



# SPECIAL EVENT PERMIT APPLICATION

33155 Hemingway Ave  
Stacy, MN 55079  
(651) 462-3009

Special event permit applications must be submitted to the town clerk at least **60 days** before the event, and fees must be submitted at least **30 days** before the event.

## CONTACT INFORMATION

Group/Organization	
Contact Person	
Address	
Phone	
Email	

## EVENT INFORMATION

Select one	New application		Renewal/Change in Application	
Event Name/Title				
Event Description				
Address				
Estimated Attendance				
Event Date and Time	Date		Time	
Set Up				
Actual Event				
Clean Up				

## EVENT FEATURES

Will any signs/banners be put up? <i>If yes, number and size?</i>
Will there be any inflatables? <i>If yes, provide insurance certificate from rental vendor. Note: No staking is allowed! Must use weights or other.</i>
Will there be any entertainment? <i>If yes, what type?</i>
Will sound amplification be used? <i>If yes, hours and type:</i>
Will a stage or tent(s) be set up? <i>If yes, Include size and dimensions, Note: No staking is allowed! Must use weights or other.</i>
Will merchandise be sold? <i>If yes, please include the name of the vendors:</i>
Will food be preparer or served on site? <i>If yes, contact Minnesota Department of Health</i>
Will alcohol be served? <i>If yes, contact the Minnesota Department of Health.</i>
Will there be a fireworks display? <i>If yes, obtain permit from Chisago County.</i>

**SERVICES** (After reviewing the event application, Services **may be required** for the event)

Will event Use, Close or Block any of the following:  
Township Road, Right-of Way  
Trails or Other Public Uses/Spaces

Will event need barricades?  
*If yes, number needed.*

Will event need water or electric?  
*If yes, please describe.*

Will portable restrooms be needed?  
*If yes, how many.*

Will extra trash receptacles be needed?  
*If yes how many?*  
*Note: Receptacles placed on pavement must have 2" thick wood material placed underneath receptacle touch point.*

Describe trash removal and cleanup during and after the event.

Will event need traffic control?  
*If yes, contact Chisago County Sheriff's Office, 651-257-4100*

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

Will "No Parking Signs" be needed?  
*If yes, how many?*

Will event need security?  
*If yes, list security company and contact info:*

Will event need EMS?  
*If yes, contact Lakes Region EMS, 651-277-4911*

Describe plans to provide first aid if needed:

Describe the Emergency Action Plan if severe weather should arrive:

List any other pertinent information: *(Animals, etc.)*

**ATTACHMENTS** (please attach additional sheets as needed)

Site Plan <i>(This is mandatory for all events. Include any tables, stages, tents, fencing, portable restrooms, vendor booths, trash containers, barricades, etc. If the event includes a parade, race or walk, attach a route map with directional arrows, rest stops, crossings, signage, etc.)</i>
Certificate of Insurance <i>(Include: Policy Number, Amount and Provisions that Lent Township is included as additional insured. The insurance requirements depend on the risk level of the event and are determined by the Township.)</i>
Permits <i>(Department of Health, Transient Merchant, Peddlers License, etc.)</i>
Signatures <i>(All signatures from properties affected, i.e. Street Closure all properties that have vehicle access)</i>
Proof of Non-Profit Status

**HOLD HARMLESS AGREEMENT**

The sponsor(s) of this event hereby agrees to save and hold harmless Lent Township, its officers, agents, employees, and members from all claims, suits, or actions of whatsoever nature resulting or arising from this activity. As the sponsor or authorized representative, I certify that the information is provided as accurate and 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 Lent Township and is a release of Liability.	
_____ Signature of Applicant or Authorized Agent	_____ Date

**For Office Use Only**

DEPARTMENT	APPROVAL SIGNATURE	DATE
Town Board Chair		
Chisago County Sheriff's Office		
Lent/Stacy Fire Department		

<u>Application Fee</u>	<u>Damage Deposit</u> \$100 \$1,000 – Central	<u>Date Received</u>	<u>Check #</u>	<u>Receipt #</u>
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Attendance	0-100	101-1000	1000+
Resident	\$0	\$100	\$750
Non-Resident	\$50	\$100	\$750

## Comments