



**Delano**  
MINNESOTA

City of Delano  
234 2nd Street North, PO Box 108  
Delano, MN 55328  
763-972-0550  
[www.delanomn.gov](http://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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	*Zoning Permit Required
Date permit pulled: _____	Date Installed: _____	Date Scheduled to Remove: _____
Temporary Fencing?	<input type="checkbox"/> Yes* <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	*Amplified sound requires an onsite contact person.
Will there be live outdoor music?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	*Outdoor music license & Council approval required
Will a stage be set up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dimensions: _____ Location: _____

**Food and Alcohol:**

Will food be served during event?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	*Catering permit is required
Will food be prepared onsite?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	*Catering permit is required
Will alcohol be available at the event?	<input type="checkbox"/> Yes* <input type="checkbox"/> 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@delanomn.gov](mailto:mvanlith@delanomn.gov)  
Date contact: \_\_\_\_\_ Additional permit needed: ☐ Yes ☐ No  
Additional requirements: \_\_\_\_\_

☐ **Wright County Sheriff Department:** [sheriff\\_mail\\_list@wrightcountymn.gov](mailto: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**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
\_\_\_\_\_

**Public Works Director**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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:

\_\_\_\_\_  
\_\_\_\_\_