

Charter Township of AuSable

**Parks Reservations and Application Form-With Alcohol**

**Shoreline and Finish Line Parks**

Effective: December 4, 2007

**Scheduling**

Finish Line Park and Shoreline Park Pavilion are scheduled through the Township Clerk in advance of the date for use. Applications will be considered on a first come first come first serve basis and must be approved by the Township Board.

**Applicant Responsibility**

The applicant is responsible for leaving the park clean and in good condition. Failure to leave the park area clean will result in removing your privilege to schedule parks in the future.

**Large Events**

For events with 100 or more anticipated attendees, the "Outdoor Gathering" application and fee must also be submitted to the Clerk.

**Children's Park**

Alcohol is not permitted in Children's Park.

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**APPLICATION FORM  
(To Be Completed by Applicant)**

**Park (check):**                       **Finish Line**                       **Shoreline**

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Fee Paid/Enclosed                      Date of Application: \_\_\_\_\_

Alcohol License Attached                       Liability Policy Coverage Attached

Activity Date: \_\_\_\_\_                      Time: \_\_\_\_\_

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Name of Group/Individual: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Purpose of Reservation: \_\_\_\_\_

**I agree to the terms of the policy and deposit requirements.**

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Applicant Signature

Charter Township of AuSable  
311 Fifth Street, AuSable, Michigan 48750  
Telephone: (989) 739-9169

**Parks Reservation Form-with Alcohol**  
(To be completed by Applicant)

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**Alcohol will be served on premises:**

The Applicant shall procure appropriate licenses, including a State of Michigan liquor license/permit and insurance coverage adding the Charter Township of AuSable as an additional insured. Proof of liability coverage is required from the Applicant in the form of a certificate of insurance that names the Charter Township of AuSable as the insured, and states the liability limit.

All rules regulations are to be adhered to as outlined.

I agree to the terms of the policy and deposit requirements.

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Applicant Signature

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Date

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**INDEMNIFICATION AGREEMENT**

The applicant agrees to defend, indemnify and hold harmless the Charter Township of AuSable from any claim, demand, suit, loss, cost of experience, or any damage which may be asserted, claimed or recovered against or from Charter Township of AuSable by reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever and which damages, injury, or death, arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss, cost of expense if caused in whole or in part by the negligence of the \_\_\_\_\_, \_\_\_\_\_, or by third parties, or by the agents, servants, employees or factors of any of them.

**CERTIFICATE OF INSURANCE REQUIREMENTS:**

The Applicant at the Applicant's sole expense shall procure and maintain bodily injury, including death and property damage insurance with a combined limit of at least one million and no/100 dollars (\$1,000,000). The insurance shall be with an "A" best-rated Company licensed to do business in this State. Such insurance shall insure, on an occurrence basis against all liability of the Applicant, its employees and agents arising out of or in connection with operations of the Applicant. The Charter Township of AuSable and its elected officials, officers, board members, agents and employees shall be named as an additional insured on the Applicant's policy. The Applicant shall provide to the Charter Township of AuSable a certificate of insurance evidencing the coverage required by this paragraph on or before the commencement date of the contact.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICIAL USE ONLY**

Reservation Taken Date: \_\_\_\_\_

Deposit and Signed Application Received: \_\_\_\_\_

DPW Manager Notified: \_\_\_\_\_

Key Picked Up: \_\_\_\_\_

Key Returned: \_\_\_\_\_

Deposit Returned: \_\_\_\_\_ or Deposit Cashed: \_\_\_\_\_

Township Board approval date: \_\_\_\_\_