

Amount Due: \$ / D. D
Date Paid: 773334 Cl Check # 416607 Credit Card Cash Receipt #
Deposit Required? [ ] Yes, Check # [/]No

0	<b>REVIEW PAGE 3 for the Special Event Permit application fee schedule and</b>
	application submittal checklist.

application submittal che	ecklist.						
<ul> <li>Complete this permit application form and submit to City Hall at least 45 days prior to the event start date.</li> <li>Permit application must be accompanied by all exhibits requested to be considered complete.</li> </ul>							
Event Name <u>Gear</u>	Western halt	marathon and	5K				
Describe Location or Area of Ci	ty Where Event Will Take Place	Start and Fin	rich at Gear				
West Using ro	ads and Trails	in the area.					
# of Participants Expected to A	ittend Event						
Describe Any Participation/Entr	y Fees to be Charged <u>En</u>	try fees to be	charged go to				
putting on the	event, shirts, a	vards refreshmen	to Fother costs.				
Event Dates/Times Propose		,					
		tes/Times Below **					
Day of Week	Date	Start Time	End Time				
Saturday	October 19th	7:00 am	12:00 noon				
Event Type (CHECK ALL THAT API [ ] Parade [ ] Festival [ ] Other, Explain	[X] Run/Walk [ ] Spor	ting Event [ ] Block Party	[ ] Private Party				
Event Includes (CHECK ALL THA [ ] Liquor Service [ ] Foo [ ] Animals Animals Pedestrian [ ] Other Vehicles, Explain [ ] Games, Amusement Device	d Service [ ] Bingo/Raffle ns/Runners [ ] Bicycles	[ ] Floats [ ] Motor V					
Will Parking for Event Exceed C [★] Yes, WRITTEN PERMISSION F [ ] No	FROM AREA PROPERTY OWNERS	ALLOWING USE OF THEIR PROPE					
Traffic Control Personnel Provid	led by Whom <u>Gear We</u>	51 Wayzala lolice	e, Trono Police				
Traffic Control Personnel Provice Delineation Equipment (Barrica	des, Signs, Traffic Cones, No F	Parking Signs, etc.) Provided by	y Whom <u>Gear West</u>				
Shunch(a) to be Closed (1)	O CHOWING THE OPERATOR OF THE	ADEA TO BE GLOSED AND TO THE					

We do not close streets to traffic, we have Police at Major road crossings and Volenteers at all corners and minor road cross

Insurance Carrier for Event

Site Map and Detailed Description of Event Required

A DETAILED SITE MAP OF THE EVENT AREA AND DETAILED EVENT DESCRIPTION NARRATIVE <u>MUST BOTH</u>
<u>BE ATTACHED</u> 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.

lame of Insurance Carrier		Policy Numb	er
	nager, or Director (Person Respo		
ull Name Brian	1 McCollor	Daytime Phone	€ 952-473-037;
Uternate Phone 651	<u>'- 757-7892</u> Email Add	ress Specely 60	gearwest, com
treet Address 458	a Monatager las 1	786 W. Vayza to	Blud
City, State, Zip	1-757-7892 Email Add Eller Lat 1  19 Lake, MN S	5356	
Organization Informati	on ,		
Organization Name	Gear West		
failing Address 7	86 W. Wayzata		
lity. State. Zip Lo	86 W. Wayzata ng Lake, MN 73-0377	55356	
050 11	72 277	959 157	- UUIN
by signature below, application in the signature below, approved; and hereby application and agents from any and a	ant/event organizer agrees to abide grees to indemnify, hold harmless, a all claims, costs and liabilities, includ	by any and all conditions or and exempt the City of Long	f Special Event Permit approval, Lake, its officers, employees,
ly signature below, application in approved; and hereby application and applicant's Special Event applicant applicant application	ant/event organizer agrees to abide grees to indemnify, hold harmless, a all claims, costs and liabilities, includ	by any and all conditions or and exempt the City of Long ling reasonable attorneys' f	Special Event Permit approval, Lake, its officers, employees, ees, in any way related to the
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y signature below, application approved; and hereby applicated and agents from any and applicant's Special Event at a Signature of Application application and application app	ant/event organizer agrees to abide grees to indemnify, hold harmless, all claims, costs and liabilities, includes approved.  Sum Mulling Mulling and Mulling approved.	by any and all conditions of and exempt the City of Long ling reasonable attorneys' f	Special Event Permit approval, Lake, its officers, employees, ees, in any way related to the
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y signature below, application approved; and hereby approved; and hereby applicant applicant's Special Event at Signature of Application SUBMITTED eview by Department in Public Works Fire Department Police Department Pecial Event Permit Approved	ant/event organizer agrees to abide grees to indemnify, hold harmless, all claims, costs and liabilities, includes approved.  **** FOR CITY U  WAS: [Y] Complete With Exhibits  Head or Designee  Reviewed By  Reviewed By  Reviewed By  Reviewed By	by any and all conditions of and exempt the City of Long ling reasonable attorneys' f  Date  Dat	Special Event Permit approval, Lake, its officers, employees, ees, in any way related to the easy of the employees.  Completed
y signature below, application approved; and hereby approved; and hereby approved agents from any and applicant's Special Event at Signature of Applicant PPLICATION SUBMITTED Seview by Department Public Works  Fire Department  Police Department	**** FOR CITY L  WAS: [Y] Complete With Exhibits  Head or Designee  Reviewed By  Reviewed By  Reviewed By  Oved By  Reviewed By	by any and all conditions of and exempt the City of Long ling reasonable attorneys' f  Date  Dat	Special Event Permit approval, Lake, its officers, employees, ees, in any way related to the easy of the employees are approval.  Ty CLERK OR AUTHORIZED DESIGNEE)
y signature below, applicate approved; and hereby and agents from any and applicant's Special Event at Signature of Applicant PPLICATION SUBMITTED Review by Department Public Works  Fire Department  Police Department	**** FOR CITY L  WAS: [*] Complete With Exhibits  Head or Designee  Reviewed By	by any and all conditions of and exempt the City of Long ling reasonable attorneys' f  Date  Dat	Special Event Permit approval, Lake, its officers, employees, ees, in any way related to the easy of the employees are a late of the employees.  TY CLERK OR AUTHORIZED DESIGNEE)



September 27, 2024

Brian McCollor, Event Organizer Gear West Ski and Run 1786 W Wayzata Boulevard, Suite B Long Lake, MN 55356

RE: SPECIAL EVENT PERMIT CONDITIONS, PERMIT #S2024-08

Gear Western Country Half Marathon and 5K Saturday, October 19, 2024 (8:00 am to 12:00 noon)

### Dear Event Organizer:

Your application for a Special Event Permit for the Gear Western Country Half Marathon and 5K run and subsequent race party 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 letter or memorandum of the Fire or Police Chief as needed.
[]	It is a condition of this permit that Gear West hire Wayzata Police Department officers on a contractual basis to assist in traffic control at intersections, to be determined by the Chief of Police or his designee. The Event Organizer is required to contact Wayzata Police Chief Marc Schultz or Deputy Chief Jamie Baker at 952-404-5340 to arrange for Police assistance as needed during the event and to work with race volunteer staff.
[]	Any changes to the final race routes for the half marathon and 5K must be as agreed to in writing and approved by Wayzata Police Chief or his designee. Proof of approval for any route changes must be submitted to the City Clerk by no later than Wednesday, October 16.
[]	Event organizer shall provide copy of written documentation from the Hennepin County Transportation Department authorizing the event's use of CSAH 146 (Brown Road) and crossing of CSAH 112 (Wayzata Boulevard W). Copy of documentation from Hennepin County must be submitted to the City Clerk by no later than Wednesday, October 16.

# SPECIAL EVENT PERMIT CONDITIONS, PERMIT #S2024-08

Gear Western Country Half Marathon and 5K/ Saturday, October 19, 2024 (8:00 am to 12:00 noon) Page 2 of 2

IJ	use of Orono facilities or roadways.
[]	It is a condition of this Permit that Gear West obtain any permits requested by the Minnesota Department of Natural Resources for use of the Luce Line State Trail.
[]	At least 3 days prior to the event date, Event Organizer is required to post temporary signage (minimum of 2 signs) on Gear West property along the Wayzata Boulevard W trail advising public trail users that the half marathon and 5K runs will be held on Saturday, October 19 from 8:00 am to 12:00 noon. This temporary signage must be for public advisory to general trail users — not purposed for event advertising. Temporary signage must be posted by no later than Wednesday, October 16, and removed immediately following the event.
[]	Event Organizer will be responsible to assure volunteers wearing traffic safety vests are posted at intersections and business access points along the race route in Long Lake, and to direct participants to off-site parking locations. Traffic control personnel must be provided to direct and assist participants at every intersection they will traverse during the run. Traffic control personnel must utilize traffic safety vests and/or flags while at their posts.
[]	Event Organizer shall be responsible to provide directional signage along the race routes for participants to follow. Signage must be removed immediately after the event.
[]	Cleanup of event related debris along the race routes must be completed within 24 hours of the end of the race.
[]	Emergency services must be on standby for the race portions of the event.
[]	Written permission from property or business owner(s) for off-site parking locations to be utilized for the event must be submitted to the City Clerk (may be emailed to <a href="mailto:jmoeller@longlakemn.gov">jmoeller@longlakemn.gov</a> ) by no later than Wednesday, October 16.
[]	A Noise Variance Permit must be obtained from the City to allow the use of sound amplification equipment for the broadcast of music and/or announcements at the Gear West property following the race.
[]	Alcoholic beverages may not be served or consumed at the race party site.
[]	A Certificate of General Liability Insurance must be submitted to the City Clerk by no later than Wednesday, October 16.

### SPECIAL EVENT PERMIT CONDITIONS, PERMIT #S2024-08

Gear Western Country Half Marathon and 5K/ Saturday, October 19, 2024 (8:00 am to 12:00 noon) Page 3 of 3

Please be advised that by acceptance of Special Event Permit #S2024-08, 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

# Gear Western Half Marathon 2024

This will be the 13<sup>th</sup> annual Gearwestern Half Marathon, we plan for 300 runners in the half marathon and 5K. We are excited to be hosting this event on October 19<sup>th</sup> this year. We do not close roads and our runners cause very little impact on the local traffic. We will need help with traffic in 4 places on the course. At the Start area as well as at the intersection of Brown Rd and Willow Dr, at the Luce Line Trail and Old Crystal Bay Rd and at the Luce Line Trail and Willow. All other corners are at stop signs or controlled intersections, we will have volunteers at all of these places. We also have 5 aid stations along the course to support the runners. Odom Health will have race day medical support in the morning, as well I will be in contact with Long Lake Fire for emergency support. In the previous 12 years of the event we not had any issues with traffic or runners, hopefully we can have a safe and enjoyable event again this year.

Schedule of events -

8:00 Packet pick up

8:30 Half Marathon Start

9:00 5K Start

9:20 - 10:00 5K Finish

9:45 - 11:30 Half Marathon Finish

12:00 Course and Start/Finish clean up.

Please contact me if you have questions or concerns at any time as we get closer to the event. We are very appreciative of the community support that we have received. We hope this event can highlight the Long Lake and Orono area as well as our area trails.

Thank you for your consideration,

Brian "Speedy" McCollor

Gear West Ski and Run

W) 952-473-0377 C) 651-757-7892



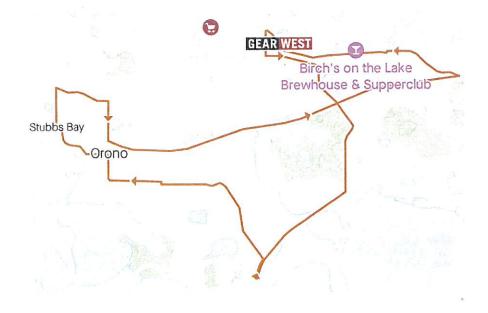
Y'all are invited to saddle up and ride with us at the Gear Western Country Half Marathon and Borton Volvo 5k, a real charming small-town event that's got a big-time feel! Don't let this day of running pass you by, partner. Get your boots in the game and register on the back.

### WHEN:

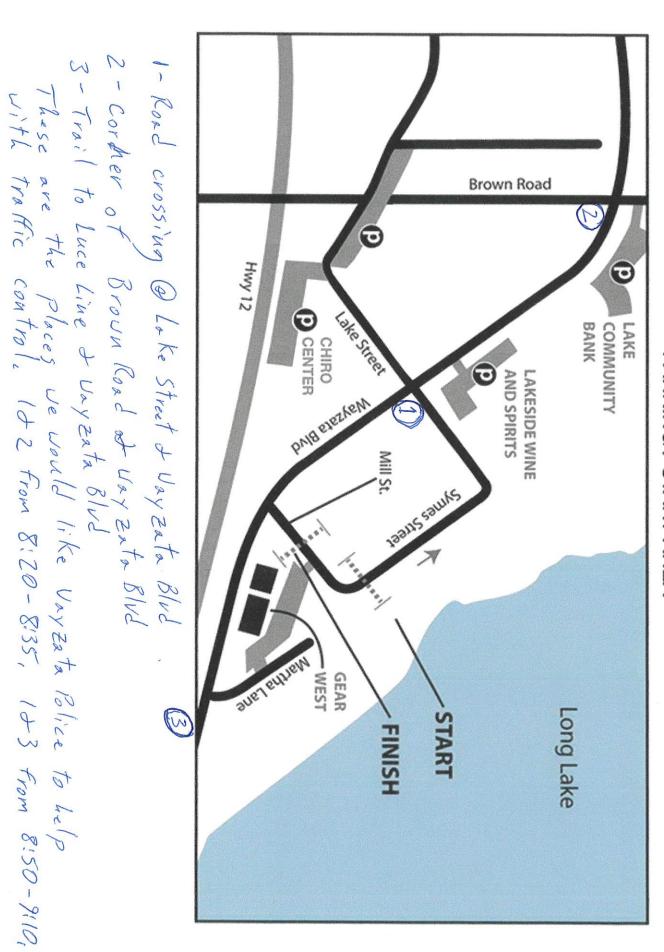
Saturday, October 19, 2024 GW Half Marathon–8:30 AM Borton Volvo 5k – 9:00 AM

## WHERE:

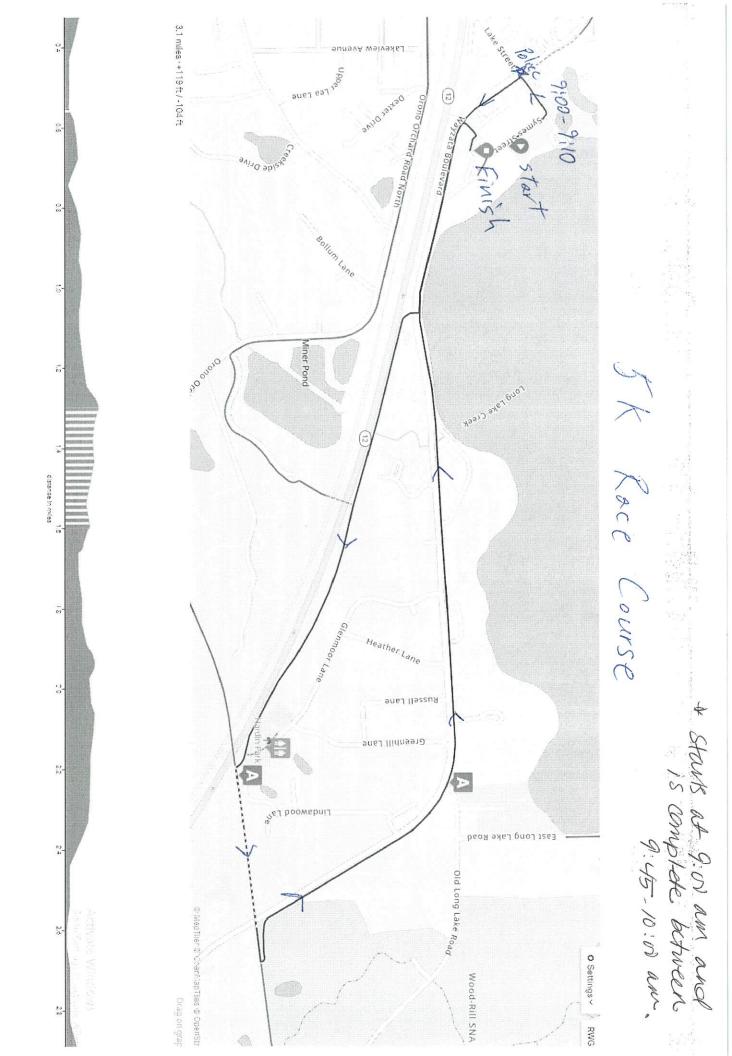
Gear West Ski and Bike 1786 Wayzata Blvd Long Lake, MN 55356



# PARKING / START AREA









# **Noise Variance Permit Application**

### **CITY OF LONG LAKE**

450 Virginia Avenue, PO Box 606 Long Lake, MN 55356 Phone / 952.473.6961

Applicant Information (Person Responsible for Duties of Permit Holder)

• Complete this permit application form and submit to City Hall at least 45 days prior to the event start date.

Permit applications must be reviewed by staff and presented to City Council for approval and authorization to issue.

Organization Name	e (If Applicable) Gear W	est Ski & Run	<u> </u>	. <u> </u>
Contact Name	Brian "Speedy" McColl	or	Daytime Phone	952-473-0377
Alternate Phone _	651-757-7892	Email Address _	speedy@gearwest.co	m
Mailing Address	1786 Wayzata Blvd W,	Suite B		
City, State, Zip	Long Lake, MN 55356			
Use of sound a		broadcast race an		tc.) requiring a variance from
** PLEASE Day of W	LIST ALL DATES AND R	EQUESTED HOURS	S FOR PROPOSED NOIS Start Time	SE ACTIVITY BELOW ** End Time
Saturd	ay October	19, 2024	8:00 am	12:00 noon
reasonable limits. on behalf of the Ci are not immediate	quired to have an individual The applicant / organization ity of Long Lake, are emporally resolved by the permit had mination of the noise origin  Applicant OK per J	on acknowledges the wered to revoke this older or a represent ally authorized by the M	at the Wayzata Police Deps Noise Variance Permit at ative of the permit holder his permit.  Date	and assure operation within partment and its officers, acting tany time for any concerns that This revocation shall cause
		**** FOR CITY US	ONLY ****	
Noise Variance Per	mit Approved By		(CI	TY CLERK OR AUTHORIZED DESIGNEE)
Date of City Counc	il Approval	<u> </u>	_	
Conditions of Pe	rmit Approval			
		,		<u> </u>



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/03/2024

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).

CONTACT NAME: Nick Rumancik Kaplan Insurance Agency, Inc. PHONE (A/C. No. Ext): E-MAIL ADDRESS: FAX (A/C, No); (763)746-5577 (763)746-5000 3555 Plymouth Blvd. Suite 118 Nick.Rumancik@KaplanInsuranceAgency.com Plymouth, MN 55447 INSURER(S) AFFORDING COVERAGE License #: 40020697 NAIC # **West Bend Mutual** INSURER A: 15350 INSURED. INSURER B: West Bend Mutual Insurance Company 15350 **Gear West Inc** INSURER C : 1786 W Wayzata Blvd Unit B INSURER D MSURER E Long Lake, MN 55356-9463

**COVERAGES** CERTIFICATE NUMBER: 00003990-1351103 **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.

HSR TR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	8	
A	X	CLAIMS-MADE X OCCUR			A095930	11/25/2023	11/25/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	2,000,000 300,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	2,000,000
	ĠEN	"L AGGREGATE LIMIT APPLIES PER:		,				GENERAL AGGREGATE	\$	4,000,00
	X	POLICY PRO- LOC						PRODUCTS - COMPIOP AGG	\$	6,000,00
		OTHER:		i					\$	
В	AUT	OMOBILE LIABILITY			A095930	11/25/2023	11/25/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
1		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
		7.0700 01721						I or doudork)	\$	
A	X	UMBRELLA LIAB X OCCUR			A095930	11/25/2023	11/25/2024	EACH OCCURRENCE	\$	
ř		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$	<u> </u>						\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY					-	PER OTH- STATUTE ER		
į.	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
ĺ	(Man	CER/MEMBER EXCLUDED?	"/ <u>^</u>			•		E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s	
									· · · · · · · · · · · · · · · · · · ·	<del></del>
- 1										
- 1										

Event: Gearwestern half marathon and 5K

CERTIFICATE HOLDER	 CANCELLATIO

City of Long Lake 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

(NJR)