



Special Event Permit Application

605 County Road 75, PO Box 9, Clearwater, MN 55320 (320) 558-2428

APPLICANT AND SPONSORING ORGANIZATION INFORMATION

NAME OF BUSINESS/ORGANIZATION: _____

APPLICANT NAME (CONTACT): _____

ADDRESS: _____

DAYTIME PH: (____) _____ CELL (____) _____ EMAIL: _____

Any change in the above information, please notify City Hall immediately.

SPECIAL EVENT INFORMATION

Type of Event:

CONCERT/SHOW PARADE FAIR/CARNIVAL FESTIVAL RALLY
 OUTDOOR PARTY FILMING OF MOVIE/VIDEO/SHOW MOTORCADE RUN/WALK/RACE
 PARKING LOT/STREET DANCE BIKE-A-THON ATHLETIC EVENT
 OTHER (Specify) _____

EVENT TITLE: _____

ACTIVITIES TO TAKE PLACE AT EVENT: _____
(Use back of this sheet if necessary)

WILL THIS BE AN AMPLIFIED EVENT? _____ EVENT DATE(S): _____

PROPOSED LOCATION: _____ NUMBER OF EVENT STAFF: _____

IS FOOD OR ALCOHOL BEING SERVED? _____ ESTIMATED ATTENDANCE: _____

HOURS OF EVENT: _____ AM/PM TO _____ AM/PM SET UP TIME: _____ AM/PM TO _____ AM/PM

TAKE DOWN: _____ AM/PM TO _____ AM/PM

ADMISSION FEE OR REQUESTED DONATION AMOUNT FOR ATTENDEES (If Applicable): \$ _____

Please attach the following:

_____ Map of the proposed area to be used which shows any barricades, street route plans or perimeter/security fencing

_____ Any public health plans, including supplying water to the site, solid waste collection and provision of toilet facilities

_____ Any fire prevention and emergency medical service plans

_____ Any security plans

_____ If event is planned within a residential area in which a street is to be closed, attach a list of signatures from all properties whose vehicular access to their properties will be affected consenting to the street closure

Applicant's Signature

Date

City Administrator