



14727 209<sup>th</sup> Street North  
Scandia, Minnesota 55073  
(651) 433-2274 [www.ci.scandia.mn.us](http://www.ci.scandia.mn.us)

# Special Event 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 the City of Scandia at least 30 days prior to the date of the event with the \$25.00 permit fee. You will be notified at the time of application of the date for City Council consideration of the request.

## 1. Name, purpose and description of event:

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Location address: \_\_\_\_\_

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. Attach sketch or site plan showing the location of the following as applicable:

\_\_\_ route (beginning/ end, direction of travel, traffic control points)

\_\_\_ ticketing/ registration/ entry locations

\_\_\_ entertainment or stage locations

\_\_\_ portable toilet facilities

\_\_\_ fencing locations

\_\_\_ parking areas for participants/ spectators

\_\_\_ sign locations

\_\_\_ speaker (sound amplification) locations

\_\_\_ food concession areas (cooking, serving, consumption)

\_\_\_ alcoholic beverage concession area

\_\_\_ other concession areas

\_\_\_ size and location of any tents or structures

\_\_\_ trash/recycling receptacle area

\_\_\_ fireworks or pyrotechnics site

\_\_\_ first aid facilities

\_\_\_ other as may be applicable

**3. Applicant 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 person who will be the responsible party on the day of this event

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**4. Entertainment:**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Sanitation/ potable water:**

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

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

**6. Parking and traffic control:**

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

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**7. Emergency/ medical services:**

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

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**8. Security/ crowd management:**

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

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**9. 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?

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Name of trash/ recycling hauler: \_\_\_\_\_

**10. Lighting:**

Describe any temporary or permanent lighting that will be added for the event.

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**11. Temporary structures or construction.**

Describe any tents, canopies, enclosures, stages, platforms, scaffolding, risers, bleachers, fences, and any other type of temporary structure or construction for the event. Event sponsor is responsible to obtain any building or electrical permits that may be required for such construction.

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**12. Advertising and promotion.**

Describe how this event will be advertised and promoted. Describe any signs (size, type, location.) All signs must comply with Scandia Development Code Chapter 2 Section 9.13 including a permit if required.

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**13. Noise:**

Describe expected type, duration and timing of any noise sources. Describe measures to be taken to ensure compliance with city noise ordinance (Ordinance No. 65.)

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**14. 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.

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**15. Food and beverages:**

Will alcoholic beverages be served? Yes\_\_\_\_\_ No\_\_\_\_\_

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

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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:

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Has a license been obtained from the Washington County Department of Health and Environment? (*please attach*) Yes\_\_\_\_\_ No\_\_\_\_\_

**16. Other concessions:**

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

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**17. Gambling:**

Will there be any gambling (raffles, pull-tabs, bingo, etc.) at the event? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, a lawful gambling permit will be required as provided by state law and Scandia Ordinance No. 100. Describe the gambling activity and the status of the gambling permit.

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**18. Workers compensation compliance:**

In accordance with Minnesota Statutes all applicants for license and permits to operate a business in Minnesota must submit acceptable evidence of compliance with workers' compensation insurance requirements. *Please complete the certificate of compliance and attach to this application.*

**19. Indemnification:**

Ordinance No. 119 requires that a special event permit holder shall agree to defend, indemnify and hold the City, its officers and employees harmless from any liability, claim, damages, costs, judgments, or expenses, including attorney’s fees, resulting directly or indirectly from an act or omission including, without limitation, professional errors and omissions of event promoter, its agents, employees, arising out of or by any reason of the conduct of the activity authorized by such permit and against all loss caused in any way by reason of the failure of the event promoter to fully perform all obligations under this ordinance. ***Please complete the release and indemnification agreement and attach to this application.***

**20. Insurance**

As a condition of the granting of a permit for a special event conducted on public property or public streets or parking lots, the permit holder shall provide to the City a public liability insurance policy naming the City as an additional insured entity with limits of not less than one million dollars per occurrence. ***Please attach the certificate of insurance to this application.***

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*THE MINNESOTA DATA PRACTICES ACT requires that we inform you of your rights about the private data we are requesting on this form. Private data is available to you, but not to the public. We are requesting this data to determine your eligibility for a permit from the City of Scandia. Providing the data may disclose information that could cause your application to be denied. You are not legally required to provide the data; however, refusing to supply the data may cause your permit to not be processed. Your residence address and telephone number will be considered public data unless you request this information to be private and provide an alternative address and telephone number. Please sign below to indicate that you have read this notice:*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I request that my residence address and telephone number be considered private data.  
My alternative address and telephone number are as follows:*

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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**Acknowledgement/ Signature:**

I hereby acknowledge receipt of a copy of this application form and Ordinance No. 119, Establishing Rules and Regulations for Special Events, and agree to abide by the ordinance and any other conditions that the City of Scandia may place upon issuance of this permit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Special Event Permit Checklist

*for office use only*

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*Event Name and Date*

## **Application Form and Attachments**

- \_\_\_\_\_ Signed application form
- \_\_\_\_\_ Sketch/ site plan
- \_\_\_\_\_ Workers Compensation Certificate of Compliance
- \_\_\_\_\_ Release and Indemnification Agreement
- \_\_\_\_\_ Certificate of Insurance

## **Other Permits/ Licenses as Applicable**

- \_\_\_\_\_ Building Permit
- \_\_\_\_\_ Sign Permit
- \_\_\_\_\_ Liquor License
- \_\_\_\_\_ Lawful Gambling Permit
- \_\_\_\_\_ Washington County Dept. of Health and Environment (food)

## **Reviewed by:**

- \_\_\_\_\_ Building and Code Enforcement Official
- \_\_\_\_\_ Fire Department
- \_\_\_\_\_ Police/ Sheriff's Department
- \_\_\_\_\_ City Administrator

## **City Council Review/ Permit Issuance**

- \_\_\_\_\_ Date application found to be complete
- \_\_\_\_\_ City Council Meeting Date
- Approved \_\_\_\_\_ Denied \_\_\_\_\_
- Resolution No.: \_\_\_\_\_
- \_\_\_\_\_ Transmitted to applicant