

Special Event Permit Application

119 4th Street PO Box 641 Sandstone, MN 55072 (320) 245-5241 Fax (320) 245-5502

APPLICANT AND SPONSERING ORGANIZATION INFORMATION

NAME OF ORGANIZATION: _____

APPLICANT NAME (CONTACT): _____

ADDRESS: _____

DAYTIME PH: (____) _____ CELL (____) _____ EMAIL: _____

Any change in the above information, please notify City Hall immediately.

SPECIAL EVENT INFORMATION

Type of Event:

- CONCERT/SHOW PARADE FAIR/CARNIVAL FESTIVAL RALLY
 PARTY FILMING OF MOVIE/VIDEO/SHOW RACE MOTORCADE
 RUN/WALK STREET DANCE BIKE-A-THON ATHLETIC EVENT
 OTHER (Specify) _____

EVENT TITLE: _____

ACTIVITIES TO TAKE PLACE AT EVENT: _____

EVENT DATE(S): _____ PROPOSED LOCATION: _____

NUMBER OF EVENT STAFF: _____ IS FOOD OR ALCOHOL BEING SERVED? _____

ESTIMATED ATTENDANCE: _____ HOURS OF EVENT: _____ AM/PM TO _____ AM/PM

SET UP TIME: _____ AM/PM TO _____ AM/PM TAKE DOWN: _____ AM/PM TO _____ AM/PM

ADMISSION FEE OR REQUESTED DONATION AMOUNT (If Applicable): \$ _____

Please attach the following:

- Map of the proposed area to be used which shows any barricades, street route plans or perimeter/security fencing
 Any public health plans, including supplying water to the site, solid waste collection and provision of toilet facilities
 Any fire prevention and emergency medical service plans
 Any security plans
 If event is planned within a residential area in which a street is to be closed, attach a list of signatures from all properties whose vehicular access to their properties will be affected consenting to the street closure

Applicant's Signature

Date

City Administrator