



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: \$ _____
Date Paid: _____
 Check # _____
 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 Birch's on the Lake Fun Run Event - 5k and 10k fun run / walk course

Describe Location or Area of City Where Event Will Take Place Starts and ends at Birch's on the Lake Brewhouse - 1310 Wayzata Blvd, Long Lake, MN 55356

of Participants Expected to Attend Event 100-150 participants

Describe Any Participation/Entry Fees to be Charged Participants are charged a \$35-\$45 entry fee, proceeds to nonprofit

Event Dates/Times Proposed

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

Day of Week	Date	Start Time	End Time
Sunday	9/24/23	11am	12:30pm

Event Type (CHECK ALL THAT APPLY)

Parade Festival Run/Walk Sporting Event Block Party Private Party
 Other, Explain _____

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 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 Volunteers will be stationed along route to help direct runners.

Delineation Equipment (Barricades, Signs, Traffic Cones, No Parking Signs, etc.) Provided by Whom n/a

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

n/a- no need for street closure; participants will not be blockading the movement of cars/traffic

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 Evanston Insurance Company Policy Number 3DS5474-M3649615

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

Full Name Morgan Jappe Daytime Phone 612-791-6553

Alternate Phone _____ Email Address morgan@breweryrunningseries.com

Street Address 1138 Marshall Ave

City, State, Zip St Paul, MN 55104

Organization Information

Organization Name Apple Adventure Racing, LLC / dba Brewery Running Series

Mailing Address 6674 Cortlawn Cir

City, State, Zip Golden Valley, MN 55426

Phone 612-791-6553 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 Morgan Jappe **Date** 08-25-23

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

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

Review by Department Head or Designee

[] Public Works Reviewed By _____ Date _____

[] Fire Department Reviewed By _____ Date _____

[] Police Department Reviewed By _____ Date _____

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

Date Approved _____

PERMIT # S2023-10

Conditions of Permit Approval

Permit Conditions Detailed in Attached Letter Dated 8/29/2023

[] Permit Conditions Listed Below:

THE COURSE @ BIRCH'S ON THE LAKE



5K COURSE



- YOUR 5k-ish COURSE WILL START AND END AT **BIRCH'S ON THE LAKE** | 1310 WAYZATA BLVD
- OBEY ALL TRAFFIC LAWS AND SIGNALS. THIS IS **AN OPEN COURSE, ROADS WILL NOT BE CLOSED**
- **BE SAFE AND HAVE FUN!** FREE BEER WHEN YOU CROSS THE FINISH LINE!

THE COURSE @ BIRCH'S ON THE LAKE



10K COURSE



- YOUR 10k-ish COURSE WILL START AND END AT **BIRCH'S ON THE LAKE** | 1310 WAYZATA BLVD
- OBEY ALL TRAFFIC LAWS AND SIGNALS. THIS IS **AN OPEN COURSE, ROADS WILL NOT BE CLOSED**
- **BE SAFE AND HAVE FUN!** FREE BEER WHEN YOU CROSS THE FINISH LINE!



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/25/2023

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 East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley CA 95945	CONTACT NAME: Will Maddux PHONE (A/C No, Ext): (530) 477-6521 E-MAIL ADDRESS: Info@theeventhelper.com	FAX (A/C No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Apple Adventure Racing, LLC dba Brewery Running Series Morgan Jappe 1138 Marshall Avenue St Paul MN 55104	INSURER A: Evanston Insurance Company NAIC # 35378	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **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	Y	Y	3DS5474-M3649615	SEE BELOW	SEE BELOW	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> Host Liquor Liability						MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> Retail Liquor Liability						PERSONAL & ADV INJURY \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							GENERAL AGGREGATE \$ 3,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						Deductible \$ 1,000
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per person) \$
	<input type="checkbox"/> BODILY INJURY (Per accident)						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> PROPERTY DAMAGE (Per accident)						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

Certificate holder listed below is named as additional insured per attached MEGL 2217 01 19 for the following dates: 07/01/2023, 07/08/2023, 07/09/2023, 07/15/2023, 07/16/2023, 07/21/2023, 07/22/2023, 07/23/2023, 07/29/2023, 07/30/2023, 08/05/2023, 08/06/2023, 08/12/2023, 08/13/2023, 08/19/2023, 08/20/2023, 08/26/2023, 08/27/2023, 09/02/2023, 09/03/2023, 09/16/2023, 09/17/2023, 09/23/2023, 09/24/2023, 09/30/2023, 10/01/2023, 10/07/2023, 10/08/2023, 10/14/2023, 10/15/2023, 10/21/2023, 10/22/2023, 10/28/2023, 10/29/2023, 11/04/2023, 11/05/2023, 11/11/2023, 11/12/2023, 11/18/2023 & 12/02/2023. Attendance: 4200, Event Type: Fun Run. Waiver of Subrogation applies per attached CG 24 04 12 19. Primary/Non-Contributory wording applies per attached CG 20 01 04 13.

CERTIFICATE HOLDER **CANCELLATION**

City of Long Lake 450 Virginia Avenue 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

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EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

City of Long Lake
450 Virginia Avenue
Long Lake, MN 55356

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule of this endorsement, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by the acts or omissions of any insured listed under Paragraph 1. or 2. of Section II – Who Is An Insured:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms and conditions remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- ELECTRONIC DATA LIABILITY COVERAGE PART
- LIQUOR LIABILITY COVERAGE PART
- POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES
- POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES
- PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
- RAILROAD PROTECTIVE LIABILITY COVERAGE PART
- UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

SCHEDULE

<p>Name Of Person(s) Or Organization(s): City of Long Lake 450 Virginia Avenue Long Lake, MN 55356</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – **Conditions:**

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage Part. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.