



City of Maple Plain
5050 Independence St.
P.O. Box 97
Maple Plain, MN 55359
Office: (763) 479-0515
Fax: (763) 479-0519

SPECIAL EVENT PERMIT

APPLICATION MUST BE SUBMITTED AT LEAST 14 DAYS PRIOR TO EVENT

APPLICANT INFORMATION

Applicant Name	
Address	Phone Number
City, State, Zip	Email
Business Name	
Address	Business Contact
City, State, Zip	Phone Number
	Email

EVENT INFORMATION

Describe the event.	Will event go past 10 p.m.? <input type="checkbox"/> Yes <input type="checkbox"/> No
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# of Participants Expected:	Entry Fees: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? \$ / person
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List dates of event(s): / / to / / / / to / / / / to / /	Event #1: Days of the week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su Start Times: End Times:
	Event #2: Days of the week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su Start Times: End Times:
	Event #3: Days of the week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su Start Times: End Times:

Event Type
<input type="checkbox"/> Parade <input type="checkbox"/> Festival <input type="checkbox"/> Run/Walk <input type="checkbox"/> Block Party <input type="checkbox"/> Private Party (50+ Attendees)
<input type="checkbox"/> Sport Event <input type="checkbox"/> Other, Explain:

Event Includes
<input type="checkbox"/> Alcohol <input type="checkbox"/> Food Service <input type="checkbox"/> Bingo/Raffles <input type="checkbox"/> Live Music <input type="checkbox"/> Amp'd Sound <input type="checkbox"/> Animals
<input type="checkbox"/> Pedestrians <input type="checkbox"/> Bicycles <input type="checkbox"/> Floats <input type="checkbox"/> Vehicles, # Expected:
<input type="checkbox"/> Games, Amusement Devices or Carnival Equipment, Explain:

Event Parking
Will event parking exceed on-site parking facilities available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will off-site parking be used? <input type="checkbox"/> Yes <input type="checkbox"/> No Permission obtained from property owner? <input type="checkbox"/> Yes <input type="checkbox"/> No
Closure of City streets required? <input type="checkbox"/> Yes <input type="checkbox"/> No Traffic control provided by: <input type="checkbox"/> Not applicable
Delineation equipment provided by: <input type="checkbox"/> Not applicable
<input type="checkbox"/> Barricades <input type="checkbox"/> Signs <input type="checkbox"/> Traffic Cones <input type="checkbox"/> No Parking Signs <input type="checkbox"/> Other:

EVENT CONTACT INFORMATION

Chairperson, Event Manager or Director <i>(Person responsible for permit)</i>	
Name	Daytime Phone
Address	Cell Phone
City, State, Zip	Email

Organization Information	
Name	Daytime Phone
Address	Fax
City, State, Zip	Email

LIABILITY INFORMATION

If food is served, does business or organization have a license through Hennepin County? ☐ Yes. ☐ No.
(Itinerant food license available at <http://www.hennepin.us/itinerant>.)
Date license was issued: / /

If alcohol is served, does business or organization have a liquor license? ☐ Yes. ☐ No.
Date license was issued: / /

If organization or business does not have a liquor license, has one been applied for? ☐ Yes. ☐ No.
Date of application to City: / /
Date of background check: / /
Date of City Council approval: / /
Date of issuance: / /

Liability insurance of \$1,000,000 is required for all events naming City as additional insured.
(Must be submitted with application.)
Date of insurance submitted to City: / /
Name of insurance carrier:

Site Map Required

A detailed site map of the event area **must** be attached to the application. The site map should show locations of food and beverage vendors, where activities will take place, location of restroom facilities, and location of any temporary infrastructures, such as tents or stages.

Applicant Signature	Date of Application
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OFFICE USE ONLY

Background Check	Approval & Permit Fees
<input type="checkbox"/> Referred to Director of Public Safety Recommendation: <input type="checkbox"/> Approve. <input type="checkbox"/> Deny. Date: / / Signature: _____	<input type="checkbox"/> Approved. <input type="checkbox"/> Denied. Date: / / Signature: _____
<input type="checkbox"/> Liquor License Background Check <input type="checkbox"/> N/A Recommendation: <input type="checkbox"/> Approve. <input type="checkbox"/> Deny. Date: / / Signature: _____	<input type="checkbox"/> License <i>(Per Event)</i> \$50 <input type="checkbox"/> Amount Paid: _____ <input type="checkbox"/> Received By: _____
Conditions of Approval? <input type="checkbox"/> Yes. <input type="checkbox"/> No. Describe:	