

SPECIAL EVENT PERMIT APPLICATION

City of Marshall ~ 344 West Main Street ~ Marshall MN 56258

Phone (507) 537-6775 ~ Fax (507) 537-6830

_____ New Application

_____ Renewal/Change in Application

1. **TITLE, PURPOSE AND BRIEF DESCRIPTION OF EVENT:**

Refer media or citizen inquiries to: _____

Telephone: _____ or _____

2. **APPLICANT AUTHORIZATION:**

Attach a written communication from the organization(s) in whose name the event will be advertised which authorizes you, the applicant, to apply for this special event permit on its or their behalf.

Applicant's Name and Title: _____

Address: _____

Mailing Address: _____

Affiliation: _____

Phone: Daytime _____ ; Evening _____ ; Emergency _____

3. **EVENT PRINCIPALS:**

List, names, addresses, and telephone number of all the principals involved in any way in the proposed special event. Include professional event organizers, event promoters, financial underwriters, commercial sponsors, charitable agencies for whose benefit the event is being produced, the organizations in whose name the event is being advertised, and all others administratively, financially, or organizationally involved as principals in the production of the proposed special event.

Make additional copies of the next sheet as needed to include all the principals involved in the proposed special event.

Name: _____

Organization/Business/Agency/Affiliation: _____

Mailing Address: _____

Phone: Daytime _____; Evening _____; Emergency _____

Title and Functional Responsibility with Regard to the Event: _____

Will this person have authority to cancel or greatly modify event plans? _____ Yes _____ No

Will this person be present at the event area or areas and in charge of the event at all times?
_____ Yes _____ No

Name: _____

Organization/Business/Agency/Affiliation: _____

Mailing Address: _____

Phone: Daytime _____; Evening _____; Emergency _____

Title and Functional Responsibility with Regard to the Event: _____

Will this person have authority to cancel or greatly modify event plans? _____ Yes _____ No

Will this person be present at the event area or areas and in charge of the event at all times?
_____ Yes _____ No

4. **REQUESTED EVENT COMPONENTS:**

A. Requested days and date (first choice): _____

B. Alternate days and dates: _____

C. Requested hours of operation, from _____ AM/PM to _____ AM/PM

D. Set up beginning day and date: _____, time _____ AM/PM

Dismantle by day and date _____, time _____ AM/PM

E. Describe the number of and type of animals to be used in the event: _____

F. Attach a draft of the entry form for participants/spectators.

G. Anticipated number of participants: _____ and spectators: _____

5. **INSURANCE**

Attach to this application either an insurance policy or a certificate of insurance including the policy number, and the provision that the City of Marshall is included as an additional insured.

6. **SANITATION**

Attach your "Plan for Clean-up/Material Preservation." Include number, type and location of trash containers to be provided for the event. Indicate who and how many will be responsible for emptying and cleaning up around containers during the event. Indicate who and how many will be responsible for cleaning up after animals if they are used in the event. Indicate who and how many will be responsible for cleaning up the event area after the event. Describe the number, type and location of portable toilets to be provided for the event (or permanent toilets to be used for the event). Include any other plan you may have for ensuring post-event cleanliness and material preservation of city facilities, equipment, premises and streets.

7. **LOCATION MAP:**

Check off below items that apply to your event. Indicate these items on attached separate maps. Use, where necessary, a to-scale drawing.

- _____ A. If a route is involved, the beginning area, the route (indicate directions with arrows), and the finished area;
- _____ B. If a route is involved, the places where buses or trains need to consider;
- _____ C. If a route is involved, it will expedite approval of your event if you attach separate maps giving two or three alternate routes;
- _____ D. If a relay is involved, indicate hand-off points;
- _____ E. Entertainment or stage locations (grandstand operators should provide you with a to-scale drawing);
- _____ F. Alcoholic beverage concession areas;
- _____ G. Non-alcoholic concession areas;
- _____ H. Food concession areas;
- _____ I. General merchandise concession areas;
- _____ J. Portable toilet facilities (indicate number _____);
- _____ K. First aid facilities;
- _____ L. Event participant and/or spectator parking areas;
- _____ M. Event organizer's command post;
- _____ N. Fireworks or pyrotechnics site;
- _____ O. Vehicle fuel handling site;
- _____ P. Cooking areas;
- _____ Q. Tables, enclosures, etc.
- _____ R. Temporary or permanent structures constructed for the event;
- _____ S. Site of electrical wiring to be installed for the event;
- _____ T. Trash containers (indicate number _____);
- _____ U. Other. Please describe: _____

8. **AVAILABILITY OF FOOD, BEVERAGES AND/OR ENTERTAINMENT:**

A. If there will be music, sound amplification or any other noise impact, please describe, including the intended hours of the music, sound or noise.

B. Alcoholic beverages to be served? ____ Yes ____ No

C. If yes, describe what system will be used to ensure that alcoholic beverages will be consumed only by those persons 21 years and older.

D. If yes, describe how, where, when and by whom the alcoholic beverages will be served.

E. If a casino party, a dance or live entertainment is part of your event, please describe.

F. Please describe all of the activities of your event for which a license is required, for example, a cabaret license, a caterer's license, a general merchandise concession license, etc. (Attached to this application all required licenses).

G. Food and/or non-alcoholic beverages to be served? ____ Yes ____ No

H. If yes, describe sanitation measures, food handling procedures and the nature of the food (such as pre-packaged foods, hot dogs, pre-mixed sodas, unpeeled fruit, raw meats, vegetables, and fish or peeled and cut fruits).

I. If yes, you may need to have a health permit from either the State of Minnesota or Lyon County. Attach a copy of your health permit to this application.

J. If you intend to cook food in the event area, describe your area layout, including fuel or electrical sources to be used.

9. **SECURITY AND SAFETY PROCEDURES:**

A. Describe your proposed procedures for set up, operation, internal security and crowd control.

B. If the event is to occur at night, describe how you are going to light the event area in order to increase the safety of participants and spectators coming to and leaving the event.

C. If you event includes vehicles or animals, describe the minimum and maximum speeds of the event and the minimum and maximum intervals of space to be maintained between units.

D. Attach to this application a copy of your building permit (or permits) if you are installing any electrical wiring on a temporary or permanent basis and/or if you are building any temporary or permanent structures such as bleachers, scaffolding, a grandstand, reviewing stands, stages or platforms.

E. Attach a copy of your fire department permit or permits to this application if you will use parade floats; an open flame; fireworks or pyrotechnics; vehicle fuels; cooking facilities; enclosures (and tables within those enclosures), tents, air-supported structures, canopies, or any fabric shelters.

F. Give names, address and phone number of the agency or agencies, which will provide first aid staff and equipment. Attach additional sheets if necessary.

Name of Agency _____

Name of Representative _____

Address _____

Phone Numbers _____

Indicate medical services that will be provided for the event.

<u>Medical Service</u>	<u>How Provided</u>
_____ Ambulance	_____
_____ Doctors	_____
_____ Nurses	_____
_____ Paramedics	_____

10. **VENDORS OR CONCESSIONAIRES:**

A. Describe what vendors or concessionaires you will allow in conjunction with the event and the purpose or purposes of these concessions.

B. Describe how you intend to regulate, monitor and control the type, number and quality of vendors/concessionaires who you may permit to operate in conjunction with the event.

11. **MITIGATION OF THE IMPACT ON OTHERS:**

Describe how you intend to mitigate the impact of the special event on businesses, churches, neighbors, motorists, mass transit users and others. Attach additional sheets, if necessary entitled "Mitigation of the Impact on Others".

12. **SERVICES/EQUIPMENT:**

Describe city services and/or equipment requested for this event. City barricades, cones, and no-parking signs may be borrowed on an as-available basis. You should plan to pick up and return this equipment. If you or your volunteers cannot pick up and return this equipment, please attach a letter requesting these services and explaining why your organizations cannot perform them. This will be reviewed and approved or denied by the City Administrator.

13. **OTHER PERTINENT INFORMATION:**

14. **LIST ALTERNATE LOCATION IN CASE OF INCLEMENT WEATHER:**

Name and Type of Event _____

Location/Area _____

Day, Date and Time _____

(X or N/A, not applicable) – (City Use)

- ____ 1. Final check has been made of application requirements.
- ____ 2. Event is approved by City Administrator.
- ____ 3. All required permits are issued and on file.
- ____ 4. Refundable clean-up fee has been paid via cashier's check.
- ____ 5. Insurance certificate is on file.
- ____ 6. Surety bond is on file to secure payment for applicant's obligation to the City.
- ____ 7. Application is complete.
- ____ 8. Special conditions are attached: # ____.

REVOCAION: The City Administrator, or her or his designated official, may revoke a special event permit if the conditions set forth in the permit application are not being followed.

Permit is hereby revoked _____

Signature/Title

Date/Time

DEPARTMENT DUE DATE: _____

Within ten (10) working days of the routing date of this application, please review it and notify the City Administrator of any difficulties expected to be caused by the proposed event. Otherwise, the application will be approved by default. Return to the City Clerk.