

SPECIAL EVENT PERMIT APPLICATION

Permit #: SEP Date Rec'd: Routing Date:	FOR OFFICE USE: City Council Meeting Date: Approved () Denied () Requesting party notified: Yes () No (Date: Email: Mail:

Please PRIN	i legibly when fillir	ng out this application.			
Sponsoring Organization			Name of Appl	icant or Contact Person	
Address (Street, City, State, Zip)		Phone Number			
Fax Number		Email Address			
Type of Even	<u>t:</u>				
Run/Walk Block Party Parade Street Fair		Dance Planned Ceremor Concert	Demonstration ny	Fundraiser Celebration Other Is Alcohol Served? See attached supplemental form	
Date(s) of Event		Anticipated Attend	dance	Event Hours (include set up and take down)	
Name of Ever	nt			Time of Event	
		t: (List any City parks, st the street(s) will be bloo		acilities to be used and/or blocked-off	
NOTE: No pe	ermanent markings	of route allowed on any	streets, sidewall	ks, or trails in the City of Alexandria.	
1) Are po	olice officers or other	r city personnel needed ts, set up and use of equ rol	to provide servi	ces at the event (traffic control,	
b.	officer minimum). Police overtime for	The applicant must also	contact the Pol \$\$57 hr minimu	f any police services (two hour per ice Department directly to coordinate. m 2 hours. This will be billed to the	

- 2) A map or diagram of the event must be provided (routes, direction of travel, locations of restrooms, serving areas (food,alcohol), stages, fencing, barricades.)
- 3) If alcohol is being served must provide copy of current on-sale liquor license and the supplemental form for alcohol.
- **4)** All the appropriate City Departments on the second page will be contacted for their review and comment of this application.

Insurance (Sample Attached) Required:

The City of Alexandria requires certain events to obtain insurance prior to approval. The following events include parades and/or other mobile events utilizing City of Alexandria streets events open to the public with the expectation of a large number of attendees, City-owned properties or facilities, City staff, or any other events deemed necessary by the City of Alexandria.

As a condition of the permit the applicant shall:

additional name	ed insured. Note: Listing tured. It must state in the de	ludes the City of Alexandria as named insured or the City as the Certificate Holder does not mean the City is scription box the City (or if listed as Certificate Holder) is an					
 □ If alcohol is being served, the entity serving the alcohol must provide a Certificate of Liability Insurance with liquor liability and listing the City of Alexandria as an additional insured. □ The Certificate of Liability Insurance must be submitted with this application. 							
	•	of coverage that the City of Alexandria determines to be tances (\$500,000 per claim)					
Print Name:		Signature:					
Date:							
Return this form to:	City of Alexandria 704 Broadway Alexandria, MN 56308						

^{*}If you would like to post your event on the Community Calendar, the website is <u>www.alexmncalendar.com</u>.

ALL REQUESTS ARE REQUIRED TO BE REVIEWED BY THE FOLLOWING DEPARTMENTS PRIOR TO SUBMITTING TO CITY COUNCIL:

Event Location/Use	Contact/Department/Phone Number	Dept. Initial	Review/Approval	
City Streets:	Alexandria Public Works: 320-760-2928 (cell) Comments:		Yes - No - N/A -	
	Alexandria Police Department: 320-763-6631 Comments:		Yes - No - N/A -	
	Alexandria Fire Department: 320-763-6489 Comments:		Yes - No - N/A -	
	Alexandria Light & Power: 320-763-6501 Comments:		Yes □ No □ N/A □	
City Parks:	Park Department: 320-760-2928 (cell) Comments:		Yes - No - N/A -	
RCC Facility:	RCC: 320-763-6678 Comments:		Yes □ No □ N/A □	
<u>Airport:</u>	Alexandria Aviation: 320-762-2111 Comments:		Yes - No - N/A -	
<u>Legal:</u>	City Attorney: 320-763-3141 (Liquor only) Comments:		Yes □ No □ N/A □	
County Roads:	Douglas County Public Works: 320-762-2999 Comments:		Yes No N/A	
State Highway:	MnDOT @ Detroit Lakes: 218-847-1500 Comments:		Yes □ No □ N/A □	