



12803 S. Wacousta Rd., Grand Ledge, MI 48837

517-626-6593

517-626-6405 Fax

[www.watertownmi.gov](http://www.watertownmi.gov)

## Outdoor Assembly License Application

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Applicant Name \_\_\_\_\_

Applicant Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Contact Person \_\_\_\_\_

*(If applicant is a corporation)*

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Parcel Number 19-150- \_\_\_\_\_

Zoning District \_\_\_\_\_

***All questions must be answered completely.***

Number and attach additional sheets. Number of attached sheets: \_\_\_\_\_

Please describe the proposed outdoor assembly.

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Date and hours of proposed outdoor assembly \_\_\_\_\_

Maximum number of attendees expected \_\_\_\_\_

Provide a detailed explanation on a separate sheet of paper (including drawings and diagrams, where applicable) of the following:

1. Police and fire protection;
2. Food and water supply and facilities;
3. Health and sanitation facilities;

***Staff use only:***

Case Number \_\_\_\_\_ Date Filed \_\_\_\_\_ Fee \_\_\_\_\_ Receipt # \_\_\_\_\_

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4. Medical facilities and services, including emergency vehicles and equipment;
5. Vehicle access and parking facilities;
6. Camping and trailer facilities;
7. Illumination facilities;
8. Communications facilities;
9. Noise control and abatement;
10. Facilities for cleanup and waste disposal;
11. Insurance and bonding arrangements.

**Required Attachment:** Provide a map of the overall site for the proposed assembly.

State of Michigan}  
} SS  
County of Clinton}

### Affidavit

The affiant is the \_\_\_\_\_, (owner, lessee, specify other), agrees the statements made above are true, and if found not true this application and approval will be void. Further, I agree to comply with the conditions and regulations provided with this application for an outdoor assembly. Further, I agree to give permission for officials of the municipality, county and the State of Michigan to enter the subject property for purposes of inspection to verify accuracy of the information contained in this application.

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Applicant's Signature

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Date

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Notary Signature

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Date

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

My Commission Expires\_\_\_\_\_