

TO: Mayor and City Council
FROM: Daniel Eick, Assistant City Administrator
RE: Disc Golf Course Event Permit
DATE: May 29, 2024



Summary

During their regular meeting held on Thursday, May 9, the City of Breezy Point Parks and Recreation Committee discussed the City's Disc Golf Course Event Permit. From that discussion, the Committee generated several changes they felt were worth recommending to the City Council. The latest version of the permit in question is attached below with their recommended changes.

Council Action

Staff recommend the City Council discuss approval of the changes provided by the City of Breezy Point Parks and Recreation Committee.



Permit number: _____
 Issued Date: _____
 Receipt number: _____

DISC GOLF COURSE EVENT PERMIT

Payment of associated permitting fees in the amount of \$100 per course per day are due upon submission of this application alongside a \$300 refundable damage deposit pending site inspection. ~~Use requested via this application is limited to two consecutive days and reserves a single course area for sole use by the applying organization or individual. Use requested via this application reserves the course/courses for sole use by the applying organization or individual. Course reservations are restricted to one course per day for two consecutive days excepting one event per year where the applying organization may reserve both courses.~~ Events must be held between the hours of 8:00 AM and 8:00 PM CST.

Course events are limited to one per month on any days between May 15th and September 30th of the calendar year. ~~Events are required to obtain a permit if the number of participants exceeds 40 persons.~~ The maximum allowable number of participants for any individual event is 90 persons.

The City of Breezy Point reserves the right to deny or approve any and all applications based solely upon the discretion of the City Council. The City Council is the final approval entity within the City and all permits must be submitted no less than 2 weeks in advance of the Regular Council Meeting at which it will be considered.

| | | | | | | | | |
|-----------|-------------------------------|--|--------------------------|-------------------------------|--------------------------|-------------------------|------|--|
| A. | Name of Business/Organization | | | | | | | |
| | Name of Event | | | | | | | |
| | Event Dates and Time | | Day 1 | | Day 2 | | Time | |
| | Location of Event Day 1 | | <input type="checkbox"/> | Monarch Trail (Legacy Course) | <input type="checkbox"/> | Agate Pass (New Course) | | |
| | Location of Event Day 2 | | <input type="checkbox"/> | Monarch Trail (Legacy Course) | <input type="checkbox"/> | Agate Pass (New Course) | | |
| | Estimated Number of Attendees | | | | | | | |
| | Description of Event | | | | | | | |

| | | | | | | | |
|-----------|---------------------------------|--|-------|--|-----|--|--|
| B. | Event Organizer/Primary Contact | | | | | | |
| | Business Address | | | | | | |
| | City | | State | | Zip | | |
| | Phone | | | | | | |
| | Email | | | | | | |

| | | |
|-----------|-----------------------------|--|
| C. | PARKING | |
| | Do you have a parking plan? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | |
|--|--|--|
| | | |
|--|--|--|

| FOOD, BEVERAGES, & SALE OF ITEMS BY VENDORS | | | |
|---|---|--|-------------------|
| D. | Will the event have vendors? | | If yes, how many? |
| | <p><i>Applicants are responsible for obtaining necessary permits, temporary or otherwise, from associated state, county, or city authorizing entity when serving food and/or non-alcoholic beverages. Additionally, applicants are responsible for ensuring each vendor limits their scope of operation to the approved lot.</i></p> | | |

| EVENT CLEANUP, SANITATION, & RECYCLING | |
|--|--|
| E. | <p>The Applicant acknowledges all trash or waste generated during the event must be properly stored and/or disposed of by the applying organization. On site disposal of certain waste is available through the appropriate City owned and operated trash receptacles.</p> <p><i>The City of Breezy Point and City Council reserve the right to require an applicant provide additional waste disposal services at their expense should the need arise. If that need arises the applicant will be required to provide the location and details of additional services on the site plan.</i></p> |

| LIABILITY INSURANCE | | | |
|---------------------|--|--|---|
| F. | Name of insurance company: | | |
| | Contact Name: | | Phone Number: |
| | <p><i>Documentation certifying proof of insurance must be provided with this application.</i></p> | | |

Please contact the City of Breezy Point at 218-562-4441 or email deputyclerk@cityofbreezypointmn.us if you have any questions or need assistance in completing this Application.

| APPLICATION CERTIFICATIONS & WAIVER | |
|--|---------------|
| The City of Breezy Point does not permit the use of alcohol, tobacco, or cannabis products on public property. | |
| I hereby certify no Alcohol will be permitted at this event. | Initial Here: |
| I hereby certify no use of Cannabis will be permitted at this event. | Initial Here: |
| I hereby certify no smoking of tobacco will be permitted at this event. | Initial Here: |
| I hereby certify and acknowledge violation of this permits conditions will result in the forfeiture of my damage deposit to the City of Breezy Point and a ban from use of both City owned Disc Golf Courses for a period no less than one calendar year. | Initial Here: |
| <p>I hereby certify that I have read this application and that all information contained herein is true and correct to the best of my knowledge, information, and belief. I agree to comply with all state, Crow Wing County and City of Breezy Point Ordinances and statutes and will abide by the general instructions stated in this application, along with the special conditions issued by the City of Breezy Point, in connection with the approval of the Permit contemplated herein. That I, and the organization on whose behalf I make this application if any, represent, stipulate, contract and agree that we will jointly, and severally defend, indemnify, save and hold the City of Breezy Point harmless from any and all claims, lawsuits, judgments, and liability of death, personal injury, bodily injury, or property damage arising directly or indirectly from the exercise of this Special Permit and performance of the Special Permit by Applicant, the organization represented by Applicant, its employees, subcontractors, or assigns, including acknowledges that he/she, together with any organization represented by Applicant, shall be solely responsible by complying with the terms of the Permit. I further understand that failure to comply with any of the provisions specified herein may result in immediate cancellation of this event by State, Crow Wing County or City of Breezy Point officials.</p> | |

Signature of Applicant or Authorized Officer/Agent of Applicant

Date