



Application and Entertainment Permit

Village of Mayville
6043 Fulton Street
PO Box 219
Mayville, MI 48744
989.843.6423 phone
989.843.0123 fax
www.villageofmayville.net

Applicant Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Contact Person: _____ Daytime Phone: _____

Date of Event: _____ Evening Phone: _____

Time of Event: _____ Purpose: _____
(Please include Start/End Times)

Please Check: Organization Only: _____ Organization and Public: _____

Entertainment Description: _____

Do you have Liability Insurance? Yes: _____ No: _____

Signature _____ Date _____

Name and Title (Please Print)

Liability Insurance Self Insured Required Exempt

Council Approval Reason if Denied Date Time

Copy Sent to Applicant _____ Date _____

Police Chief Signature _____ Village Clerk Signature _____