



Village of Mayville  
 6104 Fulton Street PO Box 219  
 Mayville, MI 48744  
 989.843.6423 phone  
 989.843.0123 fax  
 www.villageofmayville.org

## 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)  
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Liability Insurance Self Insured Required Exempt

Council Approval Reason if Denied Date Time

Copy Sent to Applicant \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Police Chief Signature Village Clerk Signature