



## Facility Reservation and Use Application & Agreement

Full Name ("User")	DAVE SHAUGHNESSY		
Organization	Rotary		
Address	[REDACTED]		
City/State/ZIP	55356 0		
Event Type	Annual	# Attendees	200
Phone	[REDACTED]	Email	[REDACTED]
Facility to Reserve	Veterans Memorial	Fee	0
Add'l Facilities/Services		Fee(s)	0
Use Date	6/6 / 6/17	Use Time	9AM - 11PM / 9AM - NOW
Event to Include? <i>(add'l rules may apply)</i>	<input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Gambling (Bingo/Raffle) <input checked="" type="checkbox"/> Live Music <input type="checkbox"/> None of the Above		

Office Use Only		
Resident/Local Org? <input type="radio"/> Yes <input type="radio"/> No	Total Fee(s)	Receipt #
Damage Deposit	<input type="radio"/> Not Required <input type="radio"/> \$100	Check #
Cleaning Deposit ( <i>Event &gt; 100</i> )	<input type="radio"/> Not Required <input type="radio"/> \$200	Check #
Requires City Council Approval?	<input type="radio"/> Yes <input type="radio"/> No	

In consideration of the mutual promises and agreements contained herein, the City of Maple Plain ("City"), a Minnesota municipal corporation, hereby grants to User the right to use the City Facility (defined below) under the following terms and conditions:

User shall utilize the Public Facility in a manner consistent with the attached **City of Maple Plain Facility Reservation & Use Policy** and said policies are a material part of this City of Maple Plain Facility Reservation & Use Application & Agreement ("Agreement") and are made a part of and incorporated herein.

User may utilize the Public Facility as detailed in this Agreement on the Use Date and at the Use Time with the above limitations.

**RELEASE AND INDEMNITY.** User agrees that it shall release, defend, indemnify and hold harmless the City, its elected and appointed officials, employees, consultants and agents ("Indemnitees") from and against any claim, demand, lawsuit, judgment, fine, loss, damage, expense, attorney's and other professional fees, which relate to, arise out of or occur during User's use of the Public Facility, whether relating to activities of conditions on the premises or off the premises of the Public Facility, and whether or not any of the Indemnitees are determined or alleged to be negligent. The User agrees that it shall be totally responsible for all loss or damage, or claims made by any person or party which concerns the use or condition of the Facility during the term of this Agreement. Indemnitees shall not be responsible for any loss, damage, or claims.

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To the extent User contracts with any company, organization, caterer, or individual for any part of the activities set forth herein, User shall require that such contractor execute an agreement to release, defend, indemnify, and hold harmless the Indemnified Parties to the same extent as set forth above.

**LEGAL EXPENSES.** In the event a claim is made by City whether or not an actual lawsuit results from the claim, for recovery of any amount due under the provisions of this Agreement or because of the breach of any other covenant, term or condition herein contained on the part of the User to be observed or performed, User shall pay to City all expenses incurred by City relating to the claim including reasonable attorney's fees.

**AUTHORITY TO EXECUTE AGREEMENT AND RESPONSIBILITY OF OTHERS.** The User agrees that if this Agreement is executed on behalf of an organization, that the organization has expressly authorized the undersigned to enter into this Agreement on behalf of the organization and that the undersigned signature shall bind the organization. City may request such further evidence of authority to enter into this Agreement from the User, as City may deem appropriate. To the extent that more than one organization or more than one person has signed this Agreement as User, each of them understand that each is jointly and severally liable for all obligations of User under this Agreement. In addition, User represents that it shall, prior to commencement of the term of this Lease, ensure that all persons involved in supervising and conducting the activities on and in the Public Facility are familiar with all terms and conditions of this Agreement.

**GENERAL PROVISIONS**

- **"As Is".** The Public Facility is provided by the City in an as-is, where-as condition, without any liability or obligation on the part of City to make any alterations, improvements, repairs, or cleaning of any kind on or about the Public Facility prior to, during, or after the Use Date.
- **Entire Agreement.** This Agreement supersedes any prior or contemporaneous representations or agreements, whether written or oral between the parties and contains the entire agreement between the parties.
- **Amendments.** Any modification or amendment to this Agreement shall require a written agreement signed by both parties.
- **Governing Law.** This Agreement shall be governed by and interpreted in accordance with the laws of the State of Minnesota.
- **Waiver.** The waiver by either party of any breach or failure to comply with any provision of this Agreement by the other party shall not be construed as or constitute a continuing waiver of such provision or a waiver of any other breach of or failure to comply with any other provision of this Agreement.
- **Savings Clause.** If a court finds any portion of this Agreement to comply with any provision of this Agreement by the other party shall not be construed as, or constitute a continuing waiver of, such provision or a waiver of any other breach of or failure to comply with any other provision of this agreement.

**SIGNATURES**

I have fully read and understand the City of Maple Plain Facility Reservation & Use Policy dated April 26, 2021, and this Agreement in its entirety and agree to respect and obey all terms and conditions as provided for herein.

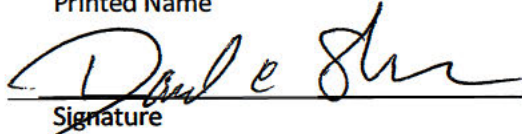
**User:**

**City:**

DAVID C SHAWHNESSY

Printed Name

Jacob Schillander, City Administrator



Signature

Date

3/10/26

Date

Julie Maas-Kusske, Mayor\*

\*Mayor Signature required only for City Council approvals.

Date



City of Maple Plain  
 5050 Independence St.  
 P.O. Box 97  
 Maple Plain, MN 55359  
 Office: (763) 479-0515  
 Fax: (763) 479-0519

# SPECIAL EVENT PERMIT

APPLICATION MUST BE SUBMITTED AT LEAST 14 DAYS PRIOR TO EVENT

## APPLICANT INFORMATION

Applicant Name <u>Rotary Club of Orland MN</u>		Phone Number ( [REDACTED] )	
Address <u>Box [REDACTED]</u>		Email [REDACTED]	
City, State, Zip <u>[REDACTED]</u>		[REDACTED]	
Business Name		Business Contact	
Address		Phone Number	
City, State, Zip		Email	

## EVENT INFORMATION

Describe the event. Annual Party in the Park Will event go past 10 p.m.?  Yes  No 11 PM

# of Participants Expected: 200 Entry Fees:  Yes  No If yes, how much? \$ / person

Event #1 Date <u>6/6/26</u>	Event #1: Days of the week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input checked="" type="checkbox"/> Sa <input checked="" type="checkbox"/> Su Start Times: <u>9 AM</u> End Times: <u>11 PM / NOON</u>
Event #2 Date <u>6/7/26</u>	Event #2: Days of the week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su Start Times: End Times:
Event #3 Date _____	Event #3: Days of the week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su Start Times: End Times:

Event Type

Parade  Festival  Run/Walk  Block Party  Private Party (50+ Attendees)

Sport Event  Other, Explain:

Event Includes

Alcohol  Food Service  Bingo/Raffles  Live Music  Amp'd Sound  Animals

Pedestrians  Bicycles  Floats  Vehicles, # Expected:

Games, Amusement Devices or Carnival Equipment, Explain:

Event Parking

Will event parking exceed on-site parking facilities available?  Yes  No

Will off-site parking be used?  Yes  No Permission obtained from property owner?  Yes  No

Closure of City streets required?  Yes  No Traffic control provided by:  Not applicable

Delineation equipment provided by:  Not applicable

Barricades  Signs  Traffic Cones  No Parking Signs  Other:

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**EVENT CONTACT INFORMATION**

Chairperson, Event Manager or Director (Person responsible for permit)

Name	DAVE SHAUBHNESSY	Daytime Phone	
Address	[REDACTED]	Cell Phone	SAME
City, State, Zip	[REDACTED]	Email	

Organization Information

Name	Rotary	Daytime Phone	
Address		Fax	
City, State, Zip		Email	

**LIABILITY INFORMATION**

If food is served, does business or organization have a license through Hennepin County?  Yes.  No.  
(Itemant food license available at <http://www.hennepin.us/itinerant>.)

Date license was issued: Trucks will provide

If alcohol is served, does business or organization have a liquor license?  Yes.  No.

Date license was issued:

If organization or business does not have a liquor license, has one been applied for?  Yes.  No.

Date of application to City:

Date of background check:

Date of City Council approval:

Date of issuance:

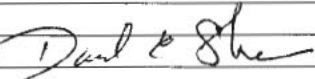
Liability insurance of \$1,000,000 is required for all events naming City as additional insured.  
(Must be submitted with application.)

Date of insurance submitted to City: 3/10/26

Name of insurance carrier:

**Site Map Required**

A detailed site map of the event area **must** be attached to the application. The site map should show locations of food and beverage vendors, where activities will take place, location of restroom facilities, and location of any temporary infrastructures, such as tents or stages.

Applicant Signature		Date of Application	3/10/26
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**OFFICE USE ONLY**

<b>Background Check</b> <input type="checkbox"/> Referred to Director of Public Safety Recommendation: <input type="checkbox"/> Approve. <input type="checkbox"/> Deny. Date: Signature: _____  <input type="checkbox"/> Liquor License Background Check <input type="checkbox"/> N/A Recommendation: <input type="checkbox"/> Approve. <input type="checkbox"/> Deny. Date: Signature: _____	<b>Approval &amp; Permit Fees</b> <input type="checkbox"/> Approved. <input type="checkbox"/> Denied. Date: Signature: _____  <input type="checkbox"/> License (Per Event) <b>\$50</b> <input type="checkbox"/> Amount Paid: _____ <input type="checkbox"/> Received By: _____
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Conditions of Approval?  Yes.  No.

Describe:



City of Maple Plain  
5050 Independence St  
P.O. Box 97  
Maple Plain, MN 55359  
Office: (763) 479-0515  
Fax: (763) 479-0519

# LIQUOR LICENSE APPLICATION

## APPLICATION INFORMATION

<input checked="" type="checkbox"/> New Application	<input type="checkbox"/> Application Renewal	Date of Application 3/10/26
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## TYPE OF APPLICATION(S)

<input type="checkbox"/> On Sale	<input type="checkbox"/> Off Sale	<input type="checkbox"/> Sunday On Sale	<input checked="" type="checkbox"/> Wine & Beer On Sale	<input type="checkbox"/> 3.2 Beer Off Sale
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## APPLICANT INFORMATION

Applicant Name (First, Middle, Last) DAVE SHAUGHNESSY	
Address [REDACTED]	Work Phone [REDACTED]
City, State, Zip [REDACTED]	Home Phone
Date of Birth 3/13/63	Cell Phone
List all aliases:	

## REFERENCES

[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

## BUSINESS INFORMATION

Years in Business	Address of Premise
Consumption of Liquor <input type="checkbox"/> Inside Only <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Inside & Patio <input type="checkbox"/> Not Applicable	
Worker's Compensation Insurer N/A	Policy Number

\* Must provide copy of insurance policy & coverages.

Owner Name (First, Middle, Last)	Date of Birth	
Work Phone	Home Phone	Cell Phone
Owner Name (First, Middle, Last)	Date of Birth	
Work Phone	Home Phone	Cell Phone

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Applicant must provide the following with this application: fill out and attach the form prescribed by the Commissioner of Public Safety, proof of financial responsibility, and copy of liability insurance.

Applicants shall allow, per Maple Plain City Code, any peace officer, health officer, city employee or any other person designated by the City Council to conduct compliance checks and to otherwise enter, inspect, and search the premise of licensee during and after business hours during the time when customers remain on the premises without warrant.

I hereby verify that all of the above information is true and correct. I attest that all of the statements made by me on this liquor license application form and documents submitted are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made with the intent to commit fraud, any fraudulent conduct, or any attempted deception by me or by others with my connivance, in any application, paper or document submitted, shall bar me from being issued a liquor license by the City of Maple Plain.

Pursuant to city of Maple Plain license requirements, per the MN State Statute 299C.72, West Hennepin Public Safety is authorized to conduct a criminal history check.

I hereby authorize West Hennepin Public Safety to conduct a criminal history check/background/record check and verify the information provided on this liquor license application.

Applicant Signature 

Date 3/10/26

**OFFICE USE ONLY**

Application Received		Submitted to WHPS		Received by WHPS	
Investigating Officer			Investigation Complete		
WHPS Recommendation		Signature			
<input type="checkbox"/> Approve <input type="checkbox"/> Deny					
Council Approval			Outstanding Utilities/Taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No \$		
<input type="checkbox"/> Approve <input type="checkbox"/> Deny					
<input type="checkbox"/> New Application Fee – \$500		<input type="checkbox"/> Application Renewal – \$75		<input type="checkbox"/> Background Check \$	
<input type="checkbox"/> Liquor On-Sale \$5,250	<input type="checkbox"/> Off Sale \$240	<input type="checkbox"/> Sunday On Sale \$200	<input type="checkbox"/> Wine/Beer On-Sale \$250		
<input type="checkbox"/> 3.2 Beer Off-Sale \$50	<input type="checkbox"/> Block Party \$500	<input type="checkbox"/> Temporary 3.2 \$25	Amount Due \$		

Updated April 24, 2025

