



Special Event Permit

CITY OF LONG LAKE
450 Virginia Avenue, PO Box 606
Long Lake, MN 55356
City Hall Phone / 952-473-6961

Date Issued _____

**PERMIT APPLICATIONS MAY
BE EMAILED TO:
jmoeller@longlakemn.gov**

Permit applications **will not be
considered complete** unless
accompanied by required
exhibits.

FOR OFFICE USE ONLY

Amount Due: \$ 100.00
Date Paid: 4/14/26
 Check # 5728
 Credit Card
 Cash Receipt # _____

ATTENTION - Complete this permit application form and submit to City Hall **at least 45 days prior to the event start date.** Permit application must be accompanied by all required exhibits and the permit fee (see page 3 of this application) to be considered complete.

Event Name Bucks Pub

Describe Location or Area of City Where Event Will Take Place Front sidewalk

of Participants Expected to Attend Event 16

Describe Any Participation/Entry Fees to be Charged n/a

Event Dates/Times Proposed

**** List all Event Dates/Times Below ****

Day of Week	Date	Start Time	End Time
<u>daily</u>			
<u>Start</u>	<u>May 21, 2026</u>		
<u>End</u>	<u>October 1, 2026</u>		

Event Type (CHECK ALL THAT APPLY)

Parade Festival Run/Walk Sporting Event Block Party Private Party

Other, Describe Party

Event Includes (CHECK ALL THAT APPLY)

Liquor Service Food Service Bingo/Raffles Live Music Amplified Audio

Animals Pedestrians/Runners Bicycles Floats Motor Vehicles, # Expected _____

Other Vehicles, Explain _____

Games, Amusement Devices or Carnival Equipment, Describe _____

Will parking for the event exceed on site parking facilities available?

Yes, written permission from area property owners allowing use of their property for parking is attached.

No

Who will be providing traffic control personnel? Rever Stephens

Who will be providing traffic control / delineation equipment (barricades, signs, traffic cones, no parking signs, etc.)?

Street(s) to be Closed (A MAP SHOWING THE SPECIFIC ROUTE OR AREA TO BE CLOSED MUST BE ATTACHED)

Site Map and Detailed Description of Event Required

A DETAILED SITE MAP OF THE EVENT AREA AND DETAILED EVENT DESCRIPTION NARRATIVE **MUST BOTH BE ATTACHED TO THIS APPLICATION.** The Site Map should show locations of food and beverage vendors (noting controlled entry to any alcoholic beverage service areas), where activities will be taking place, and where any temporary infrastructure such as tents or bandstand facilities will be installed.

Insurance Carrier for Event

A Certificate of Insurance naming the City of Long Lake as an additional insured is **required to be submitted** at least 10 days prior to the event start date, unless otherwise noted in the permit conditions of approval. Amount of insurance required is \$1,000,000.

Name of Insurance Carrier Auto Owners Insurance Policy Number 08259709

Chairperson, Event Manager, or Director (Person Responsible for Duties of Permit Holder)

Full Name Reven Stephens Daytime Phone 612-325-9938

Alternate Phone _____ Email Address Reven@bucks.pub.com

Street Address 2007 W Wayzata Blvd #2

City / State / Zip Long Lake, MN 55356

Organization Information

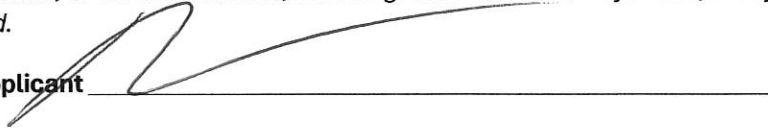
Organization Name LLoro LLC dba Bucks Pub

Mailing Address Same as above

City / State / Zip _____

Phone 612-325-9938 Email Address Reven@bucks.pub.com

By signature below, applicant/event organizer agrees to abide by any and all conditions of Special Event Permit approval, if approved; and hereby agrees to indemnify, hold harmless, and exempt the City of Long Lake, its officers, employees, and agents from any and all claims, costs and liabilities, including reasonable attorneys' fees, in any way related to the applicant's Special Event as approved.

X Signature of Applicant  Date April 14, 2020

****** THIS SECTION TO BE COMPLETED BY CITY STAFF ONLY ******

APPLICATION SUBMITTED WAS - Complete With Exhibits [] Incomplete – Date Completed _____

Damage Deposit Submitted (IF APPLICABLE) - [] Not Applicable [] Amount = \$ _____ Check # _____

Review by Department Head or Designee

Public Works Staff Initials _____ Date _____

Fire Department Staff Initials JS Date _____

Police Department Staff Initials _____ Date _____

Staff Signature - Special Event Permit Issued By _____ (CITY CLERK OR AUTHORIZED DESIGNEE)

City Council Approval Date _____ Date of Issuance _____ PERMIT #S 2020-04

Conditions of Permit Approval

Permit Conditions Detailed in Attached Letter Dated 4/14/2020

Permit Conditions Listed Below:



April 14, 2026

Reven Stephens
Bucks Pub
2067 Wayzata Boulevard W #2
Long Lake, MN 55356

RE: SPECIAL EVENT PERMIT CONDITIONS, PERMIT #S2026-04

Temporary Outdoor Patio – Bucks Pub
Effective May 21, 2026 – October 1, 2026

Dear Applicant:

Your application for a Special Event Permit to permit installation of a Temporary Outdoor Patio for Bucks Pub is hereby approved, subject to the conditions listed below. The Wayzata Police Chief or the Chief's designee, acting on behalf of the City of Long Lake, and the Shoreline Fire Department Fire Chief are each empowered to revoke this Special Event Permit at any time for any safety concerns that are not immediately resolved by the Applicant/Permit Holder or a representative of the Permit Holder.

- [] No modifications may be made to the approved temporary outdoor patio site plan without prior approval of the Fire Chief and Wayzata Police Chief or the Chief's designee. The approved site plan attached to this Permit shows the location of customer seating (not to exceed 16 at any time) with tables; depicts the entry and exit point; and includes descriptions of temporary fencing materials to be utilized. Patios for alcohol serving establishments must display a compact and contiguous service area in accordance with Minnesota Rules 7515.0430, subpart 2; and must show how alcohol will be restricted with a barrier or other means between the temporary outdoor patio and surrounding area.
- [] The temporary patio setup may only be installed consistent with the approved temporary sidewalk patio site plan and narrative submitted with the permit application. No temporary lighting installations were included in the patio plan.
- [] Security of the temporary outdoor patio shall be the responsibility of the Applicant/Permit Holder. Customers seated in the outdoor patio must enter and exit via the secure entry/exit point only.
- [] Applicant/Permit Holder shall be responsible for picking up litter within 100 feet of the temporary outdoor patio on a daily basis.
- [] Signage stating "No Alcohol Allowed Beyond This Point" is required to be posted at the exit from the patio.
- [] A Certificate of Insurance listing the City of Long Lake as an additional insured is required to be submitted prior to temporary patio installation.

SPECIAL EVENT PERMIT CONDITIONS, PERMIT #S2026-04

Temporary Outdoor Patio – Bucks Pub / Effective May 21 – October 1, 2026

Page 2 of 2

[] This Special Event Permit for a temporary outdoor restaurant patio is effective May 21, 2026 through October 1, 2026. This Permit may be extended if approved in writing by the City Clerk.

[] Failure to abide by any of the conditions in this Permit may result in permit revocation.

Please be advised that by acceptance of Special Event Permit #S2026-04, the Applicant/Permit Holder, on behalf of any and all organizations and private persons, grants authority to operate under the Special Event Permit, and agrees to indemnify and hold harmless the City of Long Lake from all claims arising from said event. The permit holder, all organizations and private persons exercising authority under this Permit, do waive and release all claims against the City of Long Lake, its officers or employees for any damage to person or property arising from the exercise of privileges granted by this Permit and agrees to hold harmless the City of Long Lake, its employees and officers from any such claim.

Thank you in advance for your cooperation, and best wishes to you and your business.

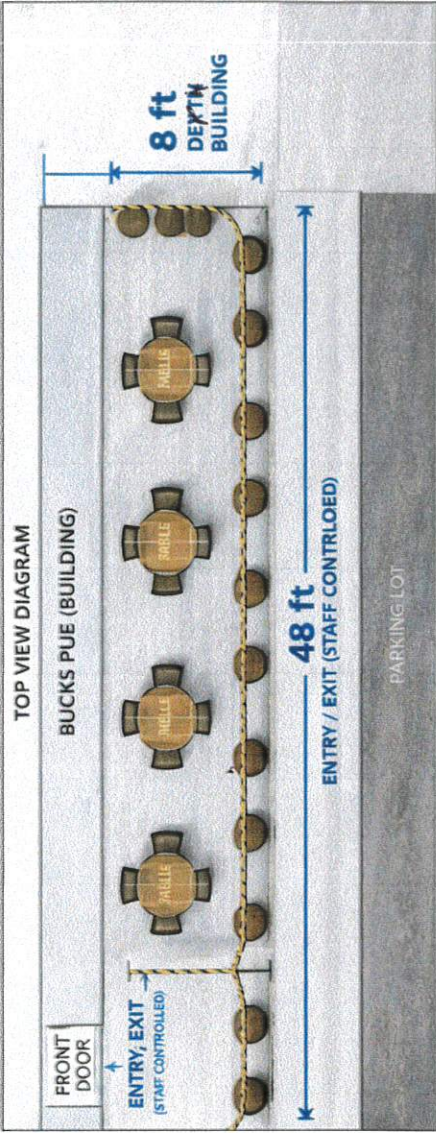
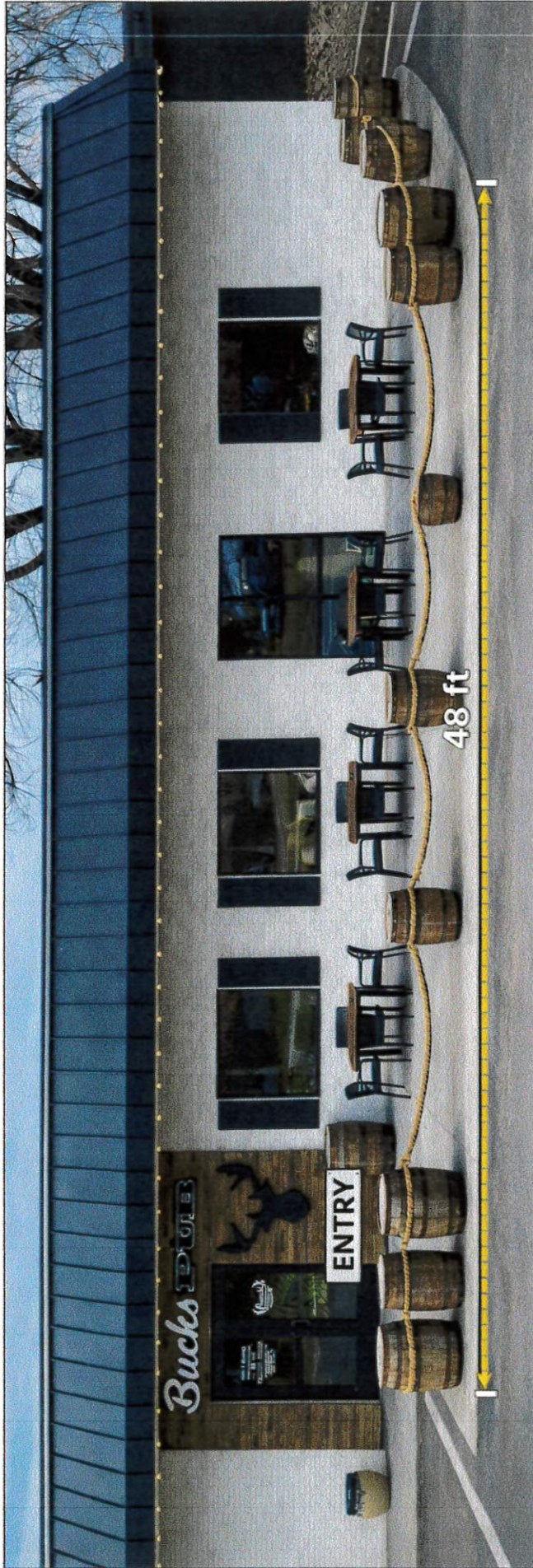
Sincerely,

A handwritten signature in cursive script, appearing to read "J Moeller".

Jeanette Moeller
City Clerk

TEMPORARY SIDEWALK PATIO - SITE PLAN

BUCKS PUB • 2067 WAYZATA BLVD # 2, LONG LAKE, MN 53356 • 



NOTES:

1. **TEMPORARY SIDEWALK PATIO ONLY** - No impact to public roadway.
2. **PATIO DIMENSIONS:** 48 ft (width along building) x 8 ft (depth from building to curb).
3. **FURNITURE:** 4 tables with seating (approx. 4 chairs per table).
4. **PERIMETER:** Barrels fully enclose the patio area.
5. **ENTRY/EXIT:** Single controlled entry/exit point near the front door staff monitoring.
6. **ALCOHOL SERVICE:** Confined within the barrel-defined perimeter.
7. **HOURS:** Patio use consistent with Bucks Pub operating hours. *3pm - 10pm*



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/3/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Advance Insurance Agency 5241 Viking Drive Ste 200 Edina MN 55435	CONTACT NAME: Ryan Kocker	FAX (A/C, No): (952) 831-0572
	PHONE (A/C, No, Ext): (952) 831-1928	
INSURED LORO LLC DBA: Bucks Pub 2067 W Wayzata Blvd Ste 2 Long Lake MN 55356-9793	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Auto Owners Insurance	NAIC # 18988
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 25-26

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			08259709	11/7/2025	11/7/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employment Practices Liability Insu \$ 100,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5625970900	11/7/2025	11/7/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	A106686856	11/7/2025	11/7/2026	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability			08259709	11/7/2025	11/7/2026	Occurrence 1,000,000 Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Liquor Liability is continuous until cancelled.

City of Long Lake listed as additional insured per written contract.

CERTIFICATE HOLDER

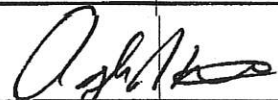
CANCELLATION

City Of Long Lake
Alcohol and Gambling
450 Virginia Ave
PO BOX 606
Long lake, MN 55356

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Ralph Logan III/L174

 12.3.25

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