



2241 221st Ave. NE • East Bethel, MN 55011
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|----------------------------------|
| OFFICE USE ONLY |
| Date Submitted: _____ |
| Total Fee Paid: _____ |
| Escrow Application Submitted: NA |

OUTDOOR ENTERTAINMENT PERMIT APPLICATION

Fee: \$150

DATE OF APPLICATION: _____

EVENT ADDRESS: _____ PRESENT ZONING: _____

BUSINESS NAME (IF APPLICABLE): _____

DESCRIPTION OF OUTDOOR EVENT: _____

PROPERTY OWNER:

NAME: _____
 PHONE: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 EMAIL: _____

APPLICANT:

SAME AS PROPERTY OWNER

NAME: _____
 PHONE: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 EMAIL: _____

If applicant and owner are not the same, attach a letter of permission from the owner granting permission to use facilities for this event.

The undersigned agrees that the outdoor entertainment event(s) listed in this application will be performed in compliance with all applicable state laws, and ordinances of the city of east bethel and any directions or conditions placed on the issuance of the permit. The undersigned applicant will assume full responsibility for payment to the city for all costs, if any, for cleanup of city streets and property incurred in connection with the outdoor entertainment event (s). The undersigned also agrees to secure and pay for any additional police protection required in connection with the outdoor entertainment event(s) listed in this application prior to issuance of the permit. The undersigned certifies that he or she is authorized by to apply for this outdoor entertainment permit. I fully understand that all of the required information must be submitted at least thirty (30) days prior to the scheduled event dates to ensure review by City Staff and proper notification of all appropriate departments, and that the event will be held within the proposed dates, times, and locations that have been identified in this document.

Business Owner Signature: _____ Date: _____

Applicant Signature (if different from owner): _____ Date: _____

Community Development Director: _____ Date: _____

City Administrator: _____ Date: _____

The event will be held on these dates:

| Day of the week | Date | Start time | End time |
|-----------------|------|------------|----------|
|-----------------|------|------------|----------|

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| General Information | |
|---|---|
| Describe nature of event: | |
| Names and birthdates of persons/managers/officers conducting the event: | |
| Describe event participants and number of each (attach additional sheets if necessary): | |
| Estimated public attendance at outdoor entertainment event: | |
| The name, address and telephone number of any entities providing entertainment: | |
| Does your current insurance cover this type of event? You will need to provide adequate coverage. | (see attached for insurance coverage) #1 |
| Will there be camping? | |

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|--|
| Location Layout and Accessory Buildings |
|--|

| | |
|---|--------------------------------------|
| <p>Location of outdoor entertainment event and any other areas to be used in conjunction with event must be shown in a site plan.</p> | |
| <p>Attach an event layout of relevant areas to the event. Include location of porta potties, tables, seating areas, dance floors, DJs, vendors, etc.</p> | <p>(See attached maps) #2</p> |
| <p>Describe type and number of sanitation and health facilities to be provided by applicant:</p> | |
| <p>Describe parking areas for event attendees and participants and arrangements for parking. If the parking area is not owned by the applicant attach a letter from the owner granting permission to use the facilities for this event and attach map of parking areas.</p> | |
| <p>Attach a map of the park areas and foot traffic to the event.</p> | <p>(See attached) #3</p> |
| <p>Indicate the location and nature of possible interference with the normal flow or regulation of traffic within the city of east bethel as a result of the outdoor entertainment event:</p> | |
| <p>Describe the means and extent of any temporary structures, lighting or sound amplification to be employed at the event:</p> | |

| Food and Drink | |
|--|--|
| Describe food and/or beverage service for sale at the event: | |
| If a caterer is being used, a copy of their license must be provided: | (see attached for caterer license) #4 |
| Will alcohol be sold or allowed at the event? | |
| Does the applicant or owner have the appropriate liquor license? If so, attach a copy of the license. | (see attached for liquor license) #5 |
| Safety and Security | |
| Describe all emergency services available at the event, including rescue, medical, fire and police services: | |
| Describe the number of security personnel available at the event and how they will be identifiable: | |
| Describe any city services & property requirements in connection with outdoor entertainment event (traffic control, parking, barricades, etc.) and what arrangements have you made with the city for these services and/or property? | |

Staff Notes: _____

**OUTDOOR ENTERTAINMENT PERMIT
REQUEST FOR INFORMATION**

DATA PRIVACY ADVISORY: The data supplied on this form will be used to assess the qualifications for an outdoor entertainment permit. This data is not legally required but the City will not be able to grant the permit without it. If a permit is granted, the data will constitute a public record. The data is needed to distinguish this application from others, to identify this applicant in City Permit files, to contact the applicant if additional information is required and to determine if the applicant meets all ordinance requirements.

INFORMATION TO BE USED FOR OUTDOOR ENTERTAINMENT PERMIT PROCESSING ONLY

This form will be used to check whether the property on which the event is to take place or the owners of the property on which the event is to take place is delinquent in the payment of property taxes, assessments, employment taxes or other financial claims of the City and/or contracted public agencies.

Please Print

Business Name: _____

Business Address: _____

APPLICANT INFORMATION

Name: _____ **Date of Birth:** _____
First Middle Last

Address: _____
Street City, State, Zip Code

Phone Number: _____ **Alternate Phone:** _____

I, the undersigned do hereby authorize the agencies to disclose all information on property taxes, assessments, employment taxes or other financial claims of the City and/or contracted public agencies. Authorization shall be valid for one year from the date of my signature.

Signature

Date