

City of Princeton

Special Event Permit Application

Application fee \$50

1. If the application is incomplete, unclear or does not include a site map, it will be returned. Associated events are encouraged to be part of the same application.
2. Applications must be received at least 30 days prior to a Council Meeting. The Council typically meets on the 2nd and 4th Thursdays of the month, except June and November, please contact staff for meeting dates those months.
3. City Staff reserves the right to request a meeting with the applicant prior to the Council Meeting to clarify the application or review conditions that may be part of the approve permit.
4. The Applicant will be required to attend the Council Meeting to discuss their event and answer any questions the Council may have.
5. City Staff may require the applicant to notify property owners or acquire signatures of the owners and/or tenants of those properties that may be affected by the event.
6. The review and approval process of special event permits shall be as follows:
 - a. A **completed application** is submitted to the City Clerk or Community Development Planner.
 - b. The application will be distributed via email to all affected department heads for review.
 - c. The application will be reviewed and signed off by Department Heads at a Department Head Meeting (occurs each Monday at 1pm. It is here where the applicant may be asked to attend to answer questions or discuss any possible conditions).
 - d. The application will then be placed on the next City Council meeting agenda as new business. The applicant shall be in attendance to discuss the request and answer any questions.

Contact Information

Group / Organization: COMMUNITY EDUCATION - ISD #477

Contact Person: BRIAN JULSON Phone: 763-389-6199 H, W or C
(Circle one)

Address: 706 1ST STREET PRINCETON, MN 55371

Email: brian.julson@isd477.org

Event Day On-site Contact: BRIAN JULSON Phone: 763-464-6346 (C)

Event Information (List all activities)

Event Name/Title: MN TWINS YOUTH BASEBALL CLINIC

Date(s) of Event: 6/7/24 Has this event been held before, and if so, when: NO

Activities during the Event: MN TWINS PROVIDE CLINICIANS, INSTRUCTIONS, AND EQUIPMENT

Proposed Location: MARK PARK FIELDS ***Estimated attendance: 125-250
* Large Events may be subject to a damage deposit of no more than \$500

Event Date(s) and Time (s)

Set Up Date and Time: TBD, 2-3pm Actual Event Time: 3-5pm

Clean Up Date and Time: 5-6pm, FOLLOWING THE CLINIC

Event Details

Will any signs / banners be put up? Y N MAYBE if yes, number and size: TBD
Locations: ON MP FENCES OR CONCESSIONS BUILDING

Will there be any inflatables? Y N if yes, provide insurance certificate from rental provider

Is a generator being requested? Y N if yes, hours being requested _____

Will there be any entertainment? Y N if yes, what type and time: _____

Will sound amplification be used? Y N if yes, hours and type: _____

Will a stage or tent be set up? Y N if yes, dimensions: _____

Will merchandise be sold? Y N if yes, provide a vendor list to City Hall

Will there be food vendors/trucks? Y N if yes, provide a list & the MN Health Licenses to City Hall

Will there be a fireworks display? Y N if yes, obtain permit from City Hall

Will Alcohol be served? Y N If yes, who is serving it (include copy of their license) _____

Will any Streets, Sidewalks or Trails be closed or blocked during the event : Y N

Which Streets, Sidewalks or Trail: _____

Will the event require usage of any Public Parking Lots or Spaces: Y N

Which lots/spaces: MARK PARK PARKING

How many portable restrooms will be provided by the event organizer? 2-3, ALONG w/ MP BATHROOMS

How many trash receptacles will be provided by the event organizer? NORMAL RECEPTACLES

Describe trash removal and cleanup after the event WE CAN PULL GARDAGES TOGETHER IF NEEDED

Will the event need traffic control? Y N Barricades? Y N No parking signs? Y N

Describe crowd control procedure to ensure safety of participants and spectators CLINIC VOLUNTEERS WILL MANAGE

Describe plans to provide first aid MN TWINS ORGANIZATION WILL PROVIDE

Describe the emergency action plan if severe weather should arrive CANCEL EVENT, MOVE TO HIGH SCHOOL IF NEEDED

Will the event need a Police Officer Present? Y N EMS / Fire Department? Y N

How does the event benefit the residents and/or businesses in the City of Princeton? SUPPORTS RUM RIVER FESTIVAL AND RESIDENTS/FAMILIES OF AREA WITH FREE BASEBALL CLINIC

Hold Harmless Agreement

The sponsor(s) of this event hereby agrees to indemnify and hold harmless the City of Princeton, its officers, agents, employees, and members from all claims, suits, or actions of whatsoever nature resulting or arising from this activity. As the sponsor or authorized representative, I certify that the information is provided as accurate and true to the best of my knowledge and agree to pay the permit fee for this event based upon the information provided in this application. I realize my submittal of this application request constitutes a contract between myself and the City of Princeton and is a release of Liability.

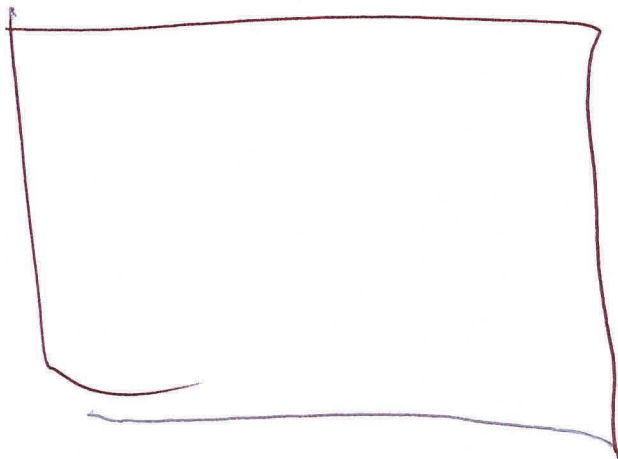
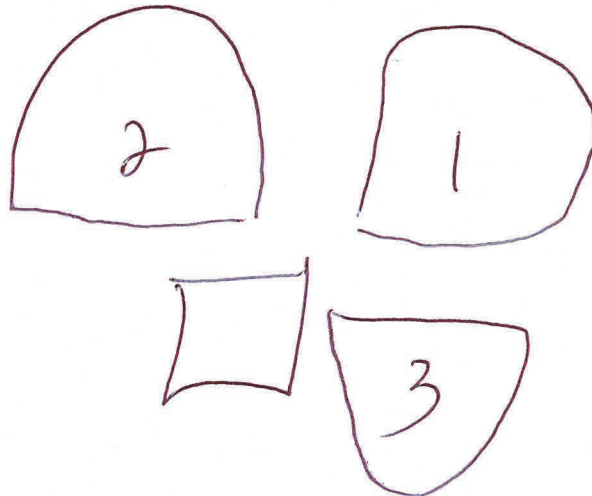
Signature 

Date 3/7/2024

Site Plan:

Show location of events, including street names. Also include any tables, stages, tents, fencing, portable restrooms, vendor booths, food vendor/trucks, trash containers, barricades, etc. If the event includes a parade, race or walk, attach a route map with directional arrows, rest stops, crossings, signage, etc.

USE ALL 3 MARK PARK FIELDS
AND PARKING LOT



ATTACHMENTS REQUIRED

(Please attach additional sheets as needed)

- Site Plan (This is mandatory for all events. Include any tables, stages, tents, fencing, portable restrooms, vendor booths, food vendor/trucks, trash containers, barricades, closed streets, sidewalks or trails, etc. If the event includes a parade, race or walk, attach a route map with directional arrows, rest stops, crossings, signage, etc.)
- Certificate of Insurance (Include: Policy Number, Amount and Provisions that the City of Princeton is included as additional insured. The insurance requirements are set by MN State Statute 466.04, which states a maximum liability limit of \$1,500,000.)
- Permits / List of Solicitors, and Food Vendors with the necessary Department of Health Licenses

To be completed by City Hall

Fees may be waived by at the discretion of the City Council

Date Submitted _____ Complete? Y N Initials: _____

Date Returned _____

Date Reviewed at Dept Head Mtg _____ Date at Council Meeting _____

Approved: Y N Date _____

Event Requests / Requirements:

Damage Deposit: Y N Total: _____

Barricades: Y N Total: _____ X \$2 each per day _____

Generator: Y N days: _____ X \$300 per day _____

Police Officer(s): Y N Qty: _____ Reserve Officer - \$35 person / Hour
Qty: _____ Police Officer - \$82.35 person / Hour

EMT / Fire: Y N Qty: _____ \$30 Person / Hour

TOTAL FEES _____

Department	Approval Signature	Date
City Hall	_____	_____
Public Works / Parks	_____	_____
Police Department	_____	_____
Fire Department	_____	_____

Site Plan _____

Certificate of Insurance _____

Vendor lists _____

Application Fee _____

Damage Deposit _____

Alcohol Plan _____

Council Date _____

Approval / Denial