

**EAST BAY CHARTER TOWNSHIP
OFFICE OF PLANNING & ZONING
1965 N. THREE MILE RD ~ TRAVERSE CITY MI 49696**

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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 # _____ Metro Review _____
Grand Traverse 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 # 28-03- _____ - _____ - _____
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 disclosure 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: _____
Leslie Couturier, MiCZA

➤ Comments & Conditions _____

-----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 _____