



Special Event Permit Application

CITY OF LONG LAKE

450 Virginia Avenue, PO Box 606

Long Lake, MN 55356

Phone / 952.473.6961

FOR OFFICE USE ONLY

Amount Due: \$ 75.00

Date Paid: 12/5/24

☒ Check # 9649

☐ Credit Card

☐ Cash Receipt #

Deposit Required?

☐ Yes, Check #

☒ No

- REVIEW PAGE 3 for the Special Event Permit application fee schedule and application submittal checklist.

- 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 exhibits requested to be considered complete.

Event Name Sled Dog Days

Describe Location or Area of City Where Event Will Take Place Birch's on the Lake - on the lake directly behind Birch's on the Lake.

of Participants Expected to Attend Event 180 per event day

Describe Any Participation/Entry Fees to be Charged \$30 per ride

Event Dates/Times Proposed

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

Day of Week	Date	Start Time	End Time
Saturday	Jan 11, 18	11am	2pm
Saturday	Feb 8, 15, 22	11am	2pm

Event Type (CHECK ALL THAT APPLY)

☐ Parade ☐ Festival ☐ Run/Walk ☐ Sporting Event ☐ Block Party ☐ Private Party
☒ Other, Explain Sled Dog rides with Paw Print Adventures LLC

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 None

Will Parking for Event Exceed On Site Parking Facilities Available?

☐ Yes, WRITTEN PERMISSION FROM AREA PROPERTY OWNERS ALLOWING USE OF THEIR PROPERTY FOR PARKING IS ATTACHED
☒ No

Traffic Control Personnel Provided by Whom Birch's on the Lake staff

Delineation Equipment (Barricades, Signs, Traffic Cones, No Parking Signs, etc.) Provided by Whom Birch's on the Lake

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

None

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 **must be submitted at least 10 days prior to the event start date.** Amount of insurance required is \$1,000,000.

Name of Insurance Carrier Midwest Family Mutual Policy Number CPMN0560121410

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

Full Name Brennan Greene Daytime Phone 952-473-7373
 Alternate Phone 314-910-7346 Email Address brennangreene@gmail.com
 Street Address 1310 W. Wayzata Blvd.
 City, State, Zip Long Lake, MN 55356

Organization Information

Organization Name Birch's on the Lake
 Mailing Address P.O. Box 307
 City, State, Zip Long Lake, MN 55356
 Phone 952-473-7373 Fax _____

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 [Signature] **Date** 11/18/24

****** FOR CITY USE ONLY ******

APPLICATION SUBMITTED WAS: ☒ Complete With Exhibits ☐ Incomplete – Date Completed _____

Review by Department Head or Designee

<input checked="" type="checkbox"/> Public Works	Reviewed By <u>SD</u>	Date <u>12/9/2024</u>
<input checked="" type="checkbox"/> Fire Department	Reviewed By <u>MB</u>	Date <u>12/9/2024</u>
<input checked="" type="checkbox"/> Police Department	Reviewed By <u>JB</u>	Date <u>12/10/2024</u>

Special Event Permit Approved By _____ (CITY CLERK OR AUTHORIZED DESIGNEE)

Date Approved _____

PERMIT # 52024-10

Conditions of Permit Approval

☒ Permit Conditions Detailed in Attached Letter Dated 12/9/2024
☐ Permit Conditions Listed Below:



CITY OF
LONG LAKE

December 9, 2024

Brennan Greene
Birch's on the Lake
1310 W Wayzata Boulevard, PO Box 307
Long Lake, MN 55356

RE: SPECIAL EVENT PERMIT CONDITIONS, PERMIT #S2024-10
Sled Dog Days at Birch's on the Lake
January 2025 Dates – 1/11, 1/18
February 2025 Dates – 2/8, 2/15, 2/22

Dear Event Organizer/Permit Holder:

Your application for a Special Event Permit for Sled Dog Days at Birch's on the Lake is hereby approved, subject to the conditions listed below. The Wayzata Police Department and its officers, acting on behalf of the City of Long Lake, are empowered to revoke this Special Event Permit at any time for any safety concerns that are not immediately resolved by the permit holder or a representative of the permit holder. This revocation shall cause the immediate cancellation of the event originally authorized by this Permit.

- [] The Long Lake Fire Department and Wayzata Police Department, acting on behalf of the City of Long Lake, may impose additional conditions to this Permit by email correspondence as needed, or may revoke this Permit for failure to adhere to conditions of Permit issuance.
- [] Proof of approval from the Hennepin County Sheriff's Water Patrol for the Sled Dog Days at Birch's on the Lake to utilize Long Lake must be submitted to the City Clerk at least 5 days prior to the start of the event.
- [] It is the responsibility of the permit holder to take into consideration the weather, ice conditions and ice thickness at the time of each event date. If any adverse conditions exist that would jeopardize the participants or the staff, the sponsor must cancel this event and notify the Hennepin County Sheriff's Water Patrol and City staff.
- [] Parking on County Road 112 is prohibited. Birch's on the Lake is required to post "no event parking" temporary signage at the access road to Union Cemetery prior to the start of each event date. Failure to post the required signage may result in permit revocation.

SPECIAL EVENT PERMIT CONDITIONS, PERMIT #S2024-10

Sled Dog Days at Birch's on the Lake

January 2025 Dates – 1/11, 1/18

February 2025 Dates – 2/8, 2/15, 2/22

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- [] If it is determined at any time that parking to accommodate event attendance exceeds the Birch's on the Lake parking lot, written permission from property or business owner(s) for any additional off-site parking locations must be submitted to the City Clerk. It is a requirement of this permit that shuttling service be available between the event site at Birch's on the Lake and any designated off-site parking locations, if applicable.
- [] The Long Lake Fire Department will require an inspection of any portable heating devices to be used for the event, if applicable.
- [] A Certificate of General Liability Insurance must be submitted to the City Clerk at least 5 days prior to the start date of the event.

Please be advised that by acceptance of Special Event Permit #S2024-10, the 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 for a successful event.

Sincerely,



Jeanette Moeller
City Clerk

Birch's on the Lake Sled Dog Days 2025

Paw Print Adventures LLC:

January 2025 - 11, 18 / February 2025 - 8, 15, 22

Paw Print Adventures LLC, Samuel Louters Chief Manager, 29148 800th Avenue, Hollandale, MN 56045

Ride Times for each date are 11am ~ 2pm

Each sled can hold 2 adults and or one adult and up to 2 children

Sled rides are managed by Paw Print Adventures staff with a Musher that stands at the back of the sled

¼ Mile circular route on Long Lake behind Birch's on the Lake Restaurant

Tickets \$30 / 3 and under free for the ride only. Tickets are purchased on Eventbrite.com

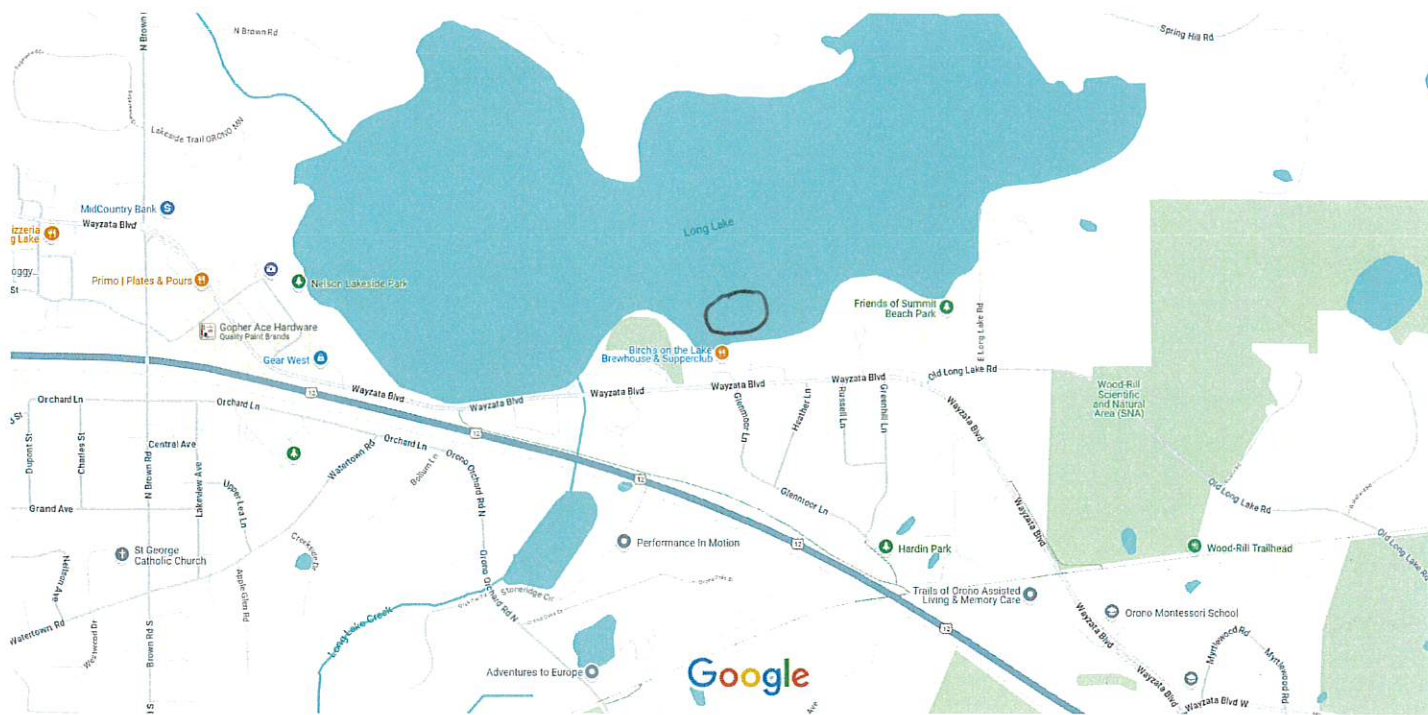
Tickets are sold by date by increments of time, riders are instructed to arrive at their scheduled time

Participants are boarded and un-boarded lakeside directly behind Birch's on the Lake

Parking in Birch's on the Lake Private Parking Lot

All state guidelines and regulations as they are directed at that time will be followed.

See Attached Map





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/29/2024

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 have **ADDITIONAL INSURED** provisions or 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 Christensen Group 9855 West 78th Street, Ste 100 Eden Prairie MN 55344		CONTACT NAME: Nathan Lortz, CIC, CISR PHONE (A/C, No, Ext): (952) 653-1000 E-MAIL ADDRESS: nlortz@christensengroup.com FAX (A/C, No): (952) 653-1100	
INSURED Birch's Brewhouse LLC, DBA: Birch's on the Lake PO Box 307 Long Lake MN 55356		INSURER(S) AFFORDING COVERAGE INSURER A: Midwest Family Mutual INSURER B: Employers Assurance Co. INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 25402	

COVERAGES **CERTIFICATE NUMBER:** 24/25 Master Liab **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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPMN0560121410	03/03/2024	03/03/2025	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000				
			MED EXP (Any one person) \$ 1,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CPMN0560121410	03/03/2024	03/03/2025	GENERAL AGGREGATE \$ 2,000,000
			PRODUCTS - COMP/OP AGG \$ 2,000,000				
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPMN0560121410	03/03/2024	03/03/2025	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 checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CPMN0560121410	03/03/2024	03/03/2025	Hired & Non Owned Auto \$ 1,000,000
			EACH OCCURRENCE \$ 2,000,000				
			AGGREGATE \$ 2,000,000				
B	<input checked="" type="checkbox"/> 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	EIG549747100	03/03/2024	03/03/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
			E.L. EACH ACCIDENT \$ 500,000				
			E.L. DISEASE - EA EMPLOYEE \$ 500,000				
			E.L. DISEASE - POLICY LIMIT \$ 500,000				
A	Liquor Liability			CPMN0560121410	03/03/2024	03/03/2025	Each Occurrence \$1,000,000
			General Aggregate \$1,000,000				

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

RE: 1310 W. Wayzata Blvd, Long Lake, MN 55356

CERTIFICATE HOLDER

CANCELLATION

City of Long Lake
PO Box 806
450 Virginia Ave
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



HENNEPIN COUNTY SHERIFF'S OFFICE

WATER PATROL UNIT
4141 SHORELINE DRIVE
SPRING PARK, MN 55384
PHONE: 612-596-9880

sheriff.waterpatrol@hennepin.us

SPECIAL EVENT PERMIT APPLICATION

THE FOLLOWING INFORMATION IS NECESSARY TO INSURE THE PROPER AND ACCURATE ISSUANCE OF YOUR PERMIT. PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND RETURN THE FORM TO OUR OFFICE AT LEAST 30 DAYS PRIOR TO YOUR EVENT VIA EMAIL OR STANDARD MAIL.

PLEASE PRINT OR TYPE

Sled Dog Days

NAME OF EVENT: _____

DATE(S) OF EVENT: January 11, 18 February 8, 15, 22

TIME(S) OF EVENT: 11am - 2pm

EVENT LOCATION & ADDRESS: (Include a diagram for larger events.)

1310 W. Wayzata Blvd Long Lake, MN 55356

Specific area - include start/finish locations

WAS THIS EVENT HELD LAST YEAR: YES ☐ NO ☒

SPONSORING ORGANIZATION: Paw Print Adventures LLC

CONTACT PERSON: Brennan Greene DOB: 12-14-82

DL# R178143259116 EMAIL: brennangreene@gmail.com

ADDRESS: 1310 W. Wayzata Blvd Long Lake, MN 55356

PHONE (MOBILE): 314-910-7346 PHONE (WORK): 952-473-7373

EVENT WEB ADDRESS: http://birchsonthelake.com

PROPOSED EVENT ACTIVITIES: Sled Dog rides out on Long Lake behind Birch's on the Lake

PROPOSED PARKING LOCATION: Birch's on the Lake parking lot

PRIZES TO BE ISSUED: None

WILL ALCOHOLIC BEVERAGES BE SOLD? YES ☐ NO ☒

WILL FOOD BE SOLD? YES ☐ NO ☒ IF YES, WHAT TYPE OF FOODS: _____

WHAT (IF ANY) STRUCTURES DO YOU INTEND TO PLACE ON THE WATER/ICE?

None

ESTIMATED ATTENDANCE: (# OF PARTICIPANTS) 180/da (# OF SPECTATORS) 10

FISHING TOURNAMENTS MUST PROVIDE THE NUMBER OF BOATS THAT WILL BE ALLOWED TO ENTER THE WATER: None

WHAT EXTRA/UNUSUAL HAZARD TO PARTICIPANTS OR NON-PARTICIPANTS WILL BE INTRODUCED TO THE EVENT AREA? None

WHAT TYPE & NUMBER OF SAFETY EQUIPMENT (BOAT/ATV/SNOWMOBILE/ETC.) WILL BE PROVIDED BY THE SPONSORING ORGANIZATION FOR SAFETY PURPOSES:

None

WOULD YOU LIKE WATER PATROL DEPUTIES/VSD TO BE AT YOUR EVENT? YES ☐ NO ☒

IF YES, WATER PATROL DEPUTIES AND/OR VSD PATROL BOATS DO NOT COUNT AS A SAFETY BOAT IF REQUIRED!

IF YES, HOW MANY DEPUTIES DO YOU RECOMMEND, WHY AND WHAT SPECIFIC TIME AND LOCATION?

PLEASE NOTE: IN ORDER TO BE GRANTED A PERMIT FOR YOUR EVENT, THE SPECIFIC GUIDELINES GIVEN WITH YOUR APPLICATION MUST BE FOLLOWED!

DATE

APPLICANTS SIGNATURE & PRINTED NAME

TITLE

* The application must be signed.

** The named Organization shall, upon request by HCSO, submit applicable documentation (articles, bylaws, resolutions, or ordinances) that confirm the signatory's authority to sign and bind Organization as set forth herein.



HENNEPIN COUNTY SHERIFF'S OFFICE WATER PATROL
UNIT
SPECIAL EVENT LIABILITY RELEASE

This is a legally binding instrument and the provisions herein are subject to enforcement in court. Consultation with legal counsel is strongly recommended prior to signing this document.

The Organization indicated below (may hereinafter be referred to as "Organization"), agrees that it shall ensure that every participant in the Sit'd Dog Days (event) on Jan 11, 18 ~~Feb 8, 15, 22~~ (date) shall execute a written agreement acknowledging and agreeing with, at least, the following (i) that Organization is responsible for administering, managing, directing, sponsoring and over-seeing the Dog Sledding (event); (ii) that Paw Print Adventures LLC (describe nature of event) may be an inherently dangerous activity; and (iii) that the participant has actual knowledge of the particular risk or danger associated therewith.

Organization shall defend, indemnify and hold free and harmless the County of Hennepin, its present and former officials, officers, agents, volunteers and employees from any and all liability, assertions of liability, claims, causes of action, judgments, damages, losses, costs or expenses, including reasonable attorney's fees, which in any manner arise or be alleged to arise directly or indirectly from any and all activities connected directly or proximately with the event(s) referenced in the accompanying special event permit application filed on behalf of said Organization.

ISSUANCE OF A PERMIT UNDER MINNESOTA STATUTES §86B.121 DOES NOT MAKE HENNEPIN COUNTY LIABLE FOR ANY INJURY OCCURRING AT THE EVENT. The undersigned forever relinquishes and effectively waives any and all rights, defenses and claims whatsoever assertable by the Organization in any action by the County of Hennepin to enforce the provisions herein.

The undersigned attests that he/she fully understands the above and declares that he/she is authorized to legally bind Organization to the provisions herein. The Organization shall, upon request by HCSO, submit applicable documentation (articles, bylaws, resolutions or ordinances) that confirm the signatory's authority to sign and bind Organization as set forth herein. **Please PRINT or TYPE**

Organization Name (must match application): Birch's on the Lake
Address 1310 W. Wayzata Blvd Long Lake MN 55356
City State ZIP
Contact Person: Brennan Graeb Owner
Print Name Title

Signature of above contact person: _____
!!!Must be notarized!!!

IN WITNESS WHEREOF, the undersigned voluntarily sets his/her hand this _____ day of _____
Month, Year Notary Signature: _____

Notary Stamp: