

2/26: JK + review + comment



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		Phone Number	
Address	1459 Prairieland Ave		
City, State, Zip	Maple Plain, MN 55359	Email	
Business Name		Business Contact	
Address		Phone Number	
City, State, Zip		Email	

EVENT INFORMATION

Describe the event. Wedding ceremony, dinner & dance	Will event go past 10 p.m.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
# of Participants Expected: 70 ppl. approx.	Entry Fees: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how much? \$ / person
List dates of event(s): 0 / 0 / to 0 / 0 / 9/5/25 large event set up ONLY on property 0 / 0 / to 0 / 0 / 9/6/25 Wedding Event day 2pm-10pm Guests will be here on this day only 0 / 0 / to 0 / 0 / 9/7/25 Equipment removed from property	Event #1: Days of the week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input checked="" type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su Start Times: End Times: 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 checked="" type="checkbox"/> Sa <input type="checkbox"/> Su Start Times: 4pm End Times: 0 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 checked="" type="checkbox"/> Su Start Times: End Times:

Event Type
<input type="checkbox"/> Parade <input type="checkbox"/> Festival <input type="checkbox"/> Run/Walk <input type="checkbox"/> Block Party <input checked="" type="checkbox"/> Private Party (50+ Attendees)
<input type="checkbox"/> Sport Event <input type="checkbox"/> Other, Explain:

Event Includes
<input checked="" type="checkbox"/> Alcohol <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Bingo/Raffles <input type="checkbox"/> Live Music <input checked="" type="checkbox"/> Amp'd Sound <input type="checkbox"/> Animals
<input type="checkbox"/> Pedestrians <input type="checkbox"/> Bicycles <input type="checkbox"/> Floats <input checked="" type="checkbox"/> Vehicles, # Expected: 30 street parking
<input type="checkbox"/> Games, Amusement Devices or Carnival Equipment, Explain: We will be renting a restroom trailer and that will be in the driveway for guests

Event Parking
Will event parking exceed on-site parking facilities available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Will off-site parking be used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Permission obtained from property owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Closure of City streets required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Traffic control provided by: <input type="checkbox"/> Not applicable
Delineation equipment provided by: <input type="checkbox"/> Not applicable
<input type="checkbox"/> Barricades <input type="checkbox"/> Signs <input type="checkbox"/> Traffic Cones <input type="checkbox"/> No Parking Signs <input type="checkbox"/> Other:

EVENT CONTACT INFORMATION**Chairperson, Event Manager or Director** (Person responsible for permit)

Name	Daytime Phone
Address same as above	Cell Phone
City, State, Zip	Email

Organization Information

Name	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.
(Itnerant food license available at <http://www.hennepin.us/itinerant>.)

Date license was issued: / /

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

Date license was issued: / /

Limited amount of beer & wine will be provided for guests that we will personally supply. This is an adults only event.

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: / /

Name of insurance carrier: To be obtained

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

2/10/25

OFFICE USE ONLY**Background Check**☐ Referred to Director of Public SafetyRecommendation: ☐ Approve. ☐ Deny.

Date: / /

Signature: _____

☐ Liquor License Background Check ☐ N/ARecommendation: ☐ Approve. ☐ Deny.

Date: / /

Signature: _____

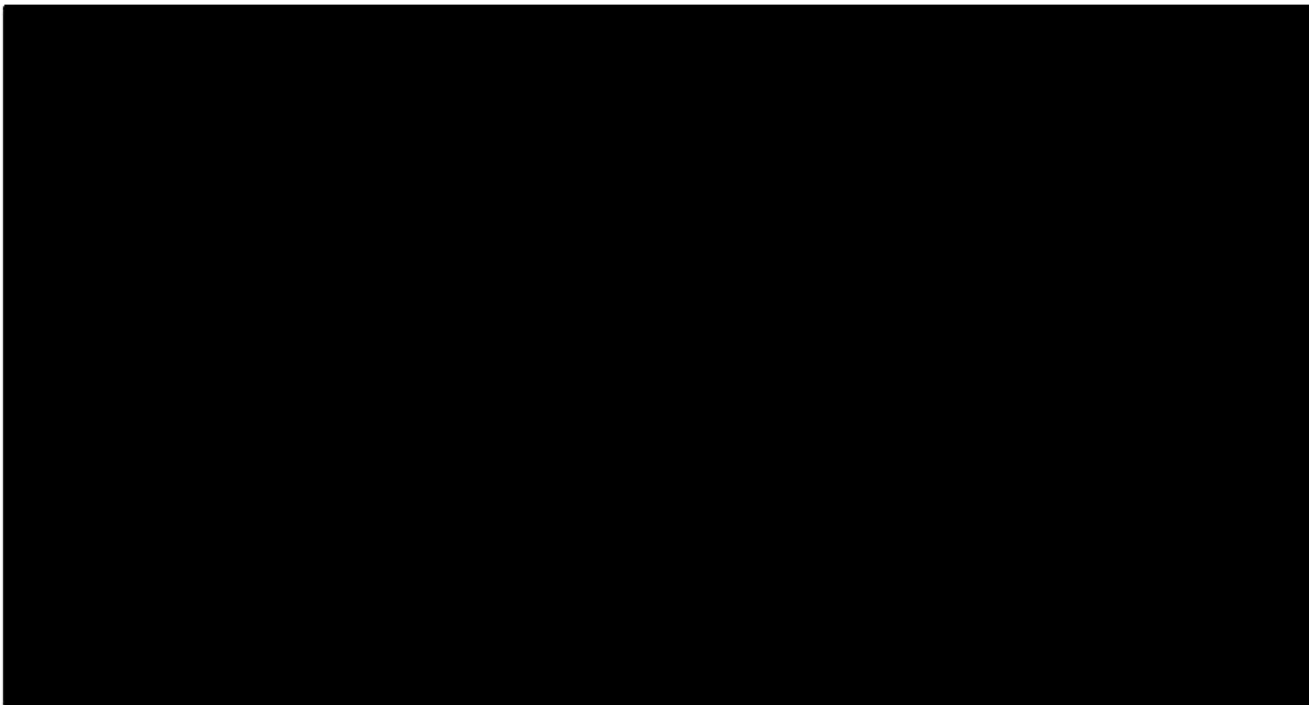
Approval & Permit Fees☐ Approved. ☐ Denied.

Date: / /

Signature: _____

☐ License (Per Event)
\$50☐ Amount Paid: _____☐ Received By: _____**Conditions of Approval?** ☐ Yes. ☐ No.

Describe:



We DO have a fence around the entire perimeter of our backyard. 1459 Prairieland Ave, Maple Plain

