

**American 1 Event Center  
Event Application  
Jackson County, MI**



*Fill out the form completely  
and submit to American 1  
Event Center for approval.*

Submit to: Jackson County Parks, 200 W Ganson St, Jackson, MI 49201, ethomas@co.jackson.mi.us

**Applicant Information (Please Print)**

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

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ State: \_\_\_\_\_

Primary Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

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

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ State: \_\_\_\_\_

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

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: \_\_\_\_\_ Anticipated number of staff/Volunteers: \_\_\_\_\_

Anticipated number of Vendor Booths: \_\_\_\_\_

- Location:  Keeley Hall       Radabaugh Hall       Sisk Hall  
 Tremaine Meeting Room       American 1 Atrium       Gumper Building  
 Outdoor Area (Please specify Location) \_\_\_\_\_

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

## 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     Private Event

### Admission: (Check all that apply)

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

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

What activities will be provided or performed at your event?

### Equipment:

Will you need table Linens?     Yes, how many? \_\_\_\_\_       No

Any additional equipment need, Please Explain

*(Please reference our Equipment and Service Price List for a list of available equipment and services.)*

### Food and Beverage Service:

Will you be requesting Food Services?       Yes       No

If yes, what type of service? \_\_\_\_\_

Will you be requesting Bar Services?       Yes       No

If yes, what type of service?

**Outside food and non-alcoholic drinks are permitted if agreed upon and approved by the American 1 Event Center Manager. An outside caterer release from must be submitted along with a finalized invoice from the outside caterer. A 10% fee of the final invoice will be applied as an outside caterer fee which must be submitted 30 days prior to your event.**

**Music:**

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 \_\_\_\_\_

*(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 Noise Ordinance.)*

**Event Details For Outdoor Events Only**

Is water needed?  Yes  No

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 \_\_\_\_\_

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 \_\_\_\_\_

**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 \_\_\_\_\_

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

**Vendor Information**

**Will Food Trucks be on Site?**  Yes  No (IF YES, a fee of \$50 per truck will be charged to compensate for lost revenue)

Number of anticipated Food 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)*

**Will merchandise be sold?**  Yes  No

Please Describe:

## Traffic Closures

What closures are being proposed for the event?

Sidewalks     Yes     No                      Parking Lots     Yes     No

Provide a detailed description of all traffic closures for this event (include location, times and closure devices).

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

If yes, please describe your parking plans?

## Entertainment

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 animals be on site?**                       Yes                       No

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

List types of Animals	Quantity	Sizes
-----------------------	----------	-------