Bridgeton Township Public Assembly Permit Application Please return application to: Bridgeton Township 11830 Warner Ave. Grant, MI 49327

P <u>arcei iaentijicati</u>	ion Number or legal description (use back of page): If requesting use of Bridgeton Township property, p	
	Bridgeton Launch Park: Maple Island Boat Launch:	
		an additional lease agreement separate from this permit)
Applicant:	Name:	Phone:
	Address:	
Organization:	Name:	Phone:
	Address:	
Event Coordinat	<i>or:</i> Name:	Phone:
	Address:	
Purpose of Even	<u>t:</u>	
	Estimated number of attendees:	Estimated number of vehicles:
Event Hours:	Opening/Start time: Closing	/Finish Time:
	Overnight? (circle one): YES or NO Health	Dept. Permit #
Toilet Facilities:		Location:
	(attach drawing or sketch showing location of toilet	racinties)
Concessions and	Vendors (circle one): YES or NO Health Dept. Per (if yes, attach additional information indicating num	
Location and Siz	e of vehicle parking area (attach sketch or drawing):	
Music to be prov	vided? (circle one): YES or NO Type of Music? (c Loudspeakers/amplifying devices? (circle one <u>):</u> YE	
	Type of system:	Number:
	Location (attach sketch or drawing as needed):	USIC ACTIVITIES TO END BY 11PM AT NIGHT (NO EXCEPTIONS)
Alcohol allowed	on the premises? (circle one): YES or NO ALCOHOLIC BEVERAGES FOR EVENTS IS NOT ALLOWED ON	TOWNSHIP OWNED PROPERTY (boat launch sites or township hall)
Proposed Securi	ty Measures:	
Applicant provid	led copy of necessary insurance policy:	Township waived:
Applicant has revie	1 ST DAY PLUS \$25 FOR EACH ADDITIONAL DAY OF EV ewed and understands both the Bridgeton Township Public wnship permit <u>DOES NOT</u> eliminate the need of any State o	Assembly Ordinance and Bridgeton Township Noise Ordinance.
Applicant Signature:		Date:
Township Repi	esentative Signature:	Date: