



City of Jackson
SPECIAL EVENT PERMIT APPLICATION

For Office Use Only

Date of Submission: _____

Application Number: _____

Approved Denied

Date of Event: _____

Applicant Instructions:

Prior to completing application, review regulations and guidelines. Incomplete applications and/or applications not submitted within timelines will not be processed.

Applicant Information:

Name of Applicant: _____

Organization: _____

Address (include city, state, zip): _____

Email Address: _____

Phone Number: _____

Primary Event Contact Information:

This person is the primary contact and must be able to communicate and coordinate with other members of the event.

Cell Phone Number: _____

Event Sponsor: Are you, the applicant, organizing this event on behalf of another organization?

No Yes Name of Organization: _____

Name of Sponsoring Organization Contact: _____

Phone: _____

Is the Sponsoring Organization a non-profit? No Yes (If yes, please attach verification of 501(c)3 status)

Event Information:

Event Name (Mandatory): _____

Event Location/Address: _____

Actual Event Times (Not including setup or take down):

Start Time: _____

Finish Time: _____

Setup Date(s)/Time(s): _____

Tear Down Date(s)/Time(s): _____

Expected Number of Attendees: _____

If the event was held previously, indicate year and location: _____

Event Description: Please check the type of event (check all that apply) and write a brief description of your event.

- Walk/Fun Run/Race
- Parade
- Concert/Performance/Service
- Cultural Event
- Art Fair/Festival
- Public Rally/March
- Bike Ride
- Other:

Brief Description of Event: _____

Document(s) with event information or other materials describing the event may be attached.

Fees: If you collect money in connection with the event, describe the purpose of the collection, the place and manner in which you intend to collect, and from whom you will be collecting:

Event Features:

Alcohol - No Yes (If yes, check the appropriate box below)

a) Catered event; licensee holding caterer's permit to provide food and liquor. Indicate the caterer being used:

b) Temporary 3.2 Percent Malt liquor license

c) Temporary Intoxicating liquor license

Security - No Yes (If yes, who and how many?) _____

Amplified Sound - No Yes (If yes, list type of Amplified Sound:) _____

Tents and Canopies - No Yes (If yes, they must be clearly identified on the Site Map including the location and size/dimensions.) _____

Other (if applicable): Any other requests? List details: (Examples: inflatables, food vendors, picnic tables, etc. Note: Food vendors require licensing by the MN Dept. of Health.) _____

Event Logistics:

Describe any structures (stages, platforms, etc.) and their locations on the Site Map.

Stages and Platforms - No Yes (How many? Description(s): _____)

Refuse (Garbage and Recycling)

a) Number of garbage and recycling containers to be provided:

b) Company/description(s):

c) Street, boulevard, and adjacent property must be left clean. Cleanup within three hours of event end; costs for inadequate cleanup will be billed.

Public Restrooms (required for events >100 attendees or with alcohol)

No Yes (Refer to chart for number of restrooms/sinks needed based on crowd size and event duration)

b) Company/description(s):

b) Toilets can be placed 24 hours prior and removed within 36 hours after the event.

Expected Crowd	Duration of Event (hours) →	1 hr	2 hrs	3 hrs	4 hrs	5 hrs	6 hrs	7 hrs	8 hrs	9 hrs	>10 hrs
		1	2	3	4	5	6	7	8	9	10
100		2	2	2	2	3	3	3	3	4	4
250		3	3	3	4	4	4	5	5	6	6
500		4	4	5	5	6	6	7	7	8	8
1,000		6	7	8	8	9	9	10	10	11	12
2,000		9	12	15	16	17	17	18	18	19	19

Sink Recommendations:

- < 125 Attendees: 2 sinks
- < 250: 125 Attendees: 3 sinks
- < 500 125 Attendees: 5 sinks
- < 1,000 125 Attendees: 8 sinks

Street Closures or use of Public Right-of-Way

No Yes (If yes, indicate: Street Parking Lane Sidewalk Alley Other)

The applicant shall notify affected property owners 14 days prior to the closure and submit Street Closure Consent/Objection forms typically requires a 75% approval by neighboring

businesses but the City council will base their approval of your event on a cases by case basis. Please include copies of all consent or objection forms from affected businesses.

The applicant must maintain a 20-foot clear fire lane.

The applicant is responsible for providing a map of the parade route for City staff to place and remove No Parking signs.

The applicant is responsible for posting “No Parking (Day and Time)” signs 24 hours before street closure (red font, laminated).

Picnic Tables & Traffic cones – May be provided by the City on a case-by-case basis and upon the approval of the City Council. Picnic tables will be delivered to one location and picked up from same location for one time event. For reoccurring events, the applicant will be responsible for transporting picnic tables. The applicant is responsible for picking up cones and placing them in an agreed upon location with the Public Works Department.

Number of Tables Requested _____

Drop off Date _____ Picked up Date _____

Location For Table Drop Off _____

Number of Cones Requested _____

Location For Cone Drop Off _____

The applicant is required to include a copy of proof of insurance for the event.

Applicant Signature:

I agree to abide by the event guidelines and attest that all information in this application is correct. I indemnify the city for any damages on city property.

Signature: _____

Date: _____

Printed Name: _____

Please attach event site and/or route maps, proof of insurance.

Submit application:

**City of Jackson
80 W. Ashley Street
Jackson, MN 56143**

SPECIAL EVENT STREET CLOSURE CONSENT/OBJECTION FORM

Event Name: _____

Date(s) of Event: _____

Time of Event: _____

Streets to be closed: _____

I, (check one box):

CONSENT - I agree that neither the Special Event Organizer nor the City of Jackson may be held liable for any inconvenience the street closure may cause.

OBJECT - Reasons for objection:

Print Name: _____

Business/Organization: _____

Physical Address of Business/Organization: _____

Signature: _____

Date: _____