



Special Event Application

City of Long Lake
 450 Virginia Avenue, PO Box 606
 Long Lake, MN 55356
 Phone / 952.473.6961

FOR OFFICE USE ONLY

Application Fee: \$75.00
 Date Paid: _____
 Check # _____
 Cash Receipt # _____
 Deposit Required?
 Yes, Check # _____
 No

- **Special Event Permit fee is \$75.00**, payable to City of Long Lake.
- Complete this permit application form and submit to City Hall **at least 30 days prior to the event start date**. Permit application must be accompanied by all exhibits requested to be considered complete.

Event Name _____

Describe Location or Area of City Where Event Will Take Place _____

of Participants Expected to Attend Event _____

Describe Any Participation/Entry Fees to be Charged _____

Event Dates/Times Proposed

** List all Event Dates/Times Below **			
Day of Week	Date	Start Time	End Time

Event Type (CHECK ALL THAT APPLY)

Parade Festival Run/Walk Sporting Event Block Party Private Party
 Other, Explain _____

Event Includes (CHECK ALL THAT APPLY)

Liquor Service Food Service Bingo/Raffles Live Music Amplified Audio
 Animals Pedestrians/Runners Bicycles Floats Motor Vehicles, # Expected _____
 Other Vehicles, Explain _____
 Games, Amusement Devices or Carnival Equipment, Describe _____

Will Parking for Event Exceed On Site Parking Facilities Available?

Yes, WRITTEN PERMISSION FROM AREA PROPERTY OWNERS ALLOWING USE OF THEIR PROPERTY FOR PARKING IS ATTACHED
 No

Traffic Control Personnel Provided by Whom _____

Delineation Equipment (Barricades, Signs, Traffic Cones, No Parking Signs, etc.) Provided by Whom _____

Street(s) to be Closed (A MAP SHOWING THE SPECIFIC ROUTE OR AREA TO BE CLOSED **MUST BE ATTACHED**)

Site Map Required

A DETAILED SITE MAP OF THE EVENT AREA **MUST BE ATTACHED** TO THIS APPLICATION. The Site Map should show locations of food and beverage vendors (noting controlled entry to any alcoholic beverage service areas), where activities will be taking place, and where any temporary infrastructure such as tents or bandstand facilities will be installed.

Insurance Carrier for Event

A Certificate of Insurance naming the City of Long Lake as an additional insured **must be submitted at least 10 days prior to the event start date.** Amount of insurance required is \$1,000,000.

Name of Insurance Carrier _____ Policy Number _____

Chairperson, Event Manager, or Director (Person Responsible for Duties of Permit Holder)

Full Name _____ Daytime Phone _____

Alternate Phone _____ Email Address _____

Street Address _____

City, State, Zip _____

Organization Information

Organization Name _____

Mailing Address _____

City, State, Zip _____

Phone _____ Fax _____

X Signature of Applicant _____ **Date** _____

****** FOR CITY USE ONLY ******

APPLICATION SUBMITTED WAS: Complete With Exhibits Incomplete – Date Completed _____

Review by Department Head or Designee

Public Works Reviewed By _____ Date _____

Fire Department Reviewed By _____ Date _____

Police Department Reviewed By _____ Date _____

Special Event Permit Approved By _____ (CITY CLERK OR AUTHORIZED DESIGNEE)

Date Approved _____

PERMIT # _____

Conditions of Permit Approval

Permit Conditions Detailed in Attached Letter Dated _____

Permit Conditions Listed Below:

