

WELDON TOWNSHIP

14731 THOMPSON AVE ~ THOMPSONVILLE MI 49683

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APPLICATION FOR TRANSIENT ACTIVITY PERMIT
APPLICATION MUST BE SUBMITTED 30 DAYS PRIOR TO THE EVENT

Health Dept. Permit # _____ State Liquor Com. License # _____

Benzie County Sheriff Review _____ Road Commission Review _____

Ambulance Review _____

Property Owner Name _____

Phone # (____) _____

Address _____

Email _____

Owner Email _____

Applicant (If different from above) _____

Phone # (____) _____

Address _____

Email _____

Activity Parcel PIN # 10- _____ - _____ - _____

Location of the activity (address) _____

PROPOSED ACTIVITY & GENERAL INFORMATION

Has the applicant ever had a Transient Activity Permit? _____ yes _____ no

Dates _____

Was the permit _____ denied _____ suspended _____ revoked?

Does the applicant hold any other Activity Permits at the time of this application? _____ yes _____ no

Date _____

Dates of Activity _____

Hours of operation _____

Nature of activity: _____

Will the activity include music? _____ yes _____ no

If yes, please describe type and duration of music _____

Number of participants _____ Number of parking spaces provided _____

Alternate parking area planned? If so where?

Has The County Road Commission been contacted for no parking signs?

Liability Insurance _____yes _____no (please attach copy)

Liquor License (if applicable) _____ yes _____ no (please attach copy)

ADDITIONAL INFORMATION (REQUIRED)

Please provide on a separate sheet of paper, a complete disclosure and description of the following:

- ❖ Description of any products or services to be provided or sold to the public.
- ❖ Procedures to manage parking, traffic and circulation.
- ❖ Procedures and facilities to manage sanitation.
- ❖ Procedures for crowd control.
- ❖ Description of any food or beverages to be sold or provided without charge, including a discloser of whether consumption of alcohol is anticipated.

For activities, businesses or gatherings that may attract more than five (5) customers or attendees at any one time, a sketch plan of the site or facility shall be provided, on a separate sheet of paper. The sketch plan shall indicate the location of parking, sanitation, events or sales, refuse containers and other materials or facilities. The application shall be accompanied by documentation of the status of all local or county authority approvals for sanitation, traffic control, public safety, or other approval standards.

A signed acknowledgement by both the owner and the applicant that any inaccurate or erroneous information on the application form or any failure to abide by any requirements of this ordinance, including any conditions that may apply to the permit, shall be grounds for the suspension and/or revocation of the Transient Activities Permit as provided in Section 9 hereof.

I hereby depose and say, under the penalties of perjury, that all if the statements and/or information contained herein or submitted with this application are true. If any statements and/or information are found at a later date to be false, this permit shall become null and void.

➤ Signature of Property Owner

➤ _____
(Must be signed by owner to be valid)

➤ Signature of Applicant

➤ _____

➤ Approved _____ Denied _____

➤ By: _____

➤ Comments & Conditions

➤ _____

- WELDON TOWNSHIP, in granting this permit, does not endorse any cause or event supported by the Transient Activity.

-----For office use only-----

Date application was received _____ Fee paid _____
Ck. # _____

Permit # _____ Escrow amount (if needed) _____
Ck. # _____

Date issued _____

Expiration Date _____

Date of inspection (if indicated) _____ Initial

Sketch plan provided? _____yes _____ no

Property Taxes paid? _____ yes _____ no

Treasurer's Initials _____