

2. TITLE, PURPOSE AND DESCRIPTION OF EVENT:

3. EVENT PRINCIPALS

Submit a list of principals involved in the proposed special event, including professional organizers, promoters, financial underwriters, commercial sponsors, charitable agencies for whose benefit the event is being produced or advertised, etc. Attach additional pages if necessary to include all of the principals involved.

Name: _____ Title: _____

Organization / Business / Agency / Affiliation: _____

Name: _____ Title: _____

Organization / Business / Agency / Affiliation: _____

Name: _____ Title: _____

Organization / Business / Agency / Affiliation: _____

Name: _____ Title: _____

Organization / Business / Agency / Affiliation: _____

4. EVENT COMPONENTS

Date requested: _____ Alternate date: _____

Requested hours of operation: from: _____ AM PM to _____ AM PM

Set-up beginning date and time: _____

Complete dismantle date and time: _____

(Attach a draft of any entry forms for participants and/or spectators.)

Anticipated number of participants: _____ Spectators: _____

Will any city streets require temporary closure or restrictions? Yes _____ No _____

Identify streets and times/dates of closure or restrictions: _____

5. LOCATION AND MAP

Please attach a map or plans for your event layout. At minimum, the following items should be included. Check off items below that pertain to your event and indicate them on the event map. Please use a “to-scale” drawing.

- A) _____ If a route is involved, mark the beginning and finishing area with arrows and places where any motorized vehicles need to be considered.
- B) _____ Size and location of any tables, tents, structures and enclosures,
- C) _____ Entertainment or stage locations
- D) _____ Alcoholic beverage concession area
- E) _____ Non-alcoholic beverage concession area
- F) _____ Food concession area (cooking, serving and consumption areas)
- G) _____ General merchandise concession areas
- H) _____ Portable toilet facilities
- I) _____ First-aid facilities
- J) _____ Event participant and/or spectator parking areas
- K) _____ Event organizer’s command post
- L) _____ Fireworks or pyrotechnics site
- M) _____ Vehicle fuel handling site
- N) _____ Fencing or others method for securing event area
- O) _____ Site of electrical wiring to be installed for the event
- P) _____ Trash receptacles
- Q) _____ Electrical sources to be used for cooking
- R) _____ Temporary structures constructed for the event
- S) _____ Other – Please describe: _____

6. FOOD, BEVERAGES AND ENTERTAINMENT

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, raw meats, fish, vegetables, unpeeled fruit or peeled and cut fruit): _____

Describe any plans you have for cooking food in the event area including fuel or electrical source to be used: _____

if you intend to serve food you will need a permit from the Anoka County Department of Environmental Health. Please attach a copy of the permit to this application.

Will alcoholic beverages be served? Yes _____ No _____

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

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.

Describe entertainment plans and intended hours: _____

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

7. VENDORS OR CONCESSIONAIRES

Describe what vendors or 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: _____

8. 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: _____

Describe plans to provide first aid, if needed: _____

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: _____

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 or inspection report 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.

Attach a copy of a proposed site security plan and a proposed parking plan

9. SANITATION PLAN

Describe your plan for clean-up and material preservation. Include number, type and location of portable toilets or permanent toilets, and trash and recycling containers to be provided for the event. Indicate who will be responsible for clean-up activities during and after the event: _____

10. CITY SERVICES/EQUIPMENT

Describe City services and/or equipment requested for this event. City barricades,

cones, signs and other equipment 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.

11. 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: _____

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: _____

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. INSURANCE

You must provide proof of insurance coverage for your event. Attach to this application a certificate of insurance including the policy number, amount and the provision that the City of Lexington is included as an additional insured. (Please note – 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.)

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CITY COUNCIL - APPROVAL: _____ **DENIAL:** _____

BY: _____ **DATE:** _____

COMMENTS: _____

POLICE DEPT. - APPROVAL: _____ **DENIAL:** _____

BY: _____ **DATE:** _____

COMMENTS: _____

FIRE DEPT. - APPROVAL: _____ **DENIAL:** _____

BY: _____ **DATE:** _____

COMMENTS: _____