

**CITY OF PRIOR LAKE
4646 Dakota Street SE
PRIOR LAKE MN 55372**

OUTDOOR EVENT PERMIT APPLICATION

INSTRUCTIONS

- 1) The application form must be filled out with typewriter or by printing in ink.
- 2) Incomplete applications will be rejected.
- 3) If a question does not apply, enter N/A in the space provided for the answer. Do not leave anything blank.
- 4) This is an application for an outdoor event permit only. If you intend to serve alcoholic beverages at this event, inquire to see if additional licenses may be required.
- 5) A personal interview may be required as part of the license investigation. Failure to participate in the interview will result in denial of the license.
- 6) The completed application must be presented to the Finance Department.
- 7) The application fee must be paid when you present your application to the Finance Department.
- 8) Questions concerning this permit application can be directed to Janet Ringberg, City of Prior Lake License Clerk, at 952-447-9840.

I have received from the City of Prior Lake a copy of all City ordinances relating to the outdoor event permit I have applied for. I will read and familiarize myself with these ordinances.

Signature

Date

PERSONAL INFORMATION

Name: _____ (First, Middle, Last)

Place of Birth: (City, County, State) *Date of Birth:* (Month, day, year)

Residence Address: (Street, City, State)

Business Phone: _____ Home Phone: _____

(The applicant must be in attendance at the event)

Business Name: _____

Business Address: (Street, City, State) (Phone Number)

Have you ever been denied this type of license? If yes, list location and date.

What date will the event be held?

What time will the event start?

What time will the event end?

Where will the event be held?

What is the name of the musical group that will be giving the event?

What is the number of musicians that will be performing?

What type of music and amplification will this group use?

What is the full name, date of birth, address and telephone number of the person who represents the musical group? (This person must be attending the concert)

Name: _____ (First, Middle, Last)

Place of Birth: (City, County, State) *Date of Birth:* (Month, day, year)

Residence Address: _____ (Street, City, State)

Business Phone: _____ Home Phone: _____

What is the full name, date of birth, address and telephone number of the group's sound technician that will be operating the amplification equipment?

Name: _____ (First, Middle, Last)

Place of Birth: (City, County, State) *Date of Birth:* (Month, day, year)

Residence Address: _____ (Street, City, State)

Business Phone: _____ Home Phone: _____

What steps will be taken to minimize the event's noise level?

What is the number of employees that you will have present at the event?

List the security arrangements you have made for the event. (ie., crowd control fences, security personnel, etc)

How many people will be attending this event?

What is the name of the insurance company that will be providing insurance coverage for this event? Please attach a copy of the policy to this application.

Is liquor, beer, or wine going to be served during the event?

Yes _____ No _____

Is liquor, beer, or wine going to be sold during the event?

Yes _____ No _____

If yes, under whose liquor license?

As the promoter of the event, are you paying a fee for site use?

If yes, how is the fee determined and what is the approximate amount to be paid and to whom?

List any persons, companies, groups or fund raising organizations involved directly with the event.

What are the financial responsibilities/relationships of the persons, companies, groups or fund raising organizations involved with the event.

Is there a cover charge or entrance fee for the event? (List dollar amount per person)

How many vehicles do you expect in connection with your event? _____

Please explain parking arrangements below:

Public parking lots in parks or downtown: (Number of stalls to be used)

Private streets and driveways: (List street names and private addresses including total stalls to be used)

Public streets: (List street names, side of street (one or two) and total stalls used)

Shuttle, valet, bus, limo service, if any: Please explain any additional arrangements and associated remote parking.

On this page complete a drawing that details the location of the following items at the event:

- Location and direction of the amplified sound
- Bar location(s), if any
- Food and beverage vendors
- Entrance and exit gates
- Perimeter fences
- Relationship to existing buildings
- Rest room facilities

I hereby understand and agree that the information revealed in support of this application for a license in the City of Prior Lake will be used by the City in accordance with federal, state, and local laws regarding privacy of records.

I declare that the information provided in this application is truthful and I authorize the City of Prior Lake to investigate the information and contact the persons named herein.

I will defend, hold harmless and indemnify the City of Prior Lake, its employees, agents and officers, against all claims, demands, actions or causes of actions of whatsoever nature or character arising out of the conduct of the outdoor concert. I shall also provide for the repair of or payment for damages to public property that occurs as a result of this outdoor concert.

Any falsification of answers to the preceding questions will result in denial of the application.

(Signature of Applicant)

CITY MANAGER'S COMMENTS

_____ License approved

_____ License disapproved

(City Manager's Signature)

(Date)

CITY OF PRIOR LAKE

CONSENT FOR RELEASE OF INFORMATION

I, _____
Print Full Name (First) (Full Middle) (Last)

Residing at _____
(Address) (City) (State) (Zip Code)

Driver's License/State Date of Birth

Authorize the Prior Lake Police Department to disclose to the Prior Lake City Manager, Accounting Clerk and the Prior Lake City Council all information collected as a result of the background investigation done for the purpose of evaluating the attached license application.

I understand that failure to provide this release will result in a denial of my application.

I understand that my records are subject to the State Data Practices Act and become public documents unless otherwise provided for by state or federal law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event, the consent expires automatically as described below.

Signature of above individual authorizing release

Witness: _____