



City of Belle Plaine
 218 North Meridian Street
 P.O. Box 129
 Belle Plaine, MN 56011
 Phone: 952-873-5553 Fax: 952-873-5509

2019

LARGE ASSEMBLY PERMIT APPLICATION

Application Fee		Road Closure	Deposit Fee
Non-Profit	\$10	City Street \$10	Barricades \$ 100
All Others	\$100	County Rd \$125	1-Day Event \$ 500
Receipt #	_____		2-Day Event \$1,500
Lic #	_____		

***APPLICANT MUST SUBMIT COMPLETED APPLICATION A MINIMUM OF 60 DAYS PRIOR TO THE EVENT. FEES MUST BE PAID AT THE TIME OF SUBMITTAL.**

Applicant Information:

Name of Applicant (person in charge of the event): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Primary Phone:(____) _____ E-Mail Address _____

Business Name /Name of Organization Responsible for Payment of Bills:

Corporation Partnership Society. Group or Association Other

Business/Organization Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip Code: _____

If a Partnership or Corporation, Provide the Names and Addresses of the Officers:

Contact Person or Officer): _____ Phone:(____) _____

Contact Person or Officer): _____ Phone:(____) _____

Contact Person or Officer): _____ Phone:(____) _____

Event Information:

Event Name: _____

Address (Event Location): _____

I am also applying for permission for road closure and agree to notify all affected business owners.

I request this event information be promoted on the City's website.

Date and Times of Event

1st Day _____ Time ____ am/pm to _____ am/pm

2nd Day _____ Time ____ am/pm to _____ am/pm

3rd Day _____ Time ____ am/pm to _____ am/pm

OUTDOOR MUSIC: Will there be outdoor music? Yes No

If yes, Outdoor Music: Start Time: _____ am/pm End Time: _____ am/pm

(More details required under Question #9.)

The estimated number of people expected to attend event _____.

APPLICANT IS REQUIRED TO ANSWER ALL QUESTIONS

1. List all activities and entertainment planned for this event:

2. Submit layout with this application of activities, parking, music and sanitation.

3. Certificate of liability insurance coverage provided by the contractor/vendor/supplier of certain activities is required, with the City of Belle Plaine named as "Additional Insured" with respect to general liability for the event. (Example: circus, carnivals, entertainment, races, contests, etc.). List names of all contractors and vendors.

4. General liability insurance coverage required for the event. List your agent and contact information:

5. Explain the location and placement of fencing and/or barricades.

6. Explain plans for providing restrooms or portable sanitation. Include site location and quantity.

7. Explain plans for refuse collection and disposal of waste material: (Number of dumpsters/waste receptacles and location.

8. Public Safety—Police Officers. Arrangements for Police Officers at the event must be made prior to the event by contacting the Police Chief at 952-873-4307. List agreed upon number of officers and hours of service.

9. Describe the type of outdoor music, location, hours of music etc.

10. Sale of food products. Vendor(s) must obtain a Peddlers Permit and food license from MN Department of Health, 652-201-4505. Explain/list food and/or vending product sales/booths. (*Applicant must inform concessionaires who will be allowed to operate on the grounds to obtain a Peddler's Permit from the City of Belle Plaine at least 10 days prior to the event.*)

11. Contact Information. List cell phone numbers of the event organizers in case of an emergency, and whether they will be on-site during the event.

12. Animals - Will there be animals associated with your event? Yes No.

If Yes, give details, such as type and number of animals, time frame, plan for waste disposal.

13. Explain plans for supplying potable water, including the source, amount available, and location of outlets.

14. Explain plans to provide for medical facilities, including the location and the construction of a medical structure, the names and addresses and hours of availability of physicians and nurses, and provisions for emergency ambulance services.

15. Explain plans for fire protection.

16. Explain plans or camping facilities, if any, including facilities available and their location: (Workers on site, etc)

17. Explain parking for vehicles, including size and location of lots, points of highway access and interior roads including routes between highway access and parking lots. A layout may be required.

18. Explain plans for area traffic control for egress from and exit onto public roads and highways.

19. Explain plans to illuminate the location of the assembly, including the source and amount of power and location of the lights.

20. If your organization has obtained a Large Assembly Permit last year, will there be any changes for your event this year ? No Changes Yes. Please describe the changes and new activities.

21. Will there be any additional special requests or activities for this event that have not been addressed in this permit application? No changes. Yes. Please provide details.

22. NOTIFICATION REQUIREMENTS: Applicant is required to notify the following of the event prior to submitting application.

Contact the local Belle Plaine Ambulance Service, Ridgeview Medical, 952-873-4506.

Contact the Belle Plaine Fire Chief at 952-873-6820.

All vendors at the event must obtain an approved peddlers permit from the City at least seven(7) days before the event.

Food sales require a food license from the MN Department of Health, 651-201-4505.

If the event is held in the downtown area, notify the liquor establishments of the requirement to prohibit the use of glass bottles or beverage containers.

By checking this box, applicant agrees to comply with the required notifications.

MANDATORY REQUIREMENTS

- Certificate of liability insurance for general liability required.
- Certificate of liability insurance by the contractor/vendor required for activities with the City of Belle Plaine listed as the "Additional Insured".
- All food vendors must obtain a food license from the MN Department of Health, 651-201-4505 along with a Peddler's Permit from the City of Belle Plaine.
- Applicant must pay the City for Police Officers as determined by the City and/or Police Chief.
- Applicant must provide portable restrooms. Minimum quantity_____.
- Applicant must provide refuse hauling services for the event.
- Applicant must install barricades and remove them no later than _____ am/pm.
- Applicant is responsible for picking up litter from the streets, parks, and sidewalks immediately after the event.
- If the event is held in the downtown area, applicant must notify all liquor establishments to prohibit the use of glass containers during the event. (Only plastic or aluminum containers allowed.)
- If applicant seeks city or county road closure in conjunction with the event, applicant must obtain a Road Closure Permit from the City and pay applicable fees.
- The hours of outdoor music are limited from to _____ am/pm to _____ am/pm.
For events located in the downtown business district, outdoor music must cease no later than 12:00 a.m. (midnight).
- Background check informed consent sheet completed.

ADDITIONAL REQUIREMENTS:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



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I, _____ being duly sworn upon oath, hereby make application for a license to permit a large assembly in the City of Belle Plaine, Minnesota.

Applicant knows the contents of this application and supporting affidavits and that the statements herein are true of his/her knowledge, save as to much as are herein stated information and belief, and as to those, he/she believes them to be true.

APPLICANT:

Signature Date Date of Birth

OWNER OF RECORD of the described property, on which the event is held, if different than applicant, must grant permission to hold an assembly of 250 or more persons by signing this form.

Property Owner: (If different from applicant).

Signature Date Date of Birth

FOR OFFICE USE ONLY

APPROVAL OF LARGE ASSEMBLY PERMIT

Approved by the Belle Plaine City Council on this _____ day of _____, 20_____

City Administrator

Reviewed by Public Works Superintendent

Reviewed by Police Chief

Copy mailed to applicant on _____.

CITY OF BELLE PLAINE
RELEASE OF INFORMATION

I, _____,
(name: first, middle, last) (also list any other names you may have had)
of _____,
(number street city county state zip)

I hereby authorize the Police Department of the City of Belle Plaine to disclose Minnesota Criminal History Record Information/a background check to the City Administrator/Deputy City Clerk or designee to inspect and gather information retained by local, county, state, and federal agencies (as necessary) to determine whether:

- ___ any convictions of a crime or moving traffic violation, for which a jail sentence of more than 90 days could have been imposed, directly relate to the: ___ position of employment as _____ sought by me.
Job Title of Position
- ___ Requirement for applicant applying for a rental unit in Belle Plaine.
- __X__ Requirement for applicant applying for a City-issued license.

___ Applicant has had any convictions within the past five years for any violations of Laws of the State of Minnesota, or Municipal Ordinances relating to the sale of non-intoxicating malt liquor or intoxicating liquors.

___ Applicant /organization has had any violations /convictions within the past five years of Laws of the State of Minnesota, or Municipal Ordinances relating to Minnesota Lawful Gambling.

I realize I am not legally required to sign this form, but if I do not, the City of Belle Plaine will not be able to determine whether my conviction record, if any, is a job related consideration. In the event the City of Belle Plaine determines my conviction record is a job consideration, I will be notified in writing and will be given any rights to processing of complaints or grievances afforded by Minnesota Statute Chapter 364. I understand that information prepared by the City of Belle Plaine may be released only pursuant to the statutory provisions of Minnesota Statute Chapter 13.

I also authorize references and current and/or former employers, if so noted on application , to release data, including performance evaluations and complaints against me, to the City of Belle Plaine; and authorize contacted persons to respond to questions.

I release those persons, employers, and organizations from any liability for damage. I release those persons, employers, and organizations from any liability for damage in providing this information to the City of Belle Plaine.

(signature)

(date)

(drivers license number)

(birth date: month /day/ year)

(This Informed Consent meets the criteria set out in Minnesota Statutes 13.05, Subdivision 4, Paragraph D)

APPLICATION FOR SPECIAL EVENT
ROAD CLOSURE
BELLE PLAINE, MINNESOTA

FEES	
City Street	\$10.00
County Road	\$125.00
(Non-Refundable)	
Barricade & Clean Up Deposit -	\$100.00

Date of Event _____

Name of Organization _____

Contact Person _____ Email _____

Address _____ Phone _____

Reason for Road Closure _____

Describe the Location of Street(s) to be Closed _____

Road Closure: Start Time _____ A.M. P.M. End Time _____ A.M. P.M.
(circle one) (circle one)

If outdoor music, please describe _____

Outdoor music: Start Time _____ A.M. P.M. End Time _____ A.M. P.M.
(circle one) (circle one)

Signature of Applicant _____ Date _____

Approved with these contingencies:

- If County road closure:
- City & Applicant to submit application for Scott County Obstruction Permit.
- Applicant to provide Certificate of liability listing the City of Belle Plaine as additional insurance in a minimum amount of \$1,000,000.
- Applicant to provide detailed route information.
- Applicant to provide and install detour signs, and remove after event.
- Applicant to install barricades, and remove after event.
- All food vendors must obtain Vendor's Permit from the City of Belle Plaine.
- Applicant must pay the City for Police Officers as determined by the City and/or Police Chief.
- Applicant must provide portable restrooms. Minimum quantity _____.
- Applicant must install barricades and remove barricades.
- Applicant must coordinate detour route and signage with City staff.
- Applicant is responsible for picking up litter from the streets and sidewalks immediately after the event.
- If the event is held in the downtown area, applicant must notify all liquor establishments to prohibit the use of glass containers during the event. (Only plastic or aluminum containers will be allowed.)

Certificate of liability insurance required for (activity) _____

Other: _____

Approved by Police Chief _____ Date _____

Approved by Public Works Supt. _____ Date _____

Approved by City Administrator _____ Date _____

Denied: Request for Road Closure Denied by Police Chief and/or City Administrator

Office Use: Amount Paid \$ _____ Date _____ Receipt No. _____ Deposit Amount \$ _____

ATTACHMENT A
SPECIAL EVENT ROAD CLOSURE POLICY

1. Applicant shall complete the Special Event Road Closure application.
2. The Chief of Police, Public Works Superintendent and City Administrator shall review the application on a case-by-case basis and determine if it is acceptable to close the road. All decisions may be appealed to the City Council.
3. If Road Closure Permit is approved, the applicant shall arrange for barricades with the Public Works Superintendent by calling 952-873-6742. Applicant shall contact the Public Works Superintendent at least two working days prior to the event to make arrangements to pick up barricades with Public Works Superintendent. Barricades shall be returned in good condition to the Public Works Department the next working day following the event.
4. Fees: The applicant shall submit application fees (non-refundable) as follows:
\$10.00 Application Fee for City streets.
\$125.00 Application Fee for State/County Roads. The applicant shall also be responsible for fees charged by other entities, including State and County, for road closure.

\$100.00 -Barricade Damage Deposit and Roadway Clean Up Deposit (refundable). There shall be a \$100.00 damage deposit for the barricades and roadway clean-up deposit. The \$100.00 will be refunded to the applicant upon the return of the barricades to the Public Works Department in good condition and satisfactory clean up of the roadway following the event.

Additional Information for State/County Road Closure.

1. The Chief of Police, Public Works Superintendent and City Administrator shall review the petition on a case-by-case basis and determine if it is acceptable to close the road.
2. Applicant will assist City of Belle Plaine in application for road closure permit to the appropriate County or State entity.
3. Applicant must provide certificate of liability insurance listing the City of Belle Plaine as additional insured in a minimum amount of \$1,000,000.00.
4. Applicant must arrange for barricades, detour signage and route with the Public Works Superintendent. Barricades and signage shall be removed in a timely manner after the event and returned in good condition.