



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: _____ Date Application Received: _____

EVENT INFORMATION:	FEE Amount:
Event Date/Time Set up: Date _____ Time _____ to _____	
Actual Event: Date _____ Time _____ to _____	
Clean Up: Date _____ Time _____ to _____	
Rain Date: In the event of inclement weather, will the event be postponed or canceled? If postponed what will the rescheduled date be? _____	
Location (Address) of Event:	
Description of Event <i>(please be specific this information will be used to promote the event on the City's website)</i>	
Estimated Attendance (participants and spectators):	
APPLICATION INFORMATION (Person/Group Responsible):	
Sponsoring Organization Name:	
Mailing Address:	
City, State, Zip Code:	
Primary Contact /Applicant Name:	
Phone Number:	Fax: Cell Phone:
Email Address:	
Website Address:	
Name of contact person during event:	Cell Phone:
Alternate contact during event:	Cell Phone:
Refer media or citizens inquiries to:	Phone:
SITE PLAN: A SITE PLAN IS MANDATORY FOR ALL EVENTS. <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: _____
