

SEPA – SPECIAL EVENT PERMIT APPLICATION

1. APPLICANT (BINDING PARTY)

Name

Address

Title

City, State, ZIP

Company/Organization/Group

Organization Type (Please Check) TAX ID# _____
☐ Profit ☐ Non-Profit ☐ Other (Please Specify) _____

2. EVENT COORDINATOR(S)

Name OR ☐ Check here if same as above

(____) _____ (____) _____
Cell Phone Other Phone

Address

E-mail

City, State, ZIP OR ☐ Check here if same as above

3. EVENT DAY CONTACT INFORMATION

Name OR ☐ Check here if same as above

(____) _____ (____) _____
Cell Phone Other Phone

Address

E-mail

City, State, ZIP OR ☐ Check here if same as above

4. EVENT INFORMATION

Event Name _____

Type of Event (Please check all that apply and attach a Route Map and/or Site Map for your event)

- | | | |
|--|---|--|
| <input type="checkbox"/> Walk/Run: City streets/sidewalk | <input type="checkbox"/> Festival: City Streets/sidewalks | <input type="checkbox"/> March/Parade: City streets/sidewalk |
| <input type="checkbox"/> Walk/Run: River trail | <input type="checkbox"/> Festival: City owned parks | <input type="checkbox"/> March/Parade: Specify Below |
| <input type="checkbox"/> Neighborhood/Block Party | <input type="checkbox"/> Gated/Ticket/Admission | |

Other Event Type (Please Specify: Picnic, Wedding Reception, Concert, Play, etc.)

☐ PARADE (If checked, please complete the following questions)

Animals Involved? ☐ YES ☐ NO Vehicles Involved? ☐ YES ☐ NO

☐ Major Streets Involved? If yes, which streets and where on these streets? (Attach Route Map showing streets)

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4. EVENT INFORMATION - continued

Event Route/Location

If planning a Festival, Community Event, etc., a Site Map with the event layout must be submitted with your SEPA application.

If planning a run/walk event, a Route Map must be submitted with your SEPA application

*Please note the city has approved downtown routes or may amend the proposed route as needed

Event Description and Purpose

Will your event have alcohol? ☐ YES ☐ NO

If yes, provide:

Map showing where alcohol is to be sold/consumed, entrances/exits, ID check-in

[City of Lansing Beer/Liquor Application](#)

[Michigan Liquor Control Commission Application](#)

Will your event have Vendors? ☐ YES ☐ NO

☐ Food ☐ Alcohol ☐ Merchandise ☐ Marketing ☐ Cannabis ☐ Other

If yes, provide map showing vendor location, required electrical hookup, and complete vendor list with names and contact information.

*Vendors require Fire Marshal inspection day of event. Inspection charges will apply.

Will your event have Cannabis?

If either of the boxes are checked, please use the link to apply for a marijuana Event.

☐ Consumption

☐ Sale

[Marijuana Event Application](#)

Will your event have fireworks or pyrotechnics? ☐ YES ☐ NO

Please contact the Lansing Fire Department

Ph: 517-483-4200

Will your event a tent or temporary structure?

☐ YES ☐ NO

**Tents over 10 X 12 will require a permit and inspection.

Will your event produce elevated noise levels? ☐ YES ☐ NO

[Local Street/Block Closure/Noise Waiver](#)

Will your event require street closure for set up/event? ☐ YES ☐ NO

Event Start Date

Event Start Time

Event End Date

Event End Time

Event Set-up Date

Event Set-up Time

Event Tear-down Date

Event Tear-down Time

Anticipated daily attendance

Has this event occurred in Lansing before?

☐ YES ☐ NO

If yes, where?

5. CITY SERVICES REQUIRED

Fill in all information applicable to your event. Please attach map, plan, or route.

Required Street/Sidewalk/Block Parking Barricading:

Street	Block (ie: 100 S)	Side
Street	Block (ie: 100 S)	Side
Street	Block (ie: 100 S)	Side
Street	Block (ie: 100 S)	Side

USE OF PARKING LOTS

There are a few City parking lots that are available for the set-up of the event on the lot. Please contact 517.483.4276 for more information

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5. CITY SERVICES REQUIRED - continued

ADDITIONAL CITY SERVICES (electricity, water, trashcans, etc.)

USE OF CITY PARK	CITY PARK NAME _____
TRAFFIC CONTROL PLAN/BARRICADING	STREETS INVOLVED _____
SITE IMPROVEMENT	REQUEST _____
POWER WASHING/CLEANING	DESCRIPTION _____
BANNERS (Installation/removal)	DESCRIPTION _____

ACCESS TO CITY WATER

PROVIDE VENDOR LIST, TYPE OF VENDOR AND CONTACT INFORMATION

ACCESS TO ELECTRICITY

PROVIDE TYPE AND CONTACT LIST: VENDOR, MUSIC, LIGHTS, TICKET BOOTH, ETC.

If you would like to rent the City of Lansing Showmobile (Mobile Stage) complete the information below. If questions, call 517.483.4276

Delivery Date _____ Delivery Time _____ Pickup Date _____ Pickup Time _____

Deliver to address: _____ Please include a site map with placement location.

6. ATTACHMENTS

Please check off items included with the SEPA Application

- | | |
|--|--|
| <input type="checkbox"/> Detailed Site Plan (inc. entrances, exits, ticket area) | <input type="checkbox"/> Fireworks or Pyrotechnic permit or application |
| <input type="checkbox"/> Detailed Event Set-up (vendor location, tents, stage) | <input type="checkbox"/> Community Use Fund Application |
| <input type="checkbox"/> Security Plan (Name of Company and contact info) | <input type="checkbox"/> Local Street/Block Closure/Noise Waiver Application |
| <input type="checkbox"/> Trashcan placement and removal plan | <input type="checkbox"/> Noise Waiver Notification to Residents (copy) |
| <input type="checkbox"/> Restroom / Port-a-john plan (placement and # units) | <input type="checkbox"/> Street Closure Map |
| <input type="checkbox"/> Liquor /Cannabis License State of Michigan | <input type="checkbox"/> Tent Inspection Application (copy) |
| <input type="checkbox"/> City of Lansing Beer/Liquor Application | <input type="checkbox"/> Certificate of Insurance/Additional Insured Endorsement |
| <input type="checkbox"/> Signed Park/River Trail Permit | <input type="checkbox"/> Liquor Liability Insurance |

7. STREET CLOSURE PETITION (MDOT)

Certain streets located within the City are under Michigan Department of Transportation jurisdiction and require approval through MDOT prior to holding an event. Visit <https://www.michigan.gov/mdot/> for more information and necessary forms.

8. SIGNATURE

Must be signed by person with fiduciary authority to bind organization.

By submitting this form, you understand that your information will be sent to the City of Lansing. Only employees of the City of Lansing will use your information, and it will only be used for the purpose of filing and taking action against this for. Your information will not be distributed to any third parties.

Submission of this application without the required supporting documents and SEPA application fee, does not guarantee approval of the event or the final SEPA application fee.

Applicant _____

Organization _____

Title _____

Date _____