	(Responsibility of event planners to setup and tear down barricades after delivered by DPW)		
	If yes, describe where barricades wil	l be placed:	
6.	Will there be any Mobile Food Vend	ing Units (MFVU) associates with this	event?
	Yes No (If yes, plea	se fill out the following business information	for each vendor)
a.	Business Name:	Phone:	
	EIN/SSN:	Email:	
	MDARD License No.:		
b.	Business Name:		
	EIN/SSN:		
	MDARD License No.:		
c.			
	EIN/SSN:		
4	MDARD License No.:		
u.	Business Name:		
	EIN/SSN:		
	MDARD License No.:		
e.	Business Name:	Phone:	
	EIN/SSN:	Email:	
	MDARD License No.:		
igreen	nobile Food Vending Unit must pay the \$25 Sp nent, and submit a certificate of liability insurc ncome tax that employers conducting busines	ance meeting the City's requirements. The Ci	ty of Ionia also has
	Insuranc	e Requirements	
-	On account of injury to, or death of, On account of any one accident resu		\$1,000,000 \$1,000,000
_	more than one person On accident of damage to property i	n any one accident	\$1,000,000

	Signatures	
Applicant's Signature:	Da	te:

#### Permit Requirements – Section 1020.17 of City Code

#### **Parades and Promotions; Closure of Streets**

Persons seeking to hold parades or other promotional events shall notify the City and receive a permit for such event. The person or party sponsoring the event shall provide the necessary information justifying closure of a street or streets with the final action subject to approval by the City Manager. In the case of major streets, closure should be limited and emergency access provided to abutting properties at all times. If a permit to hold such an event is denied by the City Manager, the applicant may appeal to the City Council which shall have ultimate authority for issuance.

OFFICE USE ONLY
Insurance Certific
Adequate Amount
Company
Agency
Expiration Date
Approved or Denied
Comments:
Copies To:
Signature:
Insurance Certifice Adequate Amount Company Agency Expiration Date  Approved or Denied Comments: Copies To:

### **City Staff Recommendations DDA Director** □ No Comments: Signature: \_\_\_\_\_ Date: \_\_\_\_\_ **Public Safety Director** Recommended: $\square$ Yes $\square$ No Comments: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ **Public Works Director** Recommended: $\square$ Yes □ No Comments: Signature: \_\_\_\_\_ Date: \_\_\_\_\_ **Finance Director (for MFVUs)** Recommended: $\square$ Yes $\square$ No Comments:

Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_



# Mobile Food Vending Unit Hold Harmless Agreement

As required for approval,	(Print Name), agrees to indemnify,					
	nia, its agents, servants, associations, employees, or					
anyone connected with the City of Ionia	nyone connected with the City of Ionia from and against any and all claims and liabilities					
xpenses, fees, fines, suits, actions, or judgements of any and every kind and nature as a resu						
of operating a mobile food vending unit or	· ,					
Further,	(Print Name), also agrees to defend the City of Ionia					
and its agents, servants, associations, em	ployees, or anyone connected with the City of Ionia					
from and against any and all claims or acti	ons brought or filled against them with respect to the					
subject event of this Mobile Food Vending	Unit Hold Harmless Agreement and further agrees to					
pay any and all costs and attorney's fees as	sociated with the defense of any such claims or causes					
of actions, and	(Print Name) shall be responsible for any and					
all damage and/or injury resulting from the						
In addition,	(Print Name), agrees to furnish a certificate of					
	y coverage in the amount of not less than \$1,000,000					
in which the City of Ionia shall be named	as an additional insured and the certificate shall be					
submitted with the Parade and Street Clos	ure Application.					
Signature:						
Business Name:						
Date:						

\*Instructions: This hold harmless agreement must be submitted for each mobile food vending unit being used on City owned property or right-of-way in conjunction with a parade or street closure permit. A Mobile Food Vending Unit Permit Application is not required for all vendors participating in a Special Event approved by City Council. A \$25 Special Event Food Vending Permit Fee is required for each vendor. These forms may be submitted to City Hall at: City of Ionia, Attn: City Manager, 114 N. Kidd Street, P.O. Box 496, Ionia, MI 48846