



City of St. Clair Shores

Permit for Parades, Fun Runs, Fun Walks

City Clerk's Office
27600 Jefferson Circle Drive
St. Clair Shores, MI 48081

Phone: (586) 447-3303
Fax: (586) 445-0469
marya@scsmi.net

Date _____

Name of Organization/Business _____

Address _____

Phone _____

Contact Person _____

Address _____

Phone _____

Name of Event _____ Type of Event _____

Date and Time of Event _____

Location of Event _____

Describe the Event _____

Special Conditions _____

	YES	NO
Will you be putting signs up? If yes, please apply for a temporary sign permit		
Will sidewalks be used?		
Will streets be used?		
Are barricades/cones requested? How many? _____ barricades , _____ cones (Must be returned to DPW following work day 7:00am - 3:00pm)		

- ◆ The following documents **MUST** be attached:
 - ◆ A detailed map showing the location of the event, streets to be closed and affected intersections.
- ◆ Please submit any additional information that may be pertinent such as:
 - ◆ Brochures, Letters of Recommendation, Requested miscellaneous support documents on Organization letterhead.
 - ◆ The applicant must obtain a Park Permit from Parks & Recreation if event held in a City Park.
- ◆ The applicant agrees to hold harmless, indemnify and defend the City of St. Clair Shores, its officers and employees, from any liability, which may arise out of this event. Applicant shall maintain General Liability Insurance with limits of liability of not less than One Million Dollars (\$1,000,000.00) per occurrence, and/or aggregate, combined single limit for personal injury and property damage. St. Clair Shores shall be named as an additional insured on applicants General Liability Insurance Policy and also shall be named on applicant's auto policies, if any vehicles will be used.

cc: Traffic Lt. Police Dispatch Fire Dept. P & R and/or DPW (if applicable) Petitioner

- ◆ The applicant agrees to comply with all City and County ordinances and regulations in connection with the event and to pay the City of its direct costs in connection with staging this event, if assessed.

Applicants Signature: _____

DATES ROUTED TO DEPARTMENTS FOR INSPECTIONS _____

The foregoing information is provided for your information and/or approval. Please acknowledge and return to the City Clerk's office.

Department	Approved	Signature	Date
Community Development			
City Clerk			
Fire Route			
Required Items Insurance, Participant Waivers, Hold Harmless			
Police			
Department of Public Works Route, Road Closures			
Parks & Recreation			

This permit as requested is hereby approved, subject to the following conditions:

APPROVED _____ DENIED _____ DATE _____

 City Manager

 City Clerk

NOTE: This permit does not relieve applicant from meeting any applicable requirements of law or other public bodies or agencies.