

**Jackson County Parks  
Special Event Application  
Jackson County, MI**



*Fill out the form completely  
and submit to Jackson  
County Parks for approval  
at least 60 days prior to  
planned event or activity.*

Submit to: Jackson County Parks, 128 W Ganson St, Jackson, MI 49201, [jbrown@mijackson.org](mailto:jbrown@mijackson.org)

If your event is recurring but under new management, a walk-through is required for all applicants.

**Applicant Information (Please Print)**

Name of Applicant: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip: \_\_\_\_\_

Contact #1: \_\_\_\_\_ Contact #2: \_\_\_\_\_

Name of Sponsoring Organization (If Applicable): \_\_\_\_\_  Non-Profit  Profit

Address: \_\_\_\_\_

Contact person on the day of the event \_\_\_\_\_ Contact #: \_\_\_\_\_

Non-profit Benefactor – Please attach letter from non-profit organization verifying their partnership.

**\*\*\* A Certificate of 501 © (3) status from the IRS must accompany the application form. \*\*\***

Name of Chair Person for this event: \_\_\_\_\_  Applicant is also Chairperson

(If applicant is not the Chair Person complete the information below)

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Email #2: \_\_\_\_\_

Contact #1: \_\_\_\_\_ Contact #2: \_\_\_\_\_

**General Event Information**

Event Name \_\_\_\_\_

Type/Purpose of Event: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_ Time of event: \_\_\_\_\_ Set up time: \_\_\_\_\_ Tear down time: \_\_\_\_\_

Anticipated number of attendees and participants: \_\_\_\_\_ Anticipated number of staff and volunteers: \_\_\_\_\_

Location/Park Requested \_\_\_\_\_

Describe specific area: \_\_\_\_\_

Does your event utilize picnic shelters in the park (rental fees apply)  Yes  No

If yes, which shelter(s): \_\_\_\_\_

Describe event in full detail (attach additional pages if necessary): \_\_\_\_\_

\_\_\_\_\_

A site map of the event area including location(s) of equipment and activities must be submitted with this application.

### Event History

New event      Planning for annual event:       Yes       No

Re-Occurring      Re-Occurrence - how many years: \_\_\_\_\_

### Event Details

**What is the event purpose: (Check all that apply)**

Charitable       501(c)3       For Profit Organization       Open to Public       Fundraiser

**Admission: (Check all that apply)**

Intend to charge a fee (please list fee(s) \_\_\_\_\_)       Free event to public       Accepting Donations

Road Closure     Yes     No    Where: \_\_\_\_\_

From (Date & Time) \_\_\_\_\_ Until (Date & Time) \_\_\_\_\_

Will you require assistance from Jackson County Parks staff?       Yes       No

If yes, please explain \_\_\_\_\_

Will you be requesting assistance from Fire and Rescue?       Yes       No

Will you be requesting assistance from the Police Department?       Yes       No

Will you have private security?       Yes       No

Is water needed (Cascades Park & Fair Grounds Only)?       Yes       No

Will music be provided/included as part of your event?       Yes       No

What type of music:     Live     Amplification     Recorded     Loudspeakers

Proposed time music will begin and end: \_\_\_\_\_ to \_\_\_\_\_

Will amplification equipment be used?     Yes     No      If yes, what length of time? \_\_\_\_\_

***(Must comply with the Jackson County Parks noise ordinance Chapter VI Section 7A; and, event organizers must be considerate of the neighborhood and be aware of the appropriate City, Township or Village Noise Ordinance.)***

Will items be left overnight?     Yes     No      If yes, what, where and for how long? \_\_\_\_\_

Additional restrooms needed?     Yes     No      If yes, how many? \_\_\_\_\_

Will the event require use of any parking lots as staging areas?     Yes     No      If yes, list

Will the event require additional parking from what is currently available?     Yes     No

What is your parking plan? \_\_\_\_\_

Do you plan to use tents, canopies or awnings that require stakes?  Yes  No If yes, where? \_\_\_\_\_

Do you plan to use fencing?  Yes  No If yes, what type? \_\_\_\_\_

Is electricity needed?  Yes  No

How will you meet your electrical needs? Will there be generators on-site? \_\_\_\_\_

\_\_\_\_\_

Please list all equipment using electricity \_\_\_\_\_

What activities will be provided or performed at your event? \_\_\_\_\_

\_\_\_\_\_

Does your event require shutting down any other areas of the park?  Yes  No If yes, where? \_\_\_\_\_

\_\_\_\_\_

**Vendor Information**

**Will Food be served?**  Yes  No (IF YES, 60 day notice required)  Sold  Free

**Will food be prepared on site?**  Yes  No

**Will merchandise be sold?**  Yes  No

Please Describe: \_\_\_\_\_

\_\_\_\_\_

Number of anticipated Vendors: \_\_\_\_\_ *(Please attach your completed vendor list attached to this application).*

**All food/beverage vendors must have permits/licenses with Jackson County Health Department at least 30 days prior to the event. (All must be attached)**

**Open Flames**

Will you have open flames? Yes  No

What will your open flame usage be? (Check all that apply)

Grilling/BBQ  Deep Fryer  Activity/Entertainment

Other \_\_\_\_\_

**Traffic Closures**

What closures are being proposed for the event?

Streets  Yes  No Alleys  Yes  No

Sidewalks  Yes  No Parking Lots  Yes  No

Provide a detailed description of all traffic closures for this event (include location, times and closure devices). You may be required to contact additional government jurisdictions for specific rules and ordinances depending on the location.

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

**\*For traffic closures, additional permits are required by the City of Jackson, or appropriate jurisdiction\***

Name of contracted professional barricade company \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please describe your parking plans \_\_\_\_\_

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

**Entertainment /Amplified Sound**

Will there be a stage or multiple stages?  Yes  No Quantity, size, and locations \_\_\_\_\_

Who are you getting the stage from? (Name Address & Phone No). \_\_\_\_\_

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

What will take place on the stage? Please explain \_\_\_\_\_

**Will inflatables be on site?**  Yes  No \*if yes, please attach a certificate of insurance and endorsement for Inflatables Company.

Name of company providing services \_\_\_\_\_

| List types of inflatables | Quantity | Sizes |
|---------------------------|----------|-------|
| _____                     | _____    | _____ |
| _____                     | _____    | _____ |
| _____                     | _____    | _____ |

**Will Mechanical Rides be on site?**  Yes  No \*if yes, please attach a certificate of insurance and endorsement for Mechanical Company.

Name of company providing services \_\_\_\_\_

| List types of Rides | Quantity | Sizes |
|---------------------|----------|-------|
| _____               | _____    | _____ |
| _____               | _____    | _____ |
| _____               | _____    | _____ |

**Will animals be on site?**  Yes  No \*if yes, please attach a certificate of insurance and endorsement for Animal Company.

Name and address of company providing services \_\_\_\_\_

| List types of Animals | Quantity | Sizes |
|-----------------------|----------|-------|
| _____                 | _____    | _____ |
| _____                 | _____    | _____ |

**Event Maintenance / Clean-Up/Damages**

**\*It is the responsibility of the event organizer to ensure trash is picked up during and at the conclusion of the event with the expectation that the park is left in as good as condition as when you arrived (tables returned to pavilions, etc.). At the conclusion of the event, County Parks staff will empty park-owned trash cans. For larger events that require the need for contracted trash service such as roll-off bins, it is the responsibility of the event organizer to make these arrangements. The organizer agrees to accept liability for any damages to Jackson County Parks property, and understands that any fees associated with repairs as a result of your event may be charged to your organization.**

If roll off bins are brought in, what company (name and address) will be used? \_\_\_\_\_

Location of roll off bin(s)? \_\_\_\_\_

Delivery Date \_\_\_\_\_ Delivery Time \_\_\_\_\_

Removal Date \_\_\_\_\_ Removal Time \_\_\_\_\_

**Are you hiring a professional clean-up crew?**     Yes     No

Name of Company \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Important Reminders**

**No person shall, upon property of the County Parks Department, possess, consume, sell, give or furnish alcoholic beverages to anyone.**

**No person shall, upon property of the County Parks Department, fire, discharge, or have in their possession, any firework or any substance of an explosive nature, without permission of the Parks Director.**

**I have read the above statements regarding alcoholic beverages and fireworks and understand my responsibilities and rights.** \_\_\_\_\_ (Initial)

**Indemnification Agreement (Must be completed by applicant)**

To the fullest extent permitted by law, applicant agrees to defend, pay on behalf of, indemnify, and hold harmless Jackson County, its elected and appointed officials, employees, agents and volunteers, and others working on behalf of Jackson County against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed, or recovered against or from Jackson County, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises from this event. The undersigned agrees they have been given a copy of the Jackson County Parks Special Event Policy and has read and understands the policy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**Agreement for use of Inflatables, Mechanical Rides, and Animals on County Property**

*(Must be completed by supplier if special event will include use of inflatable(s), mechanical ride(s), or animal(s) on County property.)*

Name of Company/Supplier \_\_\_\_\_

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

Name of Owner: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

**Insurance certificate requirements:**

- Commercial General Liability Insurance on an "Occurrence Basis" with limits of liability not less than \$1,000,000 per occurrence and aggregate. All deductibles are the responsibility of the Owner and coverage shall apply to the activities being performed.
- Additional Insured: Commercial General Liability shall include an endorsement stating the following shall be Additional Insureds: Jackson County, all elected and appointed officials, all employees and volunteers, all boards, commissions, and/or authorities and board members, including employees and volunteers thereof. It is understood and agreed by naming Jackson County as additional insured, coverage afforded is considered to be primary and any other insurance Jackson County may have in effect shall be considered secondary and/or excess.
- Proof of Insurance Coverage: The Contractor shall provide Jackson County at the time that the contracts are returned by him/her for execution, a Certificate of Insurance as well as the required endorsements. In lieu of required endorsements, if applicable, a copy of the policy sections where coverage is provided for additional insured and cancellation notice would be acceptable.

**INDEMNIFICATION AGREEMENT**

In consideration of permitting the business owner ("OWNER") to rent, supply and place a bounce house and/or inflatable, mechanical ride, or animals on the County of Jackson's ("COUNTY") grounds and/or facilities and to the furthest extend allowed by law, OWNER does hereby agree to indemnify, hold harmless and defend the COUNTY and each of its officers, officials, employees, agents and authorized volunteers from any and all loss, liability, fines, penalties, forfeitures, costs and damages (whether in contract, tort or strict liability, including but not limited to personal injury, death at any time and property damage) incurred by COUNTY, OWNER, PERMITEE (Renter) or any other person, and from any and all claims, demands and actions in law or equity (including attorney's fees and litigation expenses), arising or alleged to have arisen directly or indirectly out of the operation and use of the inflatable. OWNER'S obligations under the preceding sentence shall apply regardless of whether the County or any of its officers, officials, employees, agents or authorized volunteers are negligent, but shall not apply to any loss, liability, fines, penalties, forfeitures, costs or damages caused solely by the gross negligence, or caused by the willful misconduct, of COUNTY or any of its officers, officials, employees, agents or authorized volunteers.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date