



City of St. Paul Park
 600 Portland Avenue
 St. Paul Park MN 55071
 www.stpaulpark.govoffice.com
 (651) 459-9785

Special Event Permit Application

INSTRUCTIONS: Fill out this form completely, sign it and include all required attachments. If additional space is needed, attach additional sheets. Submit to the City of St. Paul Park 60 days prior to the date of the event with application fee.

- Non-profit \$25 (provide documentation) All others \$200

A Special Event Permit is required if one or more of the following apply to your permit:

- Alcohol will be sold Admission or rental fees will be charged or donations requested
 200 or more individuals will be in attendance Special services will be required (road closure, traffic control, security, etc.)

1. EVENT INFORMATION:

Name of Event: _____
 Purpose of Event: _____
 Description of Event: _____

 Date(s) of Event: _____
 Event Starting Time: _____ Event Ending Time: _____
 Number of Attendees: _____ Admission Fee/Donation Requested: \$ _____
 Location address: _____
 Property Owner Name: _____
 Owner Contact Info: Business Phone: _____ Cell: _____
 Email: _____

2. REQUEST FOR SPECIAL SERVICES:

We are requesting the following services to be provided by the City. There will be a charge for these services and an escrow payment will be required for the estimated cost of services at least 10 days before the event.

- | | |
|---|---|
| <input type="checkbox"/> Street closures (traffic cones, barricades) | <input type="checkbox"/> Additional street cleaning |
| <input type="checkbox"/> Traffic control | <input type="checkbox"/> Garbage removal services |
| <input type="checkbox"/> Police protection | <input type="checkbox"/> Special signage (temporary no parking signs) |
| <input type="checkbox"/> Stationing emergency vehicles at or in the immediate vicinity | <input type="checkbox"/> Use of city building, equipment, or other property |
| <input type="checkbox"/> Exclusive use of City Streets as staging area or for event parking | |

Describe any services, city personnel, city equipment and city property which you are requesting the city to provide, including the estimate of number and type needed and the basis on which the estimate is made.

If special services are requested, an indemnification agreement is required. The special event holder shall agree to defend, indemnify and hold the City, its officials, employees, and agents harmless from any claim that arise in whole or in part out of the Special Event, except any claims arising solely out of the negligent acts or omissions of the City, its officials, employees and agents. ***Please complete the release and indemnification agreement and attach to this application.***

3. SITE PLAN:

Attach sketch or site plan showing the location of the following as applicable:

- | | |
|---|---|
| <input type="checkbox"/> Route (beginning/end, direction of travel, traffic control points) | <input type="checkbox"/> Food concession area (cooking, serving, consumption) |
| <input type="checkbox"/> Ticketing/registration/entry location | <input type="checkbox"/> Alcoholic beverage concession area |
| <input type="checkbox"/> Entertainment or stage locations | <input type="checkbox"/> Other concession areas |
| <input type="checkbox"/> List of event activities and locations | <input type="checkbox"/> Size and location of any tents or structures |
| <input type="checkbox"/> Portable toilet facilities | <input type="checkbox"/> Trash/Recycling receptacle area |
| <input type="checkbox"/> Fencing Locations | <input type="checkbox"/> Fireworks or pyrotechnics site |
| <input type="checkbox"/> Parking areas for participants/spectators | <input type="checkbox"/> First aid facilities |
| <input type="checkbox"/> Sign locations | <input type="checkbox"/> Other as may be applicable |
| <input type="checkbox"/> Speaker (sound amplification) locations | |

4. APPLICANT INFORMATION:

Name: _____ Title: _____

Address: _____

City State Zip _____

Phone: _____ Alternate: _____

E-Mail: _____

Affiliation/Organization: _____

Are you an authorized applicant for this organization? Yes No

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

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

If no, provide contact information for person who will be the responsible party on the day of this event:

Name: _____ Title: _____

Address: _____

City State Zip _____

Phone: _____ Alternate: _____

E-Mail: _____

5. ENTERTAINMENT:

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

6. ACTIVITIES:

List all activities to take place at the special event.

7. SANITATION/POTABLE WATER:

Describe the toilet and hand washing facilities present on site (type, number and location) as well as temporary/portable facilities to be provided. Describe the source of potable (drinking) water.

8. PARKING AND TRAFFIC CONTROL:

Describe the location and number of parking spaces available. Describe arrangements that have been made for traffic control.

9. EMERGENCY/MEDICAL SERVICES:

Describe measures that will be taken to ensure emergency vehicle access (police, fire, ambulance) to the event area.

10. SECURITY/CROWD MANAGEMENT:

Describe your proposed procedures and staffing for the event operations and crowd control.

11. TRASH/RECYCLING, EVENT CLEAN UP:

Describe the number, type and location of trash/recycling containers to be provided. What provisions have been made for clean-up of the site and surrounding area after the event?

Name of trash/recycling hauler: _____

12. LIGHTING:

Describe any temporary or permanent lighting that will be added for the event.

13. TEMPORARY STRUCTURES OR CONSTRUCTION:

Describe any tents, enclosures, stages, platforms, scaffolding, riser, bleachers, fences, and any other type of temporary structure or construction for the event. Event sponsor is responsible to obtain any building or electrical permits that may be required for such construction.

14. ADVERTISING AND PROMOTION:

Describe how this event will be advertised and promoted. Describe any signs (size, type, location). All signs must comply with St. Paul Park City Code (*Section 74-321 et seq.*) including a permit if required.

15. NOISE:

Describe expected type, duration and timing of any noise sources. Describe measures to be taken to ensure compliance with the city noise ordinance (*Sections 22-473, 26-32 subd. 12, 46-4 and 46-10*)

16. FIREWORKS OR PYROTECHNICS:

Will any fireworks or pyrotechnics be used at the event? Yes No

If yes, describe in detail. Fire Department approval will be required.

As a condition of granting of a permit for fireworks or pyrotechnics, the company hired to perform the pyrotechnics shall provide the City a public liability insurance policy naming the City as an additional insured entity with limits of not less than one million dollars per occurrence. ***Please attach the certificate of insurance to this application.***

17. FOOD AND BEVERAGES:

Will alcoholic beverages be served? Yes No

Will alcoholic beverages be consumed outside the licensed establishment? Yes No

Will alcoholic beverage be consumed upon public lands? Yes No

If yes, describe the type of beverages, alcohol allowed area, security measures to be taken and the status of the liquor license. Council approval will be required (*Section 6-34 subd c, and Section 6-37*). As a condition of allowing the consumption of alcohol outside of the building, the liquor license holder shall provide the City a liquor liability insurance policy naming the City as an additional insured entity with limits of not less than one million dollars per occurrence to include the alcohol allowed area. ***Please attach the certificate of insurance to this application.***

Will food and/or non-alcoholic beverages be served? Yes No

If yes, describe what will be served and any plans for cooking food in the event area, including fuel source to be used.

Generators or other portable power supply units may need to be inspected by the State Electrical Inspector. It is the applicant's responsibility to contact the Electrical Inspector, Joseph Wheaton (612) 866-3784 to arrange for an inspection, if required.

Has a license been obtained from the Washington County Department of Health and Environment? (*Please attach*) Yes No

18. OTHER CONCESSIONS:

Describe what vendors or concessionaires you will allow at the event, and how you intend to regulate and monitor their activities.

19. GAMBLING:

Will there be any gambling (raffles, pull-tabs, bingo, etc.) at the event? Yes No

If yes, a lawful gambling permit will be required as provided by state law and St. Paul Park City Code (*Section 22-351 et. seq.*). Describe the gambling activity and the status of gambling permit.

20. WORKERS COMPENSATION COMPLIANCE:

In accordance with Minnesota Statutes all applicants for license and permits to operate a business in Minnesota must submit acceptable evidence of compliance with Worker's Compensation Insurance requirements. *Please complete the certificate of compliance and attach to this application.*

21. INSURANCE:

As a condition of the granting of a permit for special event conducted on public property or public streets or public parking lots, the permit holder shall provide the City a public liability insurance policy naming the City as an additional insured entity with limits of not less than one million dollars per occurrence. If alcoholic beverages are to be sold or distributed the policy must also include an endorsement for liquor liability.

A certificate of insurance naming the City as additional insured entity with limits of not less than one million dollars per occurrence is required from the company conducting the fireworks or pyrotechnics. *Please attach the certificate(s) of insurance to this application.*

22. THE MINNESOTA DATA PRACTICES ACT:

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 to the public. We are requesting this data to determine your eligibility for a permit from the City of St. Paul Park. 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 permit to not be processed. Your residence address and telephone number will be considered public data unless you request this information to be private and provide an alternative address and telephone number. Please sign below to indicate that 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: _____ Telephone: _____

23. ACKNOWLEDGEMENT/SIGNATURE:

The signature of the legal owner of the event location or the owner’s official representative is required and authorizes the designee of the City of St. Paul Park to enter the property to perform inspections to establish and ensure compliance will all permit conditions. Entry may be without prior notice.

Property Owner Signature: _____

Printed Name: _____ Date: _____

I hereby acknowledge that I have read this application and that all information is true and correct to the best of my knowledge. I hereby agree that the special event will be conducted in accordance with the St. Paul Park City Code and the laws of the State of Minnesota. I further understand that failure to comply with the conditions of my Special Event Permit, including the payment of required fees, deposits, and reimbursements, or conducting the event in a way that creates a threat to the health, safety, or welfare of any individual or the general public may result in the immediate cancellation of the Special Event Permit.

Applicant Signature: _____

Printed Name: _____ Date: _____

office use only
Special Event Permit
Application Review

Event Name and Date: _____

Attachments

- Application form signed
- Sketch/site plan attached
- Workers Comp Certificate attached
- Certificate(s) of Insurance
 - Public Land
 - Liquor
 - Fireworks
- Release and Indemnification Agreement
Estimated Escrow \$ _____

Other Permits/Licenses as applicable

- _____ Building Permit
- _____ Sign Permit
- _____ Liquor License
- _____ Lawful Gambling Permit
- _____ Washington County Dept. of Health (food)

Administrative Comments—reviewed by _____

Comments: _____

Police Department Comments—reviewed by _____

Comments: _____

Fire Department Comments—reviewed by _____

Comments: _____

Public Works Comments—reviewed by _____

Comments: _____

Public Safety Commission recommendation required No Yes. Date _____

City Council action required No Yes. Date _____