



**CITY OF ST. MICHAEL  
TEMPORARY & SPECIAL EVENT APPLICATION**

**APPLICATIONS WILL BE PROCESSED AFTER ALL ITEMS ARE SUBMITTED**

Applications must be submitted no less than 15 working days prior to an Event, unless otherwise approved by City staff. Applicants are advised to discuss their request with City staff as early as possible to ensure the event can be approved on the date desired.

|                             |  |
|-----------------------------|--|
| Date(s) of Event:           |  |
| Nature or Purpose of Event: |  |
| Address of Event:           |  |
| Legal Description:          |  |

|                    |  |
|--------------------|--|
| Applicant Name:    |  |
| Address:           |  |
| Contact Phone No.: |  |
| Property Owner:    |  |
| Address:           |  |
| Contact Phone No.: |  |

**Check all that apply.**

All checked items should be on the timeline, written description of event, and/or map/event layout which **must** accompany this application.

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Alcohol consumption with aged control management setup.                      |
| <input type="checkbox"/> | Date(s), including set-up and take-down of materials.                        |
| <input type="checkbox"/> | Fencing of event area.   |
| <input type="checkbox"/> | Fire protection.   |
| <input type="checkbox"/> | Food Service: Copy of Special Event License from Minnesota Dept. of Health.  |
| <input type="checkbox"/> | Lighting.  |
| <input type="checkbox"/> | Medical facilities.  |
| <input type="checkbox"/> | Music, including band(s), amplification, speakers, and other possible noise. |
| <input type="checkbox"/> | Parking.   |
| <input type="checkbox"/> | Security.  |
| <input type="checkbox"/> | Signage.   |
| <input type="checkbox"/> | Solid waste disposal (port-a-potties).                                       |
| <input type="checkbox"/> | Tents (number, size and location).   |
| <input type="checkbox"/> | Time of event.   |

|  |  |
|--|--|
|  | Attach a neighborhood flyer or door tag alerting residents that will be affected by event. |
|  | Other items requested by City staff.   |

|   |   |
|---|---|
| <b>Site plan or survey of property showing:</b> |   |
|   | Building and location(s) of event areas.  |
|   | Parking.  |
|   | Exact location of tents, displays related to event/activity, stages, security, medical staging area, lighting, food/drink areas and fencing of event. |
|   | If applicable, racecourse including closed streets and traffic control areas/intersections.   |
|   | Street Closure: If a County Road is involve in your event, you may need a permit with Wright County Highway Department.                               |

|  |  |
|--|--|
|  | Application Fee: \$50.00   |
|  | Staff Review: \$25.00 (Engineering, Inspections, Fire Dept.)   |
|  | Additional Fee: \$25.00 (Mailings – staff time, postage, materials) If applicable<br><i>Note: Please discuss with staff prior if this is needed.</i>                               |
|  | Insurance policy may be required if on city or public property.<br><i>Note: City of St. Michael must be the Certificate Holder AND named “additionally insured” on the policy.</i> |
|  | <b>Total Due:</b>  |

**SIGNATURE OF APPLICANT AND PROPERTY OWNER REQUIRED**

*By signing below, the applicant/property owner for the submitted event being held on the property named in this application agree(s) to defend, indemnify, and hold harmless the City of St. Michael, Minnesota, its employees, agents, representatives, elected city officials, appointed city officials, and city council members from and against any claims, demands, suits, losses, costs, expenses (including attorney fees), or any other type of damages which may be asserted, claimed, sought, awarded, or recovered against or from the City of St. Michael, Minnesota, its employees agents, representatives, elected city officials, appointed city officials, and city council members, as a result of the event by reason of any damage to the property, personal injury or bodily injury including death, sustained by any person whomsoever in which such damage, injury or death arises out of, is incidental to, or is in any way connected whatsoever with the performance of this contract, the temporary special event referenced herein, or anything connected thereto, and regardless of whether the claim, demand, damage, loss, cost, or expense is caused in whole or in part, by the event organizer and/or promoter, or any of its employees, agents, representative, the negligence of the City of St. Michael, Minnesota, its employees, agents, representatives, elected city officials, appointed city officials, or city council members, or by any third parties or their agents, servants or employees.*

Applicant’s Electronic Signature:

Date:

Property Owner’s Signature:

Date:

*(If different than applicant.)*

**OFFICE USE ONLY:**

*Date approved by Staff:*

*Staff Person Approving Application:*

*Notes:*