

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

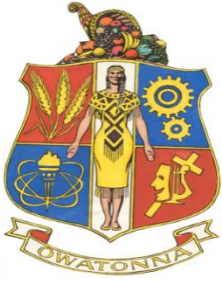


# SUMMARY EVENTS PERMIT APPLICATION

Date Received: February 4, 2020

Date to Council: March 17, 2020

<b>EVENT INFORMATION</b>	OHS Baseball Salt Sale	<b>FEES:</b> none
Event Dates/Times: Date: <u>Saturday, April 25, 2020</u> Time: <u>7:00 a.m.– 5:00 p.m.</u> Set up beginning at 7:00 a.m. on Friday, April 24 <sup>th</sup> and anticipating clean up done by noon on Sunday, April 26, 2020.		
Location (Address) of Event: City Garage		
Estimated Attendance (Participants and spectators): 150		
<b>APPLICATION INFORMATION (Person/Group Responsible):</b> Huskies Bullpen Club		
Primary Contact /Applicant Name: Tate Cummins		507-363-0206
Event Contact: Shawn Kunkel		507456-5951
<b>Items needed:</b> Access to electrical power for hot chocolate and hot dogs, 4 picnic tables, a dumpster for cleanup.		
Department Approval / Comments / Notes : Fire: approved with no comment. : Park & Rec: approved, P&R Costs (not charged) \$310, group is responsible for their own dumpster. Key needs to be picked up the day before, contact Jesse Wilker. If key is not picked up and staff is called in, charges will be incurred.  Police: approved, no comment.  Public Works: approved, no assistance requested from Public Works, no associated costs.		
<b>Council Notes:</b>		
City Council Approval: _____ Date: _____ Kris M. Busse, City Administrator/City Clerk		



# EVENTS PERMIT APPLICATION

540 West Hills Circle, Owatonna MN 55060  
Telephone: 507-774-7341 Fax: 507-444-4394

Police  
 Public Works  
 Fire  
 Park & Rec

Incomplete applications will not be accepted.  
30 days required for processing, late submissions may be denied.

Date of Application: 2/03/2020 Date Application Received: \_\_\_\_\_

<b>EVENT INFORMATION:</b> OHS Baseball Salt Sale	<b>FEE Amount:</b> None
Event Date/Time Set up: Date <u>April 24, 2020</u> Time <u>7 am</u> to <u>5 pm</u>	
Actual Event: Date <u>April 25, 2020</u> Time <u>7 am</u> to <u>5 pm</u>	
Clean Up: Date <u>April 26, 2020</u> Time <u>10 am</u> to <u>12 pm</u>	
Rain Date: In the event of inclement weather, will the event be postponed or canceled? If postponed what will the rescheduled date be? <u>not applicable - will happen rain or shine</u>	
Location (Address) of Event: <u>City Garage</u>	
Description of Event <i>(please be specific this information will be used to promote the event on the City's website)</i> <u>Use of city facility to store salt bags for sale, picked up during event.</u>	
Estimated Attendance (participants and spectators): <u>150</u>	
<b>APPLICATION INFORMATION (Person/Group Responsible):</b>	
Sponsoring Organization Name: <u>Owatona High School Baseball</u>	
Mailing Address: <u>PO Box 96</u>	
City, State, Zip Code: <u>Owatonna MN 55060</u>	
Primary Contact /Applicant Name: <u>Tate Cummins</u>	
Phone Number: <u>507-363-0206</u> Fax: _____ Cell Phone: _____	
Email Address: <u>OWATONNABASEBALL.COM</u>	
Website Address: _____	
Name of contact person during event: <u>Shawn Kumnel</u> Cell Phone: <u>507-456-5951</u>	
Alternate contact during event: <u>Tate Cummins</u> Cell Phone: <u>507-363-0206</u>	
Refer media or citizens inquiries to: <u>Tate Cummins</u> Phone: _____	
<b>SITE PLAN: A SITE PLAN IS MANDATORY FOR ALL EVENTS.</b> <i>Please provide a map of the site layout including entrances and/or exits. Include any tables, stages, tents, fencing, portable restrooms, vendor booths, trash containers, etc. If event involves a parade, race or walk, please attach a route map highlighting route. Include rest stop stations, crossings, signage and indicate route direction with arrows.</i>	

## EVENT FEATURES

Will event **use, close, or block** any of the following? If **yes, specify location** on site map.

City Streets or Right-of-way	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Start/End Time: _____	Date: _____
Alleys	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Start/End Time: _____	Date: _____
City Sidewalks or Trails	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Start/End Time: _____	Date: _____
Public Parking Lots or Spaces	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Start/End Time: _____	Date: _____
Parks	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Start/End Time: _____	Date: _____

Will any signs/banners be put up? No  Yes  Number and size:

Will there be any inflatables? No  Yes  Insurance certificate from rental vendor is required. *No staking without approval.*

Will there be entertainment? No  Yes  What type:

Will sound amplification be used? No  Yes  Hours and type:  
Sound amplified after 10:00 p.m. will require an Exception to the City's Noise Ordinance. There is a \$150 fee for an Exception to the City's Noise Ordinance which must be paid with this Event Application.

Will a stage or tent(s) be set up? No  Yes  Dimensions:  
*Fees may apply. No staking without approval.*

Will there be temporary fencing? No  Yes  Dimensions:  
*Fees may apply.*

Will merchandise/food items be sold? No  Yes  How many vendors expected:

Will food be prepared on site? No  Yes

Will alcohol be sold? No  Yes  *If yes, who will be providing the liquor license?*

Is this a request for a temporary permit? No  Yes  *Additional documentation and fees are required*

Will there be a fireworks display? No  Yes  *Permit required, contact Owatonna Fire Department: 507- 444-2454.*

Describe power needs and location of power source.

Describe level of advertisement (ie radio, flyers, ads, television, press release).

Have adjacent property owners been notified of this event? No  Yes  *Signatures required.*

Will the event need barricade(s)? No  Yes  Number Needed:  
Size Needed:  
Event organizer is responsible for pickup and return of barricades at the City Shop, 1100 Industrial Blvd., Monday-Friday 7 AM to 3 PM. Please call 507-774-7050 to make arrangements". *Fees may apply.*

Will the event need cones? No  Yes  Number Needed:  
Size Needed:  
Event organizer is responsible for pickup and return of cones at the City Shop, 1100 Industrial Blvd., Monday-Friday 7 AM to 3 PM. Please call 507-774-7050 to make arrangements". *Fees may apply.*

Will Central Park Stage be used? No  Yes  If Yes – please complete the following:

Time : \_\_\_\_\_ Open \_\_\_\_\_ Close \_\_\_\_\_

Sound or Light Person Needed: No  Yes

Size of Group that will be on stage: \_\_\_\_\_

Type (choral/orchestra/band/dancers) \_\_\_\_\_

Name of Person that will be Opening and Closing of Stage: \_\_\_\_\_

*Person must be trained by Park Staff at least one week prior to event.*

***If Park Staff is needed to Open and Close Stage – fee of \$100 for each operation will be required.***

***Any group larger than 15 people will require use of extenders – 4 people will be needed to put on extenders***

Will extra picnic tables be needed? No  Yes  Number Needed:

Size Needed:

*Fees may apply*

Will portable restrooms be needed? No  Yes  Number Needed:

*Fees may apply*

Will extra trash receptacles be needed? No  Yes  Number Needed:

*Fees may apply*

Will there be any horses? No  Yes  Number Animals Anticipating:

How will horses be used?

Please provide insurance information and complete Hold Harmless Agreement.

It is the responsibility of the applicant to cleanup any animal feces. Agreed: \_\_\_\_\_ (please initial)

Describe trash removal and cleanup plan during and after event:

Will event need traffic control? No  Yes  *Contact Owatonna Police Department for assistance, 507-451-8232.*

Describe crowd control procedure to ensure the safety of participants and spectators:

Will “No parking Signs” be needed? No  Yes  Number Needed:  
*Fees may apply, show location(s) on site map.*

Will event need security? No  Yes

Will event need Emergency Medical Services? No  Yes  *Contact Gold Cross Ambulance: 507-451-6403.*

Describe the emergency action plan if severe weather should arise:

Please provide contact information for responsible party during event to advise of severe weather notifications: \_\_\_\_\_

List any other pertinent information:

**CITY SERVICES** - After reviewing the event application, City Services may be required for the event

*The sponsor(s) of this event hereby agrees to save the City, its agents, officials and employees harmless from and against all damages to persons or property, all expenses and other liability that may result from this activity. **Depending on the size of and scope of the event a "Certificate of Insurance" may be required.** If insurance is required, the policy must be kept in force during the event of at least the statutory limits for municipalities covering claims that might be brought against the event that arise out of the events authorized and to name the City as an additional insured on their policy "as their interest may appear." As the sponsor or authorized representative, I certify that the information provided is true to the best of my knowledge and agree to pay the permit fee for this event based upon the information provided in this application. I realize my submittal of this application request constitutes a contract between myself and the City of Owatonna and is a release of Liability.*

\_\_\_\_\_  
Signature of Applicant or Authorized Agent

\_\_\_\_\_  
Date

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

## City Approval:

Police Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Street Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Parks and Rec Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

City Council Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Special Provisions: \_\_\_\_\_