



Date Rec'd: _____
 Routing Date: _____

FOR OFFICE USE:
 City Council Meeting Date: _____
 Approved () Denied ()
 Requesting party notified: Yes () No ()
 Date: _____ Email: _____ Mail: _____

SPECIAL EVENT PERMIT APPLICATION

Please read information on applying for Special Event permit before completing this application. Answer all questions (**please print**). Write N/A (Not Applicable) where appropriate.

Sponsoring Organization	Name of Applicant or Contact Person
Address (Street, City, State, Zip)	Phone Number
Fax Number	Email Address

Type of Event:

- | | | |
|-----------------------------------|---|---|
| <input type="radio"/> Run/Walk | <input type="radio"/> Dance | <input type="radio"/> Fundraiser |
| <input type="radio"/> Block Party | <input type="radio"/> Planned Demonstration | <input type="radio"/> Celebration |
| <input type="radio"/> Parade | <input type="radio"/> Ceremony | <input type="radio"/> Other _____ |
| <input type="radio"/> Street Fair | <input type="radio"/> Concert | <input type="radio"/> Is Alcohol Served? See attached supplemental form |

Date of Event	Anticipated Attendance	Event Hours
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Name or Title of Event: _____

Location and Description of Event: (List any City parks, streets, trails or facilities to be used and/or blocked-off during the event)

NOTE: No permanent markings of route allowed on any streets, sidewalks, or trails in the City of Alexandria.

- 1) Are police officers or other city personnel needed to provide services at the event (traffic control, security, barricading streets, set up and use of equipment, etc.) Yes ___ No ___
 - a. Police Security _____
 - Police Traffic Control _____
 - Barricades _____
 - Cones _____
 - Barricades _____
 - Picnic Tables _____
- b. Please note that the applicant is responsible for the cost of any police services (two hour per officer minimum). The applicant must also contact the Police Department directly to coordinate. Police overtime for security/traffic control is \$57 hr minimum 2 hours. This will be billed to the Sponsoring organization and address listed above.

- 2) A map or diagram of the event must be provided. Looking for 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:

- Procure and maintain insurance, **which includes the City of Alexandria as named insured or additional named insured.** **Note:** Listing the City as the Certificate Holder does not mean the City is an additional insured. It must state in the description box the City (or if listed as Certificate Holder) is an additional insured.
- 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 Insurance must be submitted with this application.
- This insurance will need to provide the level of coverage that the City of Alexandria determines to be necessary and adequate under the circumstances (\$500,000 per claim)

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 For certain events the City may require simple proof of insurance.  
 Is insurance required (as determined by City staff): \_\_\_\_\_ Yes \_\_\_\_\_ No

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 [www.alexmncalendar.com](http://www.alexmncalendar.com).*

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

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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).

|             |                               |                |
|-------------|-------------------------------|----------------|
| PRODUCER    | CONTACT NAME:                 |                |
|             | PHONE (A/C, No, Ext):         | FAX (A/C, No): |
| INSURED     | E-MAIL ADDRESS:               |                |
|             | INSURER(S) AFFORDING COVERAGE |                |
|             | INSURER A :                   |                |
|             | INSURER B :                   |                |
|             | INSURER C :                   |                |
|             | INSURER D :                   |                |
| INSURER E : |                               |                |
| INSURER F : |                               |                |
|             |                               | NAIC #         |

## 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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                       |
|----------|-----------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|----------------------------------------------|
|          | GENERAL LIABILITY                                                                             |           |          |               |                         |                         | EACH OCCURRENCE \$                           |
|          | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                         |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                           |           |          |               |                         |                         | MED EXP (Any one person) \$                  |
|          |                                                                                               |           |          |               |                         |                         | PERSONAL & ADV INJURY \$                     |
|          |                                                                                               |           |          |               |                         |                         | GENERAL AGGREGATE \$                         |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                            |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$                    |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |           |          |               |                         |                         |                                              |
|          | AUTOMOBILE LIABILITY                                                                          |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$       |
|          | <input type="checkbox"/> ANY AUTO                                                             |           |          |               |                         |                         | BODILY INJURY (Per person) \$                |
|          | <input type="checkbox"/> ALL OWNED AUTOS                                                      |           |          |               |                         |                         | BODILY INJURY (Per accident) \$              |
|          | <input type="checkbox"/> HIRED AUTOS                                                          |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$            |
|          |                                                                                               |           |          |               |                         |                         |                                              |
|          | UMBRELLA LIAB                                                                                 |           |          |               |                         |                         | EACH OCCURRENCE \$                           |
|          | <input type="checkbox"/> OCCUR                                                                |           |          |               |                         |                         | AGGREGATE \$                                 |
|          | EXCESS LIAB                                                                                   |           |          |               |                         |                         |                                              |
|          | <input type="checkbox"/> CLAIMS-MADE                                                          |           |          |               |                         |                         |                                              |
|          | DED RETENTION \$                                                                              |           |          |               |                         |                         |                                              |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                 |           |          |               |                         |                         | WC STATUTORY LIMITS OTHER \$                 |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                   |           |          |               |                         |                         | E.L. EACH ACCIDENT \$                        |
|          | If yes, describe under                                                                        |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                |
|          | DESCRIPTION OF OPERATIONS below                                                               |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$               |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The City of Alexandria is listed as an additional insured for the (name of event and date).

## CERTIFICATE HOLDER

## CANCELLATION

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