

**APPLICATION FOR TENT SALE
CHARTER TOWNSHIP OF FLINT**

NAME OF PETITIONER: _____

REPRESENTING: _____

PHONE NUMBER: _____ LOCATION: _____

LEGAL OWNER OF PROPERTY: _____

I, _____ REQUEST PERMISSION TO CONDUCT

AT THE AFOREMENTIONED LOCATION:

NUMBER OF EMPLOYEES: _____ DATE(S) AND HOURS OF OPERATION: _____

TYPE OF FIRE PROTECTION: _____

LIABILITY INSURANCE IS REQUIRED IN THE AMOUNT OF \$500,000 FOR GENERAL LIABILITY, \$1,000,000 FOR EXCESS LIABILITY, AND FOR WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY \$100,000 EACH ACCIDENT, \$500,000. DISEASE POLICY LIMIT AND \$100,000 DISEASE-EACH EMPLOYEE. PLEASE PROVIDE COPIES OF INSURANCE

SANITARY FACILITIES PROVIDED: _____ TOILET FACILITIES: _____
DUMPSTER: _____

SPECIAL LICENSE GRANTED FOR SALE OF BEER AND WINE FOR ON PREMISES CONSUMPTION:
YES: _____ NO: _____

IF FOOD HANDLING IS TO BE PERFORMED, APPLICANT MUST CONFORM TO THE REQUIREMENTS OF THE GENESEE COUNTY HEALTH DEPARTMENT.

IF A TENT OR TEMPORARY STRUCTURE IS TO BE USED THEN CERTIFICATE OF FLAME SPREAD RATING OR OTHER DOCUMENTATION ACCEPTABLE TO THE FIRE MARSHAL MUST BE PRESENTED.

MUST COMPLY WITH FLINT TOWNSHIP SIGN ORDINANCE NO. 6021-07 AND NO. 6021-08.

NAME OF RESPONSIBLE PARTY (S) _____

PHONE NUMBER _____

FOR OFFICE USE ONLY

BUILDING DEPARTMENT: ___ YES ___ NO _____
(SIGNATURE)

COMMENTS: CONTINGENT UPON FINAL INSPECTION

FIRE DEPARTMENT: ___ YES ___ NO _____
(SIGNATURE)

COMMENTS: CONTINGENT UPON FINAL INSPECTION

POLICE DEPARTMENT: ___ YES ___ NO _____
(SIGNATURE)

COMMENTS: CONTINGENT UPON FINAL INSPECTION