

Date: _____



508 South State Street ■ Waseca, Minnesota 56093-3097
507-835-9700 ■ FAX 507-835-8871 ■ www.ci.waseca.mn.us

SPECIAL EVENT PERMIT APPLICATION

Answer all questions (please print). Write N/A (not applicable) where appropriate.

NAME OF EVENT

DATE OF EVENT

Name of Applicant or Contact Person

Sponsoring Organization

Applicant Address (Street, City, State, Zip)

Phone number _____

Evening phone/cell phone: _____

Fax Number

Email Address

Type of Event:

- | | | |
|---|---|---|
| <input type="checkbox"/> Run/Walk Pg 2 | <input type="checkbox"/> Dance Pg 3 | <input type="checkbox"/> Fundraiser Pg 3 |
| <input type="checkbox"/> Parade Pg 2 | <input type="checkbox"/> Planned Demonstration Pg 3 | <input type="checkbox"/> Celebration Pg 3 |
| <input type="checkbox"/> Block Party Pg 3 | <input type="checkbox"/> Ceremony Pg 3 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Street Fair Pg 3 | <input type="checkbox"/> Concert Pg 3 | |

Location and description of event: _____

rev Aug 2016

RUNWALK**PARADE**

(PLEASE INCLUDE A MAP OF THE ROUTE)

- A. Date requested: _____
- B. Hours of operation, from _____ am/pm to _____ am/pm
- C. Set up: beginning date and time: _____
Dismantle: date and time: _____
- D. Anticipated number of participants: _____
Anticipated number of spectators: _____
Anticipated number of parade units, if applicable: _____
Anticipated number of vehicles and types of vehicles: _____
Anticipated number of animals and types, if applicable: _____
Assembly/staging area for parade: _____
Estimated beginning and ending times at assembly/staging areas: _____

City Services and Equipment:

Describe City services and/or equipment requested for the event. (City barricades, cones, signs, and other equipment may be borrowed on an as-available basis.) **Please make arrangements in advance to pick up and return this equipment.**

Use of streets/City property:

NOTE: No permanent markings of route are allowed on any streets, sidewalks, or trails in the City of Waseca.

List any street(s) closing, or parking restrictions, requested for the event. Include the date and time of closing and reopening of the street(s). For a run/walk or parade, please include a map of the route.

List any City parks or facilities to be used during the event: _____

BLOCK PARTYSTREET DANCE**CONCERT**CELEBRATION**OTHER**

Event Components:

- A. Date requested: _____
- B. Hours of operation, from _____ am/pm to _____ am/pm
- C. Set up: beginning date and time: _____
Dismantle: date and time: _____
- D. Anticipated number of participants: _____
Anticipated number of spectators: _____

City Services and Equipment:

Describe City services and/or equipment requested for the event. City barricades, cones, signs, and other equipment may be borrowed on an as-available basis. **Please make arrangements in advance to pick up and return this equipment.**

Use of streets/City property:

NOTE: No permanent markings of route are allowed on any streets, sidewalks, or trails in the City of Waseca.

List any street(s) closing, or parking restrictions, requested for the event. Include the date and time of closing and reopening of the street(s). For a run/walk or parade, please include a map of the route.

List any City parks or facilities to be used during the event: _____

Food and Beverage:

A. Will food and beverages be served? ____ Yes ____ No **IF NO, SKIP THIS SECTION**

B. Will you be using a catering service? ____ Yes ____ No

If yes, please specify name of Caterer: _____

C. Will electrical service be needed for food preparation? _____

D. Have you obtained the necessary permit(s) from the Waseca County Department of Environmental Health? ____ Yes ____ No

E. Will alcoholic beverages be served? ____ Yes ____ No

(Please note that a separate license may be required for sale or serving of alcoholic beverages)

If yes, describe what method will be used to ensure that alcoholic beverages will be consumed by only persons 21 years of age or older:

_____.

Describe how, where, when and by whom the alcoholic beverages will be served:

_____.

Vendors or Concessionaries: **(IF NONE, SKIP THIS SECTION)**

A. Please list vendors/concessionaires planned for the event: _____

_____.

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

_____.

Entertainment: **(IF NONE, SKIP THIS SECTION)**

Describe entertainment plans, i.e.; music, sound amplification or other noise impact, including the intended hours:

_____.

Security and Safety Procedures:

- A. Will you be requesting Police services?_____
- B. Describe your proposed procedures for set-up, operation, internal security and crowd control:_____
- C. 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:_____
- D. Describe plans to provide first aid, if needed:_____
- E. Provide the number and a general description of any vehicles or animals involved in the event (approximately how many and type of animal):_____

Sanitation Plan:

- A. Describe your plan for clean-up and material preservation. Include number, type and location of trash and recycling containers to be provided. Indicate who will be responsible for clean-up activities during and after the event, include phone number for individuals:_____

Location Map: (ALL EVENTS)

Please attach a map or drawing of your event layout. At minimum, the following items should be included. Please place a check mark or “x” by those included or N/A if not applicable:

- A. If a route is involved, the starting and finish areas should be marked with arrows, and the places where buses, autos, and other motorized vehicles need to be considered and marked.
- B. Size and location of any tents, structures.
- C. Entertainment and/or stage locations.
- D. Alcoholic beverage concession areas.
- E. Non-alcohol concession area.
- F. Food concession area (cooking, serving, consumption areas).
- G. General merchandise and/or concession areas
- H. Portable toilet facilities, indicate number : _____ Location(s): _____

- I. First aid facilities.
- J. Event participant and/or spectator parking areas.
- K. Event organizer’s command post.
- L. Fireworks or pyrotechnics site
- M. Vehicle fuel handling site.
- N. Fencing or other barricades, etc. for securing event area
- O. Site of electrical wiring to be installed for the event.
- P. Trash receptacles, indicate number _____.

Insurance:

Applicant must provide proof of insurance coverage for the event. Attach to this application either an insurance policy or a certificate of insurance including the policy number, amount (minimum of \$1,000,000) and the provision that the City of Waseca is included as an additional insured. Please note: insurance requirements depend upon the level of risk of the event.

The MINNESOTA DATA PRACTICES ACT requires that we inform you of your rights about the private data we are requesting on this form. Private data is available to you, but not the public. We are requesting this data to determine your eligibility for a license from the City of Waseca. Providing the data may disclose information that could cause your application to be denied. You are not legally required to provide the data; however, refusing to supply the data may cause your license to not be processed. Under MS 2 70.72, the City of Waseca is required to provide the Minnesota Department of Revenue your Minnesota Tax ID Number or Social Security Number if it is given. This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest. The Department of Revenue may supply information to the Internal Revenue Service. In addition, this data can be shared by Waseca City Staff, the State of Minnesota Driver License Section, Waseca County Auditor-Treasurer, and Bureau of Criminal Apprehension. Your signature on this application indicates you understand these rights. Your residence address and telephone number will be considered public data unless you request this information to be private and provide an alternate address and telephone number. Please sign below to indicate you have read this notice:

Signature: _____

Date: _____

I request that my residence address and telephone number be considered private data. My alternative address and telephone number are as follows:

Address: _____

Phone: _____

Additional Permits (IF APPLICABLE)

Additional permissions may be required including but not limited to, the following:

A. Building Permit:

Attach to this application a copy of your building permit(s) 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.

B. Fire Department Permit(s):

Attach to this application any permission required by fire regulations for such things as open flame; fireworks or pyrotechnics; vehicle fuel; cooking facilities; enclosures (and tables within those enclosures); tents, air supported structures, canopies, or any fabric shelters.

C. Other Permits:

Certain other licensing may be required by city, county, and state agencies. It is your responsibility to check with the local authorities to determine what licensing is required before final submission of this application.

ANY FALSIFICATION OF ANSWERS TO THE PRECEDING QUESTIONS WILL RESULT IN DENIAL OF THE APPLICATION.

Signature of Applicant

Date

Attachments Included (if applicable):

- _____ Insurance Certificate
- _____ Fireworks Application
- _____ MnDOT Authorization
- _____ List of Special/Unusual Request(s)
- _____ Park Reservation Form
- _____ Map
- _____ Alcohol Permit
- _____ Other

ALL REQUESTS WILL BE REVIEWED BY THE FOLLOWING DEPARTMENTS PRIOR TO SUBMITTING TO CITY MANAGER FOR FINAL APPROVAL. In some cases City Council approval may also be required.

<u>Event Location/Use</u>	<u>Contact/Department/Phone Number</u>	<u>Dept. Initials</u>	<u>Review/Approval</u>
<u>City Street</u>			
Engineering Department	507-835-9700	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Street Department	507-835-9700	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Police Department	507-835-9720	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Fire Department	507-835-3210	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Utilities Department	507-835-9718	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
City Manager	507-835-9700	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<u>City Parks:</u>			
Parks Department:	507-835-9700	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<u>County Roads</u>			
County Highway/Engineering	507-835-0660	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<u>Airport</u>			
Waseca Municipal Airport	507-835-9700	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<u>Other</u>			
		_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<u>State Highway</u>			
MN DOT	507-304-6100	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

FOR OFFICE USE:

Date of Application: _____

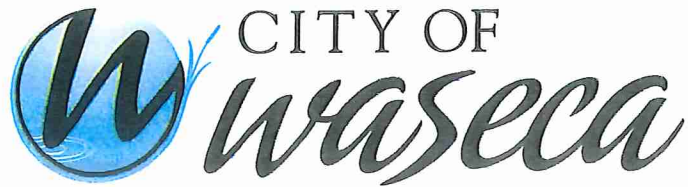
Date of Event: _____

Approved Denied

Requesting party notified: _____

Date: _____

Staff Initials: _____



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Parade Sponsor:

The Minnesota Department of Transportation requires the following information to be submitted to them when applying for State highway closure or restriction for special events. In addition to your application, please include the following information in writing when submitting your materials to the City of Waseca.

- Identification of the special event
 - History of the event
 - Documentation of the support of local law enforcement. Waseca PD will provide this on your behalf when submitting your application to Mn/DOT.
 - The special event sponsor(s)
 - A signed waiver (see attachment)

The City of Waseca and Waseca Police Department will submit a traffic control and detour plan to Mn/DOT on your behalf after receiving your application. Please complete the application in full and mark out your planned route on the included map.

****PLEASE NOTE****

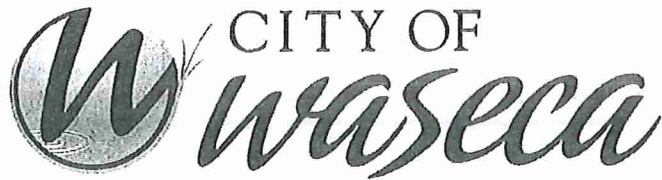
Mn/DOT requires that the following criteria be met in order to justify the closure and use of a state highway. The special event must:

- Have a long standing history (> 20 years), with no previously significant traffic mobility or safety problems.
- Be sponsored by, or endorsed by the municipality in which the special event will take place, with the support of the local law enforcement agency.

If a special event cannot meet all of the above criteria, and its sponsor can provide sufficient justification as to why the special event cannot be accommodated on routes other than a state highway, the District Traffic Engineer may grant an exception to the above criteria for the special event. This exception is subject to review prior to each occurrence of the special event.

The above criteria have historically been met in Waseca by the following events:

- Waseca Sleigh and Cutter Festival Parade
- Waseca Memorial Day Parade
- Waseca All-School Reunion Parade
- Waseca Marching Classic Parade



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Parade Sponsors:

The Minnesota Department of Transportation requires you to acknowledge, by signature, the following:

"The special event sponsor agrees to assume the entire responsibility and liability for all damages or injury to all persons, whether employees or otherwise, and to all property, including highway property, arising out of, resulting from or in any manner connected with the operation of the special event. The sponsor agrees to defend and indemnify Mn/DOT, its agents and employees from all such claims including, without limiting the generality of the foregoing, claims for which Mn/DOT may be claimed to be liable and legal fees and disbursements paid or incurred to enforce the provisions of this paragraph."

Sponsor Signature

Date

****Failure to sign and return this waiver will result in delays and/or denial of your application to Mn/DOT****