

# Special Event Permit Application



The information provided in this document is intended to help you plan a safe and enjoyable event. The staff of the Public Information Center is dedicated to making this process flow as quickly and smoothly as possible. To accomplish that, it's important this form be completed in its entirety, and that all additional documents that are requested be submitted. If you have any questions or need assistance completing this application, please contact the Grand Forks Public Information Center at 701-746-4636.

All of the following sections are to be completed by the event coordinator or representative, and are subject to the following requirements:

- Type or use black or blue ink
- Print clearly
- Complete the application **no later than 15 business days** prior to the event (Applications completed after this deadline may jeopardize approval)
- **Use of Town Square will include additional costs and a mandatory walk-through**

**All applications must be signed and witnessed by a notary public. This service is available in the Public Information Center and other City Hall locations.**

## **Processing Procedure:**

- The Public Information Center will review the completed application and notify all required agencies and / or departments.
- All departments and / or agencies involved will need to approve of the event and notify the Public Information Center.
- Notification of the status of your application will be available from the Public Information Center within 5 business days after submission.



### GF Special Event Permit Application

Event Representative(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Time of Event: From: \_\_\_\_\_ To: \_\_\_\_\_

Sponsoring Organization(s): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Location(s) of Event: \_\_\_\_\_

**NOTE: Appropriate departments must approve location. Please contact Public Information Center at 701-746-4636 with any questions.**

Estimated Number of Total Attendants: \_\_\_\_\_

Do you plan to sell alcohol or will alcohol be present? (please explain) \_\_\_\_\_

**Approval required from City Clerk, Police Department & Fire Department**

Will your event involve the use of a tent or canopy? \_\_\_\_\_

~~Approval required from Fire Department~~

If yes, if the tent or canopy flame retardant? \_\_\_\_\_

Who will erect the tent or canopy? \_\_\_\_\_

What date will it be erected? \_\_\_\_\_

Will your event involve a bonfire or other open burning of any nature? \_\_\_\_\_

~~Approval required from Fire Department~~

Will your event involve a fireworks display? \_\_\_\_\_

~~Approval required from Fire Department - Include dimensioned site plan~~

If yes, list ATF License Holder \_\_\_\_\_

ATF License Number \_\_\_\_\_

Pyrotechnic Operator's License # (Include License Classification) \_\_\_\_\_

Provide the following information:

Quantity of pyrotechnic or special effect material for each device; MSDS on each device used; exact description of the desired effect \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Location of materials prior to display \_\_\_\_\_

Location of materials during display \_\_\_\_\_

Storage locations & provisions for return of unused materials after display \_\_\_\_\_

\_\_\_\_\_  
Type of fire extinguishing equipment available on site \_\_\_\_\_

***Attach Proof of Current General Liability Insurance and Workers Compensation coverage. The City of Grand Forks, agents and employees shall be named as an additional insured on the General Liability certificate.***

Will your event involve the sale of food and/or beverages? \_\_\_\_\_

~~Approval required from City Clerk~~

~~Cooking equipment needs approval from Fire Department~~

~~Vendors must be approved by Public Health~~

Will you be selling any kind of merchandise at your event? \_\_\_\_\_

~~Permit required from City Clerk~~

Will this event require street closure or any other traffic obstruction concerns? \_\_\_\_\_

~~Approval needed from Public Works, Police Department and Fire Department~~  
~~Attach map of parade route or of roads that will be blocked off~~

Do you have plans for recycling and waste disposal? \_\_\_\_\_

~~Approval needed from Public Works~~

Is sufficient parking available for this event? (please explain) \_\_\_\_\_

~~Approval needed from Police Department and Fire Department~~

Is this event a Neighborhood Block Party?

~~Approval needed from Community Service Bureau~~

If event includes a parade, fun run, bike race, etc. please include map of route

~~Approval needed from Police Department, Fire Department and Street Department~~

Does event include a party, festival or celebration that requires a noise variance? \_\_\_\_\_

~~Approval needed from Police Department~~

Does event involve use of Town Square?

~~Approval needed from Urban Development~~

If so, do you need electricity? \_\_\_\_\_

PA System? \_\_\_\_\_

~~Charges apply~~

If you plan to use Town Square, please indicate any planned decorations. \_\_\_\_\_

If using Town Square, please indicate how you plan to clean up after the event. If you plan to contract with the City, please write "Contract with City"

~~Charges may apply~~

**\*\*\*\* Events requiring Police or Fire Officers on site may require additional fees \*\*\*\***

If you have any questions on how to make your event accessible to persons with disabilities please contact Options at 218-773-6100.

Please contact Altru Health System at 701-780-1551 if you will need an Ambulance or Bike Medics, as well as any other medical needs at your event.



**REIMBURSEMENT, INDEMNITY AND HOLD HARMLESS AGREEMENT**

The applicant must promptly reimburse the City for any costs incurred of any kind that are a result of use by applicant under the permission granted. This includes, but is not limited to; cleanup, maintenance, preventive, or replacement costs.

Furthermore, applicant hereby agrees to defend the City and its employees and hold harmless the city from any and all liability to any person or entity that may be caused by damage or injury incurred as a result of this event.

This agreement is effective on the date of which this event is to take place and is complete for the entirety of the event.

**Individual Applicant:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Drivers License #: \_\_\_\_\_

**Sponsoring Organization:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
Grand Forks County, North Dakota  
My Commission Expires: \_\_\_\_\_