



# City of West Branch

121 North Fourth Street • West Branch, Michigan 48661  
(989) 345-0500 • Fax (989) 345-4390 • e-mail: cityhall@westbranch.com

## Special Event Permit

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

Event Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Name of Sponsoring Organization: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Describe the purpose of this event: \_\_\_\_\_

Point of Assembly: \_\_\_\_\_

Proposed Route (start to finish, attach route diagram): \_\_\_\_\_

In an effort to help your event run smoothly you must make sure the following departments are aware of and/or can staff your event. **Please obtain signatures from each department listed advising us that they are aware:**

West Branch City Police - services NOT needed  arrangements have been made

\_\_\_\_\_  
Chief of Police

Ogemaw County Posse - services NOT needed  arrangements have been made

\_\_\_\_\_  
Chief of Police

The applicant for a Special Event Permit and any other persons, organizations, firms or corporations on whose behalf the corporation is made, by filing this Permit, do represent, stipulate, contract and agree that they will jointly and severally indemnify and hold the City of West Branch harmless against liability for any and all claims for damage to property, injury to or death of persons arising out of or resulting from the issuance of this Permit or the conduct of the Event or its participants.

\_\_\_\_\_  
Initials of Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Office Use Only:

Permit Approved – Yes / No



*“City with a Smile”*

\_\_\_\_\_  
Manager / Clerk Signature