



**NORTH  
ST. PAUL**  
*extraordinary.*

Return To: Community Development Department  
2400 Margaret Street  
Phone: 651-747-2407 Fax: 651-747-2435

**SPECIAL EVENT PERMIT APPLICATION – 2019**

**Important Notice:** Certificate of Liability Insurance (if applicable) and any required attachments (maps, diagrams, etc.) must be submitted with this application. Failure to include these items will mean an automatic rejection of the application.

**I. TITLE AND BRIEF DESCRIPTION OF EVENT:**


**II. APPLICANT INFORMATION: *The Applicant will be responsible for answering all questions, including inquiries from the media and citizens.***

Applicant:

Title:

Address:

Business/Organization Name:

Daytime Phone:

Evening Phone:

Emergency Phone:

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

**III. EVENT TIMETABLE:**

Requested day and date:

Requested hours of operation, from	a.m./p.m. to	a.m./p.m.
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Set-up beginning day and date	time	a.m./p.m.
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Dismantle by day and date	time	a.m./p.m.
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E. Anticipated number of participants	and spectators
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**IV. INSURANCE:**

**Attach to this application a certificate of liability insurance, including the policy number and showing liability amounts. The policy must state that any outside area to be used for an event is covered and must also show evidence that the requested event is not excluded from insurance liability. If the event is to be held on public property, the City of North St. Paul must be listed as the Certificate Holder.**

**V. REQUESTED CITY SERVICES - (CHECK ALL THAT APPLY):**

	Trash containers (indicate number/location below)
	Electricity (The cost of the electrical hook-up is the applicant's responsibility. Payment must be made to the City of North Saint Paul. Please contact Brian Frandle at 747-2472.)
	Police Officers / Reservists
	Fire Department Personnel / Vehicles
	Barricades / Traffic Cones                      How Many?
	Recycling Containers                              How Many
	Other - Please describe:

**VI. CHECK ALL ITEMS WHICH APPLY TO YOUR EVENT:**

	Event participant and/or spectator parking areas (describe):
	Entertainment or stage locations (provide to-scale drawing)
	Construction/erection of temporary structure(s) (may need permit, check with Community Development) – indicate location.
	Trash containers (indicate number/location)
	Portable toilet facilities (indicate number/location)
	Barricades (indicate number/location)
	First aid facilities (indicate who is providing)
	Parade and/or parade floats (may need permit, check with Fire Department)
	Fireworks or pyrotechnics site (may need permit, check with Fire Department)
	Cooking facilities, open flame, or vehicle fuels (may need permit, check with Fire Department)
	Other - Please describe:

**VII. CHARITABLE GAMBLING (CHECK IF APPLIES):**

Charitable Gambling - Please contact the Chief of Police at 651-747-2406 for forms and details. All charitable gambling requires a city permit application and some may also require a State permit application. This will be given separate consideration for approval by the City Council.

**VIII. VENDORS OR CONCESSIONAIRES:**

List what vendors/concessionaires you will have at your event:


Note: Vendors/concessionaires setting up on public property (streets, sidewalks, public parking lots) must have a Special Event Vendors License from the City of North St. Paul. Applications are available on our website at [www.northstpaul.org](http://www.northstpaul.org) or by calling 651-747-2400.

**IX. FOOD, NON-ALCOHOLIC BEVERAGES AND/OR ENTERTAINMENT:**

Will food and/or non-alcoholic beverages be served? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe sanitation measures and food handling procedures:


*If food will be served outside of a licensed establishment; a Temporary Food Service Establishment license may be required. Contact the Ramsey County Department of Health at 651.266.1199 for requirement and licensing information.*

If your event includes music, live entertainment, sound amplification or any other noise impact, please describe, including the intended hours of the music, sound or noise.

If you intend to cook food in the event area, describe your area layout, including fuel or electrical sources to be used:


## X. ALCOHOLIC BEVERAGES:

Will alcoholic beverages be served?  Yes  No

If Yes Name of Liquor Establishment:

*For service of alcohol outside a licensed premise, include a diagram showing the defined area of the alcohol concession service and attach a copy of your certificate of liquor liability insurance covering the limits of the alcohol service area.*

If serving alcohol, describe how you will ensure that alcoholic beverages will be possessed and consumed only by those persons 21 years or older. Describe all security measures in place:

If you are a licensed establishment requesting an extension to your liquor license premises, you must complete an application for an extension with the Chief of Police. This will be given separate approval by the City Council.

\*Title XI, Chapter 117, Section 117.120(B)(2)

If you are a licensed establishment requesting a temporary permit you must submit a completed Temporary Liquor License Application and all required documentation to the Chief of Police. This will be given separate approval by the City Council.

\*Title XI, Chapter 117, Section 117.120(I)(1-9)

**Have you submitted the required documentation to the Chief of Police?**  Yes  No  N/A

## XI. SECURITY AND SAFETY PROCEDURES:

Describe your proposed procedures for 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:

## XII. CLEAN-UP:

List persons responsible for clean-up duties:	

### XIII. MITIGATION OF THE IMPACT ON OTHERS:

Describe how you intend to mitigate the impact of the special event on businesses, churches, neighbors, motorists, and others:

**NOTE:** Any condition which causes adverse impacts may be cause to revoke the Special Event Permit.

**Acknowledgement and Signature:** The undersigned hereby applies for a Special Event as described above and states the information submitted is true and correct.

Applicant Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_

FOR OFFICE USE ONLY

Received		
By		
Date		
Mail		
Fax		
In Person		

Documentation	Required	Received
Certificate of Insurance		
Map		
Entertainment / Stage Location		
Temporary Tent Permit		
Fireworks/Pyrotechnics Permit		
Cooking Facilities Permit		
Alcohol Service Diagram		
City Services	Requested	Approved
Police Reserves		
Fire Department Personnel/Equip		
Trash Cans		
Barricades / Traffic Cones		
Recycling Containers		
Electricity		
Other:		