

**WELLS TOWNSHIP  
OUTDOOR ASSEMBLY APPLICATION**

**\*\*Application must be made 60 days prior to the date of event\*\*  
You must be 18 years of age to apply for an OUTDOOR ASSEMBLY PERMIT**

DATE OF APPLICATION: \_\_\_\_\_

NAME OF ASSEMBLY: \_\_\_\_\_

SPONSOR OF ASSEMBLY: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\*If person making application is a partnership, corporation or association, provide above information for all partners, officers and directors on separate sheet of paper as an attachment

DATE(S) OF ASSEMBLY: \_\_\_\_\_

ESTIMATE OF THE MAXIMUM ATTENDEES EXPECTED FOR EACH DAY \_\_\_\_\_

START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

\_\_\_\_\_  
\*Provide address, legal description and attach proof of ownership. If Sponsor(s) is not legal owners, attach a copy of binding written agreement from the landowner authorizing the use of the site for the assembly along with their name, address, phone number and email.

DESCRIBE THE NATURE AND PURPOSE OF THE EVENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DETAILED EXPLANATION OF THE EVIDENCE OF ADMISSION OF ATTENDEES AND METHOD OF WHICH WILL BE USED FOR ACCOUNTING OF ATTENDEES PER DAY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTACH A MAP OR MAPS OF THE OVERALL SITE OF THE PROPOSED ASSEMBLY.

UNDER SECTION 5(G) AND SECTION 10 OF THE OUTDOOR ASSEMBLY ORDINANCE NO 100-03  
ATTACH A DETAILED EXPLANATION, INCLUDING DRAWINGS AND DIAGRAMS WHERE  
APPLICABLE, OF THE PROSPECTIVE LICENSEE'S PLANS TO PROVIDE FOR SUCH REQUIREMENTS.  
PLEASE USE A SEPERATE SHEET FOR EACH APPLICABLE REQUIREMENT.

***I hereby certify that all information and data attached and made part of this application are true and accurate to the best of my knowledge and belief. I understand that there are requirements that must be met in order to comply with the Outdoor Assembly Ordinance and further understand that additional information may be needed from me. I agree to conform to all applicable laws; federal, state and ordinances of this township and I understand that any violation could revoke a granted license. Furthermore, I shall agree to indemnify, save harmless and defend the township, its officers and employees, against any claim for loss, damage or expense sustained by any person on account of injury, death or property damage occurring by reason of or arising out of the Assembly.***

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

For Office Use Only

Application Received: \_\_\_\_\_ Fee Received: \_\_\_\_\_ Verification of check list \_\_\_\_\_

Insurance: \_\_\_\_\_ Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Wells Township Board Approval: \_\_\_\_\_ Denial: \_\_\_\_\_ Date: \_\_\_\_\_

Reason if Denied: \_\_\_\_\_

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