

**American 1 Event Center
Event Application
Jackson County, MI**



*Fill out the form completely
and submit to American 1
Event Center for approval.*

Submit to: Jackson County Parks, 200 W Ganson St, Jackson, MI 49201, ehovarter@mijackson.org

Applicant Information (Please Print)

Name of Applicant: _____ Email: _____

Address: _____ Zip Code: _____ State: _____

Primary Number: _____ Secondary Number: _____

Name of Sponsoring Organization (If Applicable): _____ Non-Profit Profit

Address: _____ Zip Code: _____ State: _____

Contact person on the day of the event _____ Phone: _____

Non-profit Benefactor – Please attach letter from non-profit organization verifying their partnership.
***** A Certificate of 501 © (3) status from the IRS must accompany the application form. *****

Name of Chair Person for this event: _____ Applicant is also Chairperson
(If applicant is not the Chair Person complete the information below)

Address: _____

Email: _____ Email #2: _____

Contact #1: _____ Contact #2: _____

General Event Information

Event Name _____

Type/Purpose of Event: _____

Date(s) of event: _____ Time of event: _____ Set up time: _____ Tear down time: _____

Anticipated number of attendees: _____ Anticipated number of staff/Volunteers: _____

Anticipated number of Vendor Booths: _____

- Location: Keeley Hall Radabaugh Hall Sisk Hall
 Tremaine Meeting Room American 1 Atrium Gumper Building
 Outdoor Area (Please specify Location) _

Describe event in full detail (attach additional pages if necessary):

Event History

- New event Planning for annual event: Yes No
- Re-Occurring Re-Occurrence - how many years: _____

Event Details

What is the event purpose: (Check all that apply)

- Charitable 501(c)3 For Profit Organization Open to Public Fundraiser Private Event

Admission: (Check all that apply)

- Intend to charge a fee (please list fee(s) _____) Free event to public Accepting Donations

From (Date & Time) _____ Until (Date & Time) _____

Will you require assistance from Jackson County Parks staff? Yes No

If yes, please explain _____

Will you be requesting assistance from Fire and Rescue? Yes No

Will you be requesting assistance from the Police Department? Yes No

Will you have private security? Yes No

What activities will be provided or performed at your event?

Equipment:

Will you need table Linens? Yes, how many? _____ No

Any additional equipment need, Please Explain

(Please reference our Equipment and Service Price List for a list of available equipment and services.)

Food and Beverage Service:

Will you be requesting Food Services? Yes No

If yes, what type of service? _____

Will you be requesting Bar Services?(No outside alcohol allowed on the premise) Yes No

If yes, what type of service?

Music:

Will music be provided/included as part of your event? Yes No

What type of music: Live Amplification Recorded Loudspeakers

Proposed time music will begin and end: _____ to _____

(Must comply with the Jackson County Parks noise ordinance Chapter VI Section 7A; and, event organizers must be considerate of the neighborhood and be aware of the appropriate City Noise Ordinance.)

Event Details For Outdoor Events Only

Is water needed? Yes No

Additional restrooms needed? Yes No If yes, how many? _____

Will the event require use of any parking lots as staging areas? Yes No If yes, list _____

Do you plan to use tents, canopies or awnings that require stakes? Yes No If yes, where? _____

Do you plan to use fencing? Yes No If yes, what type? _____

Is electricity needed? Yes No

How will you meet your electrical needs? Will there be generators on-site?

Please list all equipment using electricity _____

Open Flames:

Will you have open flames? Yes No

What will your open flame usage be? (Check all that apply)

Grilling/BBQ Deep Fryer Activity/Entertainment Other _____

A site map of the event area including location(s) of equipment and activities must be submitted with this application.

Vendor Information

Will Food Trucks be on Site? Yes No (IF YES, a fee of \$50 per truck will be charged to compensate for lost revenue)

Number of anticipated Food Vendors: _____ (Please attach your completed vendor list attached to this application).

All food/beverage vendors must have permits/licenses with Jackson County Health Department at least 30 days prior to the event. (All must be attached)

Will merchandise be sold? Yes No

Please Describe:

Traffic Closures

What closures are being proposed for the event?

Sidewalks Yes No Parking Lots Yes No

Provide a detailed description of all traffic closures for this event (include location, times and closure devices).

Will the event require additional parking from what is currently available? Yes No

If yes, please describe your parking plans?

Entertainment

Will there be a stage or multiple stages? Yes No Quantity, size, and locations _____

Who are you getting the stage from? (Name Address & Phone No).

What will take place on the stage? Please explain

Will animals be on site? Yes No

Name and address of company providing services _____

List types of Animals	Quantity	Sizes
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