



Delano

MINNESOTA

City of Delano
234 2nd Street North, PO Box 108
Delano, MN 55328
763-972-0550
www.delanomn.gov

SPECIAL EVENT PERMIT -- APPLICATION

Applications must be submitted 30-60 days prior to the event. Some events will require additional permits along with Council and Staff approval.

1. EVENT INFORMATION

Event Name: _____ Date: _____

Type of Event (festival, parade, athletic, etc.): _____

Scheduled Time: _____ to _____ Number of Participants: _____

Location of event: _____

**If the event is held on private property, please include a written statement by the property owners that the applicant has permission to use their property.*

Event Setup Date: _____ Time: _____

Event Cleanup Date: _____ Time: _____

*Applicable event storage fees will be applied for items left on city property before/after the dates specified above.

2. APPLICANT INFORMATION

Name: _____

Sponsoring Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

Adverse weather contact: Name: _____ Phone: _____

3. PUBLIC CONTACT INFORMATION (Please list two)

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

4. EVENT SPECIFICS AND ADDITIONAL PERMITS REQUIRED:

Is this event open to the public? Yes No

Will admission be charged? Yes No Amount per person: _____

Is the event held on City property? Yes No Public Facilities Lease Agreement Submitted: Yes No

Describe the power needs and location(s) of the power source: _____

Will there be events in the air? Yes No Describe: _____

Will there be fireworks? Yes No Fireworks permit submitted: Yes No

Will there be any open flame? Yes No Describe: _____

Road Closures:

Road Closures: Yes No Street Closure Time: _____ to _____

Starting Location: _____ Ending location: _____

Proposed Road Closure is on: City Street County Road (River Street) US Highway 12

Proposed Detour Route (Supply Map): _____

*Indicate on the map the location of road closure and detour signage. Signage must be installed 7 days prior to the event.

Safety Procedures/Traffic Control (Event Personnel): _____

If there are road closures, emergency personnel REQUIRE a minimum of 18ft width access for vehicles on all:
□ streets, □ alleys, □ driveways, □ parking lots

Installation of Materials:

*All items below are required to be included on the event location map. Zoning permits, along with appropriate fees, are indicated when required.

Will there be inflatables? Yes No Indicate the location on a map and how secured
Date permit pulled: _____ Date Installed: _____ Date Scheduled to Remove: _____
Will there be canopies or tents? Yes* No *Zoning Permit Required
Date permit pulled: _____ Date Installed: _____ Date Scheduled to Remove: _____
Temporary Fencing? Yes* No *Zoning Permit Required
Date permit pulled: _____ Date Installed: _____ Date Scheduled to Remove: _____

Trash and Bathroom Facilities:

*Public restroom facilities are required for all public events. Additional information on restroom and trash requirements can be found on the attached instruction page.

Restroom facilities on site? Yes No Number of toilet facilities: _____
Provider: _____ Number of additional facilities brought in: _____
Date delivered: _____ Date removed: _____

Number of trash receptacles: _____ Provider: _____
Describe trash removal and cleanup plan during and after the event: _____

Sound:

Will sound amplification be used? Yes* No *Amplified sound requires an onsite contact person.
Will there be live outdoor music? Yes* No *Outdoor music license & Council approval required
Will a stage be set up? Yes No Dimensions: _____ Location: _____

Food and Alcohol:

Will food be served during event? Yes* No *Catering permit is required
Will food be prepared onsite? Yes* No *Catering permit is required
Will alcohol be available at the event? Yes* No *Temporary Liquor License is required.

4. NOTIFICATIONS

The applicant is required to contact the following: (Must submit a copy of permits received.)

Delano Fire Department: Matt Van Lith, Fire Chief at mvanlith@delanomm.gov
Date contact: _____ Additional permit needed: Yes No
Additional requirements: _____

Wright County Sheriff Department: sheriff_mail_list@wrightcountyMN.gov
Date contact: _____ Additional permit needed: Yes No
Additional requirements: _____

County Road Closures:

Wright County Department of Highway (763-682-7706)

Date contact: _____ Name of person spoke with: _____

Permit needed: Yes No Additional requirements: _____

5. REQUESTED SUPPLIES AND/OR ASSISTANCE *Supplies may be provided for the event if they are available and are subject to the fee schedule listed. For events held on Saturday or Sunday, items will be moved to the site the Friday before, unless otherwise requested.

	Fee	Quantity
<input type="checkbox"/> Picnic Tables	\$50.00	
<input type="checkbox"/> Type 3 Barricades	\$50.00	
<input type="checkbox"/> Metal Event Barricades	\$50.00	Total Length Needed:

6. SIGNATURES

This permit is not transferable, not refundable, and is not valid for any other date or purpose than specified above. An approved copy of this permit must be available for inspection during the period of use. Please note: Applications and other materials (map, race route, etc.) submitted for Council approval will be considered FINAL once they become part of the Council's packet. Please be sure all information on the application is correct.

Applicant signature:

Signature of Applicant

Date

Approvals:

City Clerk | HR Specialist

Public Works Director

Signature

Date

Signature

Date

I have reviewed the application and have the following comments and conditions:

I have reviewed the application and have the following comments and conditions:

Fire Chief

Signature

Date

I have reviewed the application and have the following comments and conditions:
