



## 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 81 <sup>st</sup> AVE NE, SPRING LAKE PARK
Property Legal Description	
Property ID Number	
PROPERTY OWNER INFORMATION	
Owner Name	SPRING LAKE PARK HIGH SCHOOL
Owner Address	1100 81 <sup>st</sup> AVE, NE, SPRING LAKE PK
Owner Phone	
Owner E-mail	
APPLICANT INFORMATION	
Applicant Name	CHRIS JOHNSON, WISHES & MORE
Applicant Address	961 HILLWIND RD NE, FREDLEY
Applicant Phone	763-502-1500
Applicant E-mail	CHRISTJ@WISHESANDMORE.ORG
EVENT INFORMATION	
Name of Event	WISHMANIA
Location/Address of Event	SPRING LAKE PARK HIGH SCHOOL
Dates & Times of Event	11/4/2023
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>10-25</u></li> <li><input type="checkbox"/> Food / Alcohol being served <u>SEALED/PRE-PACKAGED FOODS, NO ALCOHOL</u></li> <li><input type="checkbox"/> Special City Services Requested (road closure, security, traffic control, etc) <u>No</u></li> <li><input type="checkbox"/> Copies of any required State, County or other local government license or permit (liquor, gambling, etc.)</li> <li><input type="checkbox"/> Certificate of Insurance (must name the city as an additional insured, see insurance requirements)</li> <li><input type="checkbox"/> Any Public Health Plans (water supply, solid waste collection, toilet facilities, etc.)</li> <li><input type="checkbox"/> Emergency Plans (fire prevention, emergency medical, severe weather, etc.)</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 NORTH CENTRAL INSURANCE AGENCY Policy # NN1284546

**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: [Handwritten Signature]

Date: 7/17/2023

**CITY APPROVAL**

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

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

[Handwritten Signature]  
\_\_\_\_\_  
Police

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

[Handwritten Signature]  
\_\_\_\_\_  
Code Enforcement

[Handwritten Signature]  
\_\_\_\_\_  
Fire Department (if required)

**COUNCIL ACTION**

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

DISAPPROVAL BY: \_\_\_\_\_

DATE: \_\_\_\_\_

DEPT: \_\_\_\_\_

PHONE: \_\_\_\_\_

**Application fee (non-refundable): \$50.00**

Paid: 50

Receipt #: 152826

\* Additional Administrative, Public Works and Police costs may apply.

- 1. Type and description of the special event and a list of all activities to take place at the event;**  
Professional wrestling show fundraiser. Activities to take place include professional wrestling matches, meet-and-greets with the wrestlers, concessions sales and raffles.
- 2. Name of the sponsoring entity, the names of at least two contact persons and their addresses and phone numbers;**  
Wishes & More is the sponsoring entity; wrestling is provided by the American Wrestling Federation

Chris Johnson (main contact), Wishes & More, 961 Hillwind Rd NE, Fridley, MN 55432  
Daytime phone number: 763-502-1500 (office)  
Phone number day of event: 763-447-8651 (cell)

Tony DeNucci, American Wrestling Federation, 612-669-9730
- 3. Proposed date(s) of the special event, together with the beginning and ending times for each date;**  
Saturday, November 4, 2023  
Doors open at 6:00 PM, ends at 9:00 PM (venue is rented from 4:00 PM to 10:00 PM)
- 4. Proposed location of the special event, including a diagram of the proposed area to be used showing the location of any barricades, perimeter/security fencing, tents, canopies, entertainment stages, portable toilets, parking areas, trash containers, and any other items related to the event;**  
Spring Lake Park High School gymnasium

Indoor event – no barricades, fencing (other than what is already erected around the school), tents, canopies or portable toilets. SLP HS parking lot and trash containers will be used for their respective purposes.
- 5. Estimated number of special event staff, participants and spectators;**  
Special event staff – 15-20 volunteers, 1 Spring Lake Park Police Officer  
Participants: 10-12 wrestlers  
Spectators: 300-1,000
- 6. Any public health plans, including supplying water to the site, solid waste collection and the number of toilet facilities that will be available;**  
Indoor event – water and waste collection as normally supplied and collected, respectively, via Spring Lake Park High School. At least two bathrooms available
- 7. Any plans for first aid facilities and the name of the person or entity providing these services;**  
Building Supervisors provided by Spring Lake Park High School/District 16 are trained in basic first aid. Additionally, Spring Lake Park High School Opportunities in Emergency Care students

will be on-site. Bill Neiss, OEC Program Director, will be providing OEC services.

8. **Any fire prevention and emergency medical service plans;**  
Fire alarms already installed by Spring Lake Park High School. Emergency medical service will be provided by SLP HS OEC students.
9. **Security plans;**  
SLP School Resource Officer Aaron Imig will be on site. Additionally, private security provided by American Wrestling Federation.
10. **Parking plans;**  
Spring Lake Park High School parking lot.
11. **Cleanup plans;**  
SLP HS janitor on site, plus volunteers.
12. **The admission fee, donation or other consideration to be charged or requested for admission to the special event;**  
Admission fees range from \$10 to \$25.
13. **Whether any sound amplification or public address system will be used or if there will be any playing of any music or musical instruments;**  
Indoor speakers will be used.
14. **Proof of written notification to all property owners within 500 feet of the special event, informing them of the event. Such notice shall contain the date, time and location of the special event and be distributed no later than 15 days before the event; and**  
Indoor event.
15. **Any other information as requested by the city, that it deems reasonably necessary in order to determine the nature of the special event.**

Please contact Chris Johnson with any questions or concerns. Email [chrisj@wishesandmore.org](mailto:chrisj@wishesandmore.org); office 763-502-1500; cell 763-447-8651.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/17/2023

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).

<b>PRODUCER</b> North Central Insurance Agency 16854 HWY 10 NW  Elk River MN 55330	<b>CONTACT NAME:</b> Benjamin Bauman <b>PHONE (A/C, No, Ext):</b> (763) 241-7900 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> ben@northcentralinsurance.com
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Nautilus Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED</b> AMERICAN WRESTLING FEDERATION 19360 DODGE ST NW  ELK RIVER MN 55330-2899	<b>NAIC #</b> 17370

**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 SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			NN1284546	06/25/2023	06/25/2024	EACH OCCURRENCE	\$ 1,000,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000.00
							MED EXP (Any one person)	\$ 5,000.00
							PERSONAL & ADV INJURY	\$ 1,000,000.00
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000.00
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG	Included
OTHER:								\$
<b>AUTOMOBILE LIABILITY</b>							COMBINED SINGLE LIMIT (Ea accident)	\$
<input type="checkbox"/> ANY AUTO							BODILY INJURY (Per person)	\$
<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$
<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$
<input type="checkbox"/> AUTOS ONLY								\$
<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR							EACH OCCURRENCE	\$
<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE							AGGREGATE	\$
DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>								\$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>							PER STATUTE	OTH-ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> 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)

Event to be held on November 4 2023 at the Spring Lake Park High School. Sponsored by Wishes & More 961 Hillwind RD Fridley MN 55432.

**CERTIFICATE HOLDER****CANCELLATION**

City of Spring Lake Park

1300 81st Ave NE

Spring Lake Park MN 55432

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

Benjamin Bauman

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Hi Dan,

Here is the documentation  
for our wrestling event at  
SLPHS on 11/4.

John Angell, Community Education  
Coordinator (763-600-5054)  
approved use of the gym.

Please let me know if there is  
anything else you need.

Thank you!

*Cheri*

CITY OF SPRING LAKE PARK

Cashier asystAdmin  
At Front Counter

8/10/23 2:22pm 152826

From: Wishes & More  
961 Hillwind Rd NE  
Minneapolis  
MN, 55432  
Special Event Permit

CR Accounts Recei 50.00  
Wishes & More

Receipt total 50.00

CK 10046 50.00

Change Due 0.00

Thank you!