



## Special Event Permit Application/Checklist

*Application and fee must be filed with the City at least 45 days in advance of the date in which the Special Event is to occur. Applications should be sent to City of Spring Lake Park, Attn: Daniel Buchholtz.*

PROPERTY INFORMATION	
Property Address	1100 81st Avenue NE, Spring Lake Park, MN 55432
Property Legal Description	LOT 11 AUD SUB NO 152, EX RD, SUBJ TO EASE OF REC
Property ID Number	01-30-24-32-0001
PROPERTY OWNER INFORMATION	
Owner Name	IND School Distrcit #16 Spring Lake Park Schools
Owner Address	1415 81st Avenue NE, Spring Lake Park, MN 55432
Owner Phone	763.600.5051
Owner E-mail	CPEDER@District16.org
APPLICANT INFORMATION	
Applicant Name	Spring Lake Park School District, MN ISD#16
Applicant Address	1415 81st Avenue NE, Spring Lake Park, MN 55432
Applicant Phone	763.600.5051
Applicant E-mail	CPEDER@District16.org
EVENT INFORMATION	
Name of Event	"Start Your Engines"
Location/Address of Event	1100 81st Avenue NE, Spring Lake Park, MN 55432
Dates & Times of Event	9/10/22 Approximately 8:00am - 3:00pm
REQUIRED SUBMITTALS	
<p><i>This application is not considered complete until the following materials have been submitted. Failure to submit any or all of the required materials may result in a delay or denial of your permit. Please attach separate pages as necessary.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Admission Fee / Rental Fee / Donation Requested \$ <u>N / A</u></li> <li><input type="checkbox"/> Food / Alcohol being served <u>N / A</u></li> <li><input type="checkbox"/> Special City Services Requested (<i>road closure, security, traffic control, etc</i>) <u>N / A</u></li> <li><input type="checkbox"/> Copies of any required State, County or other local government license or permit (<i>liquor, gambling, etc.</i>)</li> <li><input type="checkbox"/> Certificate of Insurance (<i>must name the city as an additional insured, see insurance requirements</i>)</li> <li><input type="checkbox"/> Any Public Health Plans (<i>water supply, solid waste collection, toilet facilities, etc.</i>)</li> <li><input type="checkbox"/> Emergency Plans (<i>fire prevention, emergency medical, severe weather, etc.</i>)</li> <li><input type="checkbox"/> Site Layout</li> <li><input type="checkbox"/> Security Plans</li> <li><input type="checkbox"/> Traffic / Parking Plans</li> <li><input type="checkbox"/> Sound / Noise Plan</li> </ul>	

**INSURANCE CARRIER FOR EVENT**

A certificate of insurance naming the City of Spring Lake Park 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 \_\_\_\_\_ Policy # \_\_\_\_\_

**PROPERTY OWNER'S STATEMENT**

I am the fee title owner of the described property and I agree to this application. I certify that I am in compliance with all ordinance requirements and conditions regarding other City approval that had been previously granted.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICANT'S STATEMENT**

The application shall be processed in my name and I am the party whom the City should contact regarding the application. I have completed all of the applicable filing requirements and I hereby acknowledge that I have read and fully understand the applicable provisions of the City Ordinances and current policies related to this application and that the documents and information I have submitted are true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CITY APPROVAL**

Conditions for Approval: \_\_\_\_\_  
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**DEPARTMENTAL ROUTING**

\_\_\_\_\_  
City Administrator

\_\_\_\_\_  
Police

\_\_\_\_\_  
Public Works

\_\_\_\_\_  
Code Enforcement

\_\_\_\_\_  
Fire Department (if required)

**COUNCIL ACTION**

Approved     Denied    Date: \_\_\_\_\_

DISAPPROVAL BY: \_\_\_\_\_  
DATE: \_\_\_\_\_  
DEPT: \_\_\_\_\_  
PHONE: \_\_\_\_\_

**Application fee (non-refundable): \$50.00**      Paid: \_\_\_\_\_      Receipt #: \_\_\_\_\_  
*\* Additional Administrative, Public Works and Police costs may apply.*