



**City of North Muskegon**  
**Four Corners Solicitation Application**

(Applications must be received by February 1)

**Name of Non-Profit Organization**

**Date of Event**

**From:**

**To:**

Saturday,	AM/PM	PM
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**Applicant's Name**

**Address**

**City**

**State**

**Zip**

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**Phone**

**E-Mail**

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**Number of Volunteers**

**Insurance Carrier (attach declaration naming the City as additional insured)**



**Terms**

1. All requests shall comply with the Four Corners Solicitation Policy.
2. Volunteers shall wear and provide their own safety green or yellow vests.
3. Volunteers shall be, at minimum, 16 years old.
4. Volunteers shall not inhibit the normal flow of traffic.
5. Certificate of Liability Insurance must be submitted with the application. Certificate must be for \$1 million and the City of North Muskegon must be listed as the additional insured.
6. Applicants may attach additional information that may assist staff in evaluating your request.

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

APPLICANT SIGNATURE: \_\_\_\_\_ APPLICANT'S DRIVERS LICENSE NUMBER: \_\_\_\_\_

**FOR CITY USE ONLY**

**REOCCURRING EVENT:**    YES    NO

**APPROVED:**    CITY CLERK \_\_\_\_\_    CITY MANAGER \_\_\_\_\_