



SPECIAL EVENTS 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 Anne Klaers, Medina Police Department, 600 Clydesdale Trail, Medina, MN 55340 or anne.klaers@medinamn.gov at least 30 days prior to the date of the event along with the **\$50 fireworks fee and Fireworks Addendum (attached)**. You will be notified by email once the application is approved.

1. Name, purpose and description of event:

Location address: _____

****Please attach route map if for a parade, race, bicycle time trials, or other such event**

Date(s): _____

Event Starting Time: _____ Event Ending Time: _____

Set-up Start Date and Time: _____

Dismantle by Date and Time: _____

Anticipated Number of Participants and/or Spectators: _____

If there is a fee or donation required as a condition of attendance, please describe:

2. Application Information:

Name: _____ Title: _____

Address: _____

Phone: _____ Cell: _____

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 the person who will be the responsible party on the day of this event:

Name: _____ Title: _____

Address: _____

Phone: _____ Cell: _____

E-Mail: _____

3. Entertainment:

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

4. Sanitation/Drinking Water:

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

5. Parking and Traffic Control:

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

6. Emergency/Medical Services:

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

7. Security/Crowd Management:

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

8. 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: _____

9. Noise:

Describe expected type, duration and timing of any noise sources. Describe measures to be taken to ensure compliance with city noise ordinance.

10. 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.

11. Food and Beverages:

Will alcoholic beverages be served? Yes ____ No ____

If yes, describe the type of beverages and the status of the liquor license.

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.

12. Other Concessions:

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

13. Insurance Requirements:

A certificate of insurance must be filed with the city prior to issuance of the Special Events Permit. The certificate of insurance must name the city, its officials, employees and agents as additional insureds. Insurance coverage must be maintained for the duration of the Special Event.

Insurance coverage must be a commercial general liability policy. The minimum limits must be at least \$1,000,000. If alcoholic beverages are to be sold or distributed at the Special Event, the policy must also include an endorsement for liquor liability. The city may require additional endorsements depending upon the type of Special Event and the proposed activities.

I hereby affirm that the statements contained herein are true and correct to the best of my knowledge. I am duly authorized to make such agreements on behalf of the persons or organization sponsoring this Special Event. I agree to pay all fees and meet all other requirements of Section 230 of the Medina City Code.

APPLICANT SIGNATURE

DATE

SPECIAL EVENT PERMIT APPLICATION

FOR OFFICE USE ONLY

Name of Event: _____

Date of Event: _____

Comments and/or Conditions:

Approved by:

Dated: _____

City Administrator

Police Chief

Public Works Director

Fire Chief-if applicable



**FIREWORKS
DISPLAY PERMIT
ADDENDUM**

Fill out this form completely, sign it and attach certificate of insurance and diagram/photo of launch site. **Contact your local fire department (see pg. 2) to schedule an inspection of the launch site.** Once Fire has inspected the site and signed off on the form, submit to Anne Klaers, Medina Police Department, 600 Clydesdale Trail, Medina, MN 55340, at least 30 days prior to the date of the event. You will be notified by email once the application is approved. (Addendum must accompany the special event permit).

Property Location: _____

Applicant is: ___ Display Contractor ___ Property Owner ___ Other

Name: _____ **Email:** _____

Address: _____ **City:** _____ **State:** ___ **Zip:** _____

Telephone(s) #: _____

Display Information:

Company: _____ MN Certificate #: _____

Supervising Operator: _____ Cell Phone: _____ Business Phone: _____

Date of Display: _____ Time of Display: _____ Duration of Display: _____

****Attach Location and Number of Fireworks to be Discharge to this form****

MINNESOTA STATE LAW REQUIRES THAT THIS DISPLAY BE CONDUCTED UNDER THE DIRECT SUPERVISION OF A PYROTECHNIC OPERATOR CERTIFIED BY THE STATE FIRE MARSHAL.

I HEREBY APPLY FOR A FIREWORKS DISPLAY PERMIT AND ACKNOWLEDGE THAT THE INFORMATION ABOVE IS COMPLETE AND ACCURATE; I UNDERSTAND THIS IS NOT A PERMIT AND WORK IS NOT TO START WITHOUT A PERMIT.

I UNDERSTAND AND HEREBY AGREE THAT THE WORK FOR WHICH THE PERMIT IS ISSUED SHALL BE PERFORMED ACCORDING TO THE FOLLOWING: (1) CONDITIONS OF THE PERMIT, (2) THE APPLICABLE CITY APPROVALS, ORDINANCES AND CODES, (3) THE STATE FIRE CODE.

Applicant's Signature

Date

Print Applicant's Name

For Plan Review Use Only

Fire Dept Inspection:

Date

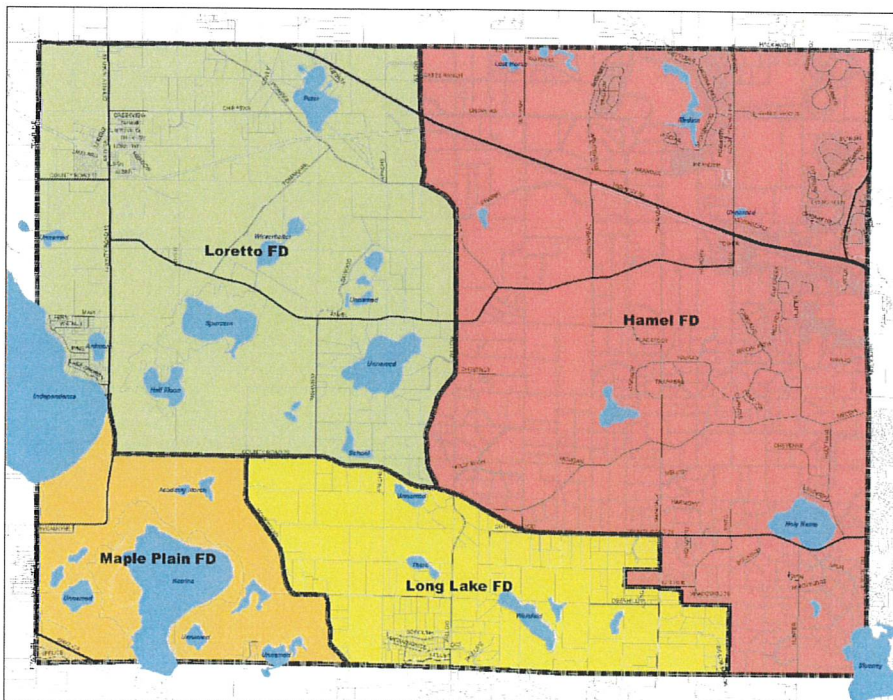
Fire Department Authorized Signature

Authorized for Issuance:

Date

Director of Public Safety

Remarks:



Fire District Map

- Legend**
- Hamel FD
 - Long Lake FD
 - Loretto FD
 - Maple Plain FD

Hamel Fire:
763-478-6621

Loretto Fire:
763-479-3036

Long Lake Fire:
952-473-9701

Maple Plain Fire:
763-479-0520

Map Date August 22, 2013
District boundaries verified by Public Safety Director 8/21/2013