



## SPECIAL EVENT PERMIT APPLICATION

| General Event Information  |             |  |             |
|--|-------------|--|-------------|
| Event Name:  |             |  |             |
| Name of Event Coordinator:   |             | Home Phone: (    )   |             |
|  |             | Work Phone: (    )   |             |
| Name of Organization/Business Hosting Event:   |             | Cell Phone: (    )   |             |
|  |             | E-mail:  |             |
| Mailing Address:   |             | Website:   |             |
| On Site Contact Name:  |             | On Site Contact Cell Phone: (    )   |             |
| <b>Type of Event (mark all that apply):</b> <input type="checkbox"/> Downtown Event <input type="checkbox"/> Race/Run/Walk <input type="checkbox"/> Concert/Performance <input type="checkbox"/> Fundraiser<br><input type="checkbox"/> Other: |             |  |             |
| Date(s) Requested:   |             |  |             |
| Date   | Day of Week | Time   | Total Hours |
|  |             | am/pm to    am/pm  |             |
|  |             | am/pm to    am/pm  |             |
|  |             | am/pm to    am/pm  |             |
| Is this event: <input type="checkbox"/> Open to the public <input type="checkbox"/> Private  |             | Will this be an annual event? <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| Has this event been held in another City? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No   |             |  |             |
| If yes, when was it held and where? _____  |             |  |             |
| Will an admission fee be charged? <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No  |             | Will donations be accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No   |             |
| What will proceeds from the event be used for?   |             |  |             |
| Anticipated Attendance:    Total _____    Per Day _____  |             |  |             |
| Will there be a tent(s) at the event? <input type="checkbox"/> Yes <input type="checkbox"/> No   |             | If yes, how many and how big? _____  |             |

| Event Location Information   |
|--|
| Location of the event (including the starting line, finish line and staging/disbanding areas): |

List of any City parks/facilities to be used for the event:

Number of vehicles expected at the event:

Describe where participants will park:

If the event will take place on private property, has approval been obtained from the property owner(s)?

Yes  No

Please include a site plan for the event location that show the location of the starting line, finishing line, staging areas, tents, vendors, parking areas, sound amplification equipment and any other areas that will be setup as part of the event.

Please describe how you will contain waste and recycling at your event including after the event has ended. To assist you in these efforts, please contact our City Recycling Coordinator 651-480-6182

### Event Route Information

Does the event propose to require the use of any public right of way (crossing or traveling within)?  Yes  No

List all public right of way that will be used during the event:

City Streets \_\_\_\_\_

Trails/Sidewalks \_\_\_\_\_

County Roads \_\_\_\_\_

State Road \_\_\_\_\_

Other Right of Way \_\_\_\_\_

Have you received approval for the use of any County or State right-of-way?  Yes  No  Not applicable

Does the route require the closing or partial closing of any streets, intersections or crossings?  Yes  No

If yes, please describe: \_\_\_\_\_

(The City of Hastings reserves the right to require street closings)

Please include a detailed map showing the proposed route. The route map must show what roadways, trails and sidewalks will be used and the direction the participants will travel. All street names must be clearly labeled.

### Event Safety Information

Number of volunteers assisting with the event:

Do you have a contingency plan if volunteers don't show up?  Yes  No

If yes, please summarize: \_\_\_\_\_

Is the promoter aware of any problems that may arise during the event?  Yes  No

If yes, please summarize: \_\_\_\_\_

Have arrangements been made for emergency medical services?  Yes  No

If yes, please summarize: \_\_\_\_\_

Will alcohol be served or sold at the event?  No  Yes (a temporary beer or liquor license is required)

**Will there be a raffle or other regulated gambling activity at the event?**  No  Yes (a temporary gambling permit is required)

**Will the event include the sale of any products or services?**  No  Yes (please provide a list of your approved event vendors):

\_\_\_\_\_

\_\_\_\_\_

**Will the event include the sale of any food or beverages?**  No  Yes (health department permits are required, please provide a list of your approved food vendors):

\_\_\_\_\_

\_\_\_\_\_

**Event Signage and Sound Information**

**Please include a route map detailing where all DIRECTIONAL signage will be placed for the event.**

**Please include a map detailing where all signs ADVERTISING the event will be placed.**

**Will any sound amplification equipment be used at the event?**  Yes  No

If yes, please describe where in the event area the equipment will be used and what time the equipment will be used:

\_\_\_\_\_

**Insurance Information**

Insurance coverage shall be maintained for the duration of the event with a minimum \$1,000,000 combined single limit and a minimum \$2,000,000 aggregate limit. If food or non-alcoholic beverages are sold or provided at the event the insurance policy shall also include an endorsement for product liability in an amount not less than \$1,000,000. Proof of insurance coverage must be provided at least 5 days prior to the event.

I have read and agree to all ordinances and rules associated with this special event permit. I certify that the answers are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed form to Paige Marschall-Bigler at [pmarschall@hastingsmn.gov](mailto:pmarschall@hastingsmn.gov) or mail in to Parks Department 920 10<sup>th</sup> St W, Hastings MN 55033. Call 651-480-6182 with any questions.

**OFFICE USE ONLY**

Date application submitted: \_\_\_\_\_

Date application approved by CC: \_\_\_\_\_

- Required resources:
- Police Reservists: \_\_\_\_\_
  - Equipment: \_\_\_\_\_
  - City staff: \_\_\_\_\_

Insurance information received: \_\_\_\_\_

Licenses/permits obtained: \_\_\_\_\_