



**GREEN LAKE TOWNSHIP  
SPECIAL EVENT APPLICATION**

Incomplete applications will not be accepted.  
All required materials must be submitted at least 30 days in advance of the next scheduled meeting.

OWNER OF PROPERTY:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

APPLICANT:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Relationship of applicant to property:  Owner of record  Party to a sales agreement  
 Party to a lease agreement  Other \_\_\_\_\_

EVENT NAME \_\_\_\_\_

EVENT ADDRESS \_\_\_\_\_

Parcel ID Number \_\_\_\_\_ Zoning District \_\_\_\_\_

DETAILED DESCRIPTION OF EVENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Operation: \_\_\_\_\_ through \_\_\_\_\_

Hours of Operation \_\_\_\_\_ Number of Employees \_\_\_\_\_

Proposed Number of Parking Spaces \_\_\_\_\_ Proposed Number of ADA Parking Spaces \_\_\_\_\_

Proposed Signage Wall  Yes  No Size and location \_\_\_\_\_  
Free Standing  Yes  No Size and location \_\_\_\_\_  
– Include location on Site Plan, provide image and cross section

**AFFIDAVIT**

The undersigned affirms that he / she is the \_\_\_\_\_ (owner, lessee or other interest) involved in this petition and that the foregoing answers, statements and information are in all respects true and to the best of his/her knowledge, correct.

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Signature of Petitioner \_\_\_\_\_ DATE \_\_\_\_\_

I hereby grant permission for members of the Green Lake Township Zoning Department, Planning Commission, Zoning Board of Appeals and Township Board of Trustees to enter the above described parcel (or as described in the attached) for the purpose of gathering information related to this application / request / proposal.

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Signature of OWNER \_\_\_\_\_ DATE \_\_\_\_\_

Attach the following additional information:

- Basic Site Plan; to include:
- Sample of Signage and Placement on Property
- Copy of Liability Insurance Policy naming Green Lake Township as additionally insured
- Structure/Tent Placement, including setbacks from property lines
- Designated Parking Areas shall be detailed

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**FOR OFFICE USE ONLY**

File Number \_\_\_\_\_ Date Received \_\_\_\_\_  
Fee (Non-refundable) \_\_\_\_\_ Accepted By \_\_\_\_\_