



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

2020

## LARGE ASSEMBLY PERMIT APPLICATION

Application Fee		Sign Advertisement		Road Closure		Deposit Fee	
Non-Profit	\$10	Slide One	Free	City Street	\$10	Barricades	\$ 100
All Others	\$100	Optional Slide Two	\$50	County Rd	\$125	1-Day Event	\$ 500
Receipt # _____		Optional Slide Three	\$50			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**

1<sup>st</sup> Day \_\_\_\_\_ Time \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

2<sup>nd</sup> Day \_\_\_\_\_ Time \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

3<sup>rd</sup> 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:

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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.

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

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

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

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

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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.

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

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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.*)

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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.

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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.

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

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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.

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15. Explain plans for fire protection.

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

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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.

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

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

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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.

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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.

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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 \_\_\_\_\_.







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.



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## ENTRANCE SIGN ADVERTISEMENT APPLICATION

**NOTE: ONE** Entrance sign advertisement slide is included with an approved Large Assembly Application. Up to **two** additional slides may be purchased for an additional cost of \$35.00 Administrative Fee per slide and a \$15.00 Set up Fee per slide. **Application must be received at the time of Large Assembly Permit submittal.**

**Slide One – Included with Large Assembly**

Event Name: \_\_\_\_\_

Event Dates/Times: \_\_\_\_\_

Event Location: \_\_\_\_\_

**Additional slides purchased are eligible for Three (3) lines and no picture or Two (2) lines and a picture\*.**

**Slide Two – Additional Cost of \$50.00**

Event Name: \_\_\_\_\_

Line Two: \_\_\_\_\_

Line Three OR Picture: \_\_\_\_\_

**Slide Three – Additional Cost of \$50.00**

Event Name: \_\_\_\_\_

Line Two: \_\_\_\_\_

Line Three OR Picture: \_\_\_\_\_

**By signing, the applicant agrees that all information and pictures are subject to final approval by City staff.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*All pictures must be submitted digitally and be owned by the event or have the photographer release accompanied with the image.

**OFFICE USE ONLY**

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

Fees Collected

Slide Two: \$ \_\_\_\_\_

Application Complete

Photo Release Received

Slide Three: \$ \_\_\_\_\_

City Council Approved \_\_\_\_\_

Total Fee Due: \$ \_\_\_\_\_

Dates of Advertisement from \_\_\_\_\_ to \_\_\_\_\_

Signature of Approval: \_\_\_\_\_

Transaction #: \_\_\_\_\_