



## SPECIAL EVENT/FIREWORKS PERMIT APPLICATION

INSTRUCTIONS: Fill out this form completely, sign it and include all required attachments. If additional space is needed, attach additional sheets. Submit to Anne Klaers, Medina Police Department, 600 Clydesdale Trail, Medina, MN 55340 or [anne.klaers@medinamn.gov](mailto:anne.klaers@medinamn.gov) at least 30 days prior to the date of the event along with the **\$50 permit fee**. You will be notified by email once the application is approved.

**1. Name, purpose and description of event:**

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Location address: \_\_\_\_\_

**\*\*Please attach route map if for a parade, race, bicycle time trials, or other such event**

Date(s): \_\_\_\_\_

Event Starting Time: \_\_\_\_\_ Event Ending Time: \_\_\_\_\_

Set-up Start Date and Time: \_\_\_\_\_

Dismantle by Date and Time: \_\_\_\_\_

Anticipated Number of Participants and/or Spectators: \_\_\_\_\_

If there is a fee or donation required as a condition of attendance, please describe:

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**2. Application Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Affiliation/Organization: \_\_\_\_\_

Are you an authorized applicant for this organization? Yes \_\_\_\_\_ No \_\_\_\_\_

Will this person have authority to cancel or modify event plans? Yes \_\_\_\_\_ No \_\_\_\_\_

Will this person be present at the event and in charge of the event at all times? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, provide contact information for the person who will be the responsible party on the day of this event:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**3. Entertainment:**

Describe entertainment plans. If there will be music, sound amplification or any other noise impact, please describe including the intended hours.

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**4. Sanitation/Drinking Water:**

Describe the toilet and handwashing facilities present on the site (type, number and location) as well as temporary/portable facilities to be provided. Describe the source of drinking water.

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**5. Parking and Traffic Control:**

Describe the location and number of parking spaces available. Describe arrangements that have been made for traffic control.

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**6. Emergency/Medical Services:**

Describe measures that will be taken to ensure emergency vehicle access (police, fire, ambulance) to the event area.

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**7. Security/Crowd Management:**

Describe your proposed procedures and staffing for the event operations and crowd control.

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**8. Trash/Recycling Event Clean-Up:**

Describe the number, type and location of trash/recycling containers to be provided. What provisions have been made for clean-up of the site and surrounding area after the event?

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Name of trash/recycling hauler: \_\_\_\_\_

**9. Noise:**

Describe expected type, duration and timing of any noise sources. Describe measures to be taken to ensure compliance with city noise ordinance.

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**10. Fireworks or Pyrotechnics:**

Will any fireworks or pyrotechnics be used at the event? Yes \_\_\_\_ No \_\_\_\_

If yes, describe in detail. Fire Department approval will be required.

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**11. Food and Beverages:**

Will alcoholic beverages be served? Yes \_\_\_\_ No \_\_\_\_

If yes, describe the type of beverages and the status of the liquor license.

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Will food and/or non-alcoholic beverages be served? Yes \_\_\_\_ No \_\_\_\_

If yes, describe what will be served and any plans for cooking food in the event area, including fuel source to be used.

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**12. Other Concessions:**

Describe what vendors or concessionaires you will allow at the event and how you intend to regulate and monitor their activities.

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**\*\* If you will be providing a large tent covering for your guests, you are required to reach out to West Suburban Fire District (WSFD) to schedule an inspection of the tent prior to the event. WSFD phone number is 763-479-3036.**

**13. Insurance Requirements:**

A certificate of insurance must be filed with the city prior to issuance of the Special Events Permit. The certificate of insurance must name the city, its officials, employees and agents as additional insureds. Insurance coverage must be maintained for the duration of the Special Event.

Insurance coverage must be a commercial general liability policy. The minimum limits must be at least \$1,000,000. If alcoholic beverages are to be sold or distributed at the Special Event, the policy must also include an endorsement for liquor liability. The city may require additional endorsements depending upon the type of Special Event and the proposed activities.

I hereby affirm that the statements contained herein are true and correct to the best of my knowledge. I am duly authorized to make such agreements on behalf of the persons or organization sponsoring this Special Event. I agree to pay all fees and meet all other requirements of Section 230 of the Medina City Code.

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APPLICANT SIGNATURE

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DATE

# SPECIAL EVENT PERMIT APPLICATION

## FOR OFFICE USE ONLY

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

Date of Event: \_\_\_\_\_

Comments and/or Conditions:

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**Approved by:**

**Dated:** \_\_\_\_\_

\_\_\_\_\_  
City Administrator

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Police Chief

\_\_\_\_\_  
Public Works Director

\_\_\_\_\_  
Fire Chief-if applicable