



Centerville
Special Event Permit Application

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

New Application: _____ Renewal of or Change in Application: _____

CONTACT PERSON: _____

TELEPHONE: _____ OR _____

2. IDENTIFYING INFORMATION:

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/their behalf.

Applicant's Name: _____ Title: _____

Address: _____

Mailing Address: _____

Affiliation: _____

Day Phone: _____ Evening Phone: _____

Emergency Phone: _____

3. EVENT PRINCIPALS:

Following, please list the names, addresses and telephone numbers of all the principals involved in any of 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 organization(s) in whose name the event is being advertised, and all others administratively, financially and organizationally involved as principals in the production of the proposed special event. Make additional copies of the following as needed to include as of the principals involved in the proposed special event.

Name: _____

Organization/Business/Agency/Affiliation: _____

Is this a non-profit organization? _____ Yes _____ No

If you are making application under non-profit status, proof of non-profit status must be attached to this application

Mailing Address: _____

Day Phone: _____ Evening Phone: _____

Title and functional responsibility with regard to the event: _____

4. REQUESTED EVENT COMPONENTS:

Date requested: _____ Alternate date: _____
Requested hours of operation: _____ (a.m./p.m.) To: _____ (a.m./p.m.)
Set up beginning date and time: _____
Complete dismantle date and time: _____
Describe the number and type of animals (if any) to be used in this event: _____

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

Anticipated number of participants: _____ Spectators: _____

5. INSURANCE:

Attach to this application either an insurance policy or a certificate of insurance including the policy number, amount, and the provisions that the City of Centerville is included as an additional insured. (Please note that insurance requirements depend upon the risk level of the event. Also, if your event can be classified as first amendment expressive activity, insurance requirements can be waived under certain circumstances.)

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 present during the event. Indicate who and how many will be responsible for cleaning up after the event. Describe the number, type and location of portable toilets to be provided for the event (or permanent toilets to be used in the event.) Include any other plan you have for ensuring post-event cleanliness and material preservation of city facilities, equipment, premises and streets. **A deposit of \$500 will be required for clean-up and restoration. If premises are left in satisfactory condition, this deposit will be refunded in full following inspection.**

7. LOCATION:

Please attach a map of your event land design. Check off below items that apply to your event and indicate them on the attached map. Use, where necessary, a "to scale" drawing.

- A. ___ If a route is involved, the beginning and finish area with arrows.
- B. ___ If a route is involved, the places where buses, autos or other motorized vehicles need to be considered.
- C. ___ If a route is involved, attach separate maps giving two or more alternate routes.
- D. ___ Entertainment or stage locations (grandstand operators should provide you with a "to scale" drawing.)
- E. ___ Alcoholic beverage concession area.
- F. ___ Non-alcoholic concession area.
- G. ___ Food concession area.
- H. ___ General Merchandise concession areas.
- I. ___ Portable toilet facilities (indicate number).
- J. ___ Event participant and/or spectator parking areas.
- K. ___ Event organizer's command post.

- L. ____ First aid facilities.
 - M. ____ Fireworks or pyrotechnics site.
 - N. ____ Vehicle fuel handling sit.
 - O. ____ Cooking areas.
 - P. ____ Electrical sources to be used for cooking.
 - 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 receptacles (indicate number)
 - U. ____ Other - Please describe. _____
-

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

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

Will alcoholic beverages be served? Yes _____ No _____

PLEASE NOTE THAT SALES OF LIQUOR/ALCOHOL IS PROHIBITED IN CITY PARKS UNLESS THE EVENT IS A CITY CELEBRATION AND PRIOR APPROVAL AND APPROPRIATE LICENSES ARE OBTAINED BY CITY COUNCIL ACTION.

If yes, describe what system will be used to ensure that alcoholic beverages will be consumed by persons 21 years and older: _____

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

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

Please describe all of the activities of your event for which a license is required, for example: a cabaret license, etc. Attach all required licenses to this application. **Please note that certain licensing may be required by City, County and State agencies, such as a Large Assembly License for gatherings over 1,000 people, some types of food handling licensing, Gambling License, Cabaret License, etc. It is your responsibility to check with the City Clerk or local authorities to determine what licensing is required prior to submitting this application.**

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

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

If yes, you will need a permit from the Anoka County Department of Environmental Health. Please attach a copy of the permit to this application.

9. SECURITY AND SAFETY PROCEDURES:

Describe your proposed procedures for set up, operation, internal security and crowd control: _____

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: _____

If your 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: _____

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

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

Give the name, address and phone numbers of the agency or agencies which will provide first aid staff and equipment if required. Attach additional sheets if necessary.

Name of agency: _____

Name of Representative: _____

Address: _____

Day phone: _____ Evening phone: _____

Indicate medical services (if required) that will be provided for this event:

Ambulances: _____ Doctors: _____
Nurses: _____ Paramedics: _____

10. VENDORS OR CONCESSIONAIRES:

Describe what vendors/concessionaires you will allow in conjunction with the event, and the purpose of these concessions: _____

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

11. CITY SERVICES/EQUIPMENT:

Describe city services and/or equipment requested for this event: City barricades, cones, signs, picnic tables and other equipment which may be borrowed on an as-available basis. You should make advance arrangements to pick up and return this equipment. If you or any volunteers cannot pick up and return this equipment, please attach a letter requesting these services and explaining why your organization cannot perform them. This will be reviewed, then approved or denied by the public works foreman.

12. OTHER PERTINENT INFORMATION:

Please list below any other miscellaneous information you feel would be important and have a bearing on the approval of this Special Event Permit request: _____

13. FEE STRUCTURE / EVENT CHARGES:

If there is a fee or donation required as a condition of attendance or participation of this event, please describe the amounts to be collected from various categories of participants or spectators:

14. If a donation is requested on a purely voluntary basis, describe how you intend to inform participants/spectators or others that they may participate in the event whether they make a donation or not: _____

**Centerville
Special Event Permit**

NAME AND TYPE OF EVENT: _____

DAY, DATE AND TIME: _____

**1. PARKS AND RECREATION DEPARTMENT
FINAL APPROVAL AND SIGN OFF**

Signature	Title
-----------	-------

Date: _____

Please check or use N/A (not applicable) where appropriate:

1. _____ Final check has been made of application requirements.
 2. _____ Event is approved by City Council.
 3. _____ All required permits are issued and on file.
 4. _____ Refundable clean up fee has been paid.
 5. _____ Insurance Certificate is on file with City Clerk
 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.
-
-

REVOCATION: Upon mutual consent, the City Council may revoke a special event permit if the conditions set fourth in the permit application are not being followed.

Permit is hereby revoked: _____
Signature Title

Date: _____

Reason(s) for revocation: _____

**TO BE REVIEWED/APPROVED AND SIGNED BY AFFECTED
CITY DEPARTMENT HEADS**

2. PARKS AND RECREATION DEPARTMENT

Special Events Coordinator: _____ Date: _____

Initial/sign-off: _____

3. POLICE DEPARTMENT

Approved by: _____

Signature

Title

Date: _____

- 1. _____ Emergency vehicle access.
- 2. _____ Traffic/safety street closures.
- 3. _____ Appropriate barricades. (# _____ Required)
- 4. _____ Police personnel required/available.
- 5. _____ Portable toilet facilities. (# _____ Required)
- 6. _____ First aid facilities.
- 7. _____ Internal security and crowd control.
- 8. _____ nighttime lighting.
- 9. _____ Other provisions as may be required by this department.

4. LICENSING AND INSURANCE

Approved by: _____

Signature

Title

Date: _____

- 1. _____ Dance and/or live entertainment.
List types or permits or licenses required: _____
- 2. _____ Alcoholic beverages.
- 3. _____ Peddlers.
- 4. _____ Noise abatement.
- 5. _____ Other provisions as may be required: _____

INSURANCE: Your insurance coverage must be reviewed and approved by the City's insurance carrier.

1. _____ Public liability insurance naming City of Centerville and other public agencies additionally insured is required.
2. _____ Hold harmless forms executed and failed.
3. _____ List and approve/disapprove other insurance coverage as may be required.

5. FIRE DEPARTMENT

Approved by: _____
Signature Title

Date: _____

1. _____ Emergency vehicle access.
 2. _____ Use of fireworks, pyrotechnics, vehicle fuel, open flame.
 3. _____ Cooking facilities.
 4. _____ Occupancy and spacing of tables, enclosures.
 5. _____ Parade, floats.
 6. _____ Tents, air supported structures, canopies.
 7. _____ Other provisions as my be required by this department: _____
-
-

6. BUILDING DEPARTMENT

Approved by: _____
Signature Title

Date: _____

Electrical:

1. _____ Plan check/inspection of any wiring installed on a temporary or permit basis.
2. _____ Permit(s) attached.

Structural Plan:

1. _____ Plan check/inspection of any temporary or permanent structures, including bleachers, scaffolding, grandstand, reviewing stands, stages, or platforms.
 2. _____ Permit(s) attached.
 3. _____ Other provisions as may be required by this department: _____
-
-

7. PARKS AND RECREATION DEPARTMENT

Approved by: _____
Signature Title

Date: _____

1. _____ Park permit(s) required. (to be attached)
 2. _____ Ballfield Usage Permit.
 3. _____ Beach permit required. (to be attached)
 4. _____ Trash containers required. (# _____)
 5. _____ Portable toilets required. (# _____)
 6. _____ Applicant's plan for cleanup, site restoration and material preservation (recycling) required and attached.
 7. _____ Other provisions as may be required by this department: _____
- _____
- _____

8. PUBLIC WORKS DEPARTMENT

Approved by: _____
Signature Title

Date: _____

1. _____ Trash containers required. (# _____)
 2. _____ Portable toilets required. (# _____)
 3. _____ Special animal clean up required.
 4. _____ Barricades provided, as available. (# _____)
 5. _____ Cones provided, as available. (# _____)
 6. _____ No parking signs provided, as available. (# _____)
 7. _____ Applicant's plan for clean up and material preservation (recycling) required and attached.
 8. _____ Other provisions as may be required by this department: _____
- _____
- _____

9. STATE, COUNTY AND CITY HEALTH DEPARTMENT

Approved by: _____
Signature Title

Date: _____

1. _____ Food and/or beverage served.
2. _____ Permit(s) attached.

3. _____ Food cooked.
4. _____ Permit(s) attached.
5. _____ List other health licensing obligations as may be require: _____
