



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

Application and Entertainment Permit

 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