



APPLICATION FOR AMUSEMENT/SPECIAL EVENT

1. **Name of Applicant:** _____
2. **Organization:** _____
3. **Nature of Business/Organization:** _____
4. **Is the Organization Charitable Non-Profit, Non-Profit or Profit?** _____
5. **Address of Organization:** _____
6. **Phone:** _____ 6. **E-mail:** _____
7. **Names & Phone Numbers of all Managers/Overseers of the Event:** (Print First & Last Name/Add additional pages if necessary)

8. **Dates/Hours of Event:** _____ 9. **Estimated Attendees:** _____
10. **Location & Description of Event:** _____

11. **Will a Temporary Structure (Tent >200 sq. ft. or Canopy > 400 sq. ft.) be Used?**
If yes, describe: _____

12. **Will Alcoholic Beverages be Served?** YES NO
If Yes, by who? _____
13. **Does the Request Include the Discharging of a BB Gun, Sling Shot, Pellet Gun, Wrist Rocket, Bow and Arrow, Gun, Pistol, Rifle, Firearm, Dangerous Weapon, or Explosive?**
YES NO
If Yes, Please
Explain _____

The undersigned applicant certifies that the information supplied is true and correct and agrees that the license may be revoked if residents complain about Nuisances caused in the city due to the event.

Applicant _____ Date _____

Additional Information/Requirements to be Provided with Application:

- _____ **Permit Fee**
No Fee for Charitable Non-Profit Organizations
\$60.00 for Non-Profit Organizations
\$310.00 for Profit Organizations

- _____ **Temporary Structure Fee (per Structure, if applicable)**
\$50.00

- _____ **Temporary 3.2 Beer and/or Liquor License (if applicable)**
\$75.00 Temp 3.2 (up to 7 consecutive days)
\$200.00 Temp Liquor (Clubs & Non-Profits up to 4 days)

- _____ **Contract for Police Services (if applicable)**
\$500.00 Deposit
Actual Cost – Varies based on Number of Officers & Duration of Event

- _____ **Copy of Valid Caterer’s Permit from the State of Minnesota (if applicable)**

- _____ **Site Plan**

- _____ **Proof of Insurance**

- _____ **Authorization Form for Criminal Background Check for those listed on Line 7 of the Application**

- _____ **Site Inspection Completed by Fire Marshal prior to the start of the event**

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For Administration Office Use Only

I confirm that all appropriate paperwork has been submitted for the submission of the requested Amusement/Special Event.

Dana Furman, City Clerk

Jason Fleming, Fire Marshal

Perry Beise, Police Chief

GENERAL AUTHORIZATION RELEASE AND POLICE BACKGROUND CHECK

I, _____, hereby authorize and grant my informed consent to permit you, the City of Sauk Rapids, to release to and make available to the Sauk Rapids Police Department and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. I further authorize the Sauk Rapids Police Department to release and make available to the City of Sauk Rapids and/or its agents and/or representatives data classified as private presently in its possession and/or obtained through a criminal background check.

The data which I authorize to be released consists of private data, as defined by Minn, Stat. 13.02, Subd, 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives; and has been collected by the Sauk Rapids Police Department and other criminal justice agencies during the course of their operations. The information authorized to be released includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings with you or your agency; and all data which has been collected, created, received, retained or disseminated in whatever form by the Sauk Rapids Police Department.

I understand that I am not legally required to authorize the release of this data, however, failure to do so is grounds for denial of License Application.

I understand that the purpose of permitting the City of Sauk Rapids and the Sauk Rapids Police Department to have access to this information is to conduct a criminal background check in furtherance of the City's effort to determine my suitability as a License Holder.

The information I provide may be shared with the staff and/or representatives of the City of Sauk Rapids, Sauk Rapids Police Department and persons who require this information to fulfill specifically related responsibilities of their positions.

I further agree to release, indemnify, and hold harmless the City of Sauk Rapids, or any entity, their employees, agents or officers from any claims or causes of action, present or future, which may arise as a result of releasing any information about myself.

**(PLEASE PRINT) **ENTIRE FORM MUST BE COMPLETED OR APPLICATION
WILL NOT BE ACCEPTED**

NAME:	Full First	Full Middle	Full Last
TITLE:			MAIDEN NAME:
DATE OF BIRTH:			SS NUMBER:
CURRENT ADDRESS:			
PREVIOUS ADDRESSES:			
SIGNATURE:		DATE:	
DRIVER'S LICENSE NUMBER & STATE ISSUED			

Office Use Only:

RECOMMENDATIONS:

Signature:	Title:	Date: