



**EVENTS PERMIT APPLICATION**  
 216 4th Street North, Stillwater, MN 55082  
 Telephone: 651-275-4102  
 Email: [pubwrks@ci.stillwater.mn.us](mailto:pubwrks@ci.stillwater.mn.us)

Read through the Event Policies, fee schedule and Event Procedures before filling out application.

Date of Application:

<b>Event Information</b>			
Title/Name of Event			
Event Date/Time:	Set up:	Date _____	Time _____ to _____
	Actual Event:	Date _____	Time _____ to _____
	Clean up:	Date _____	Time _____ to _____
<small>(Events after 10:00 p.m. require a variance from City Council)</small>			
Location (Address) of Event: <small>(If in Lowell Park please specify north or south Lowell park)</small>			
Description of Event <small>(please be specific - this information will be used to promote the event on the City of Stillwater website)</small>			
Estimated Attendance <small>(participants and spectators):</small>			
<b>Applicant Information (Person/Group Responsible)</b>			
Sponsoring Organization Name:			
Mailing Address:			
City, State, Zip Code:			
Primary Contact/Applicant Name:			
Phone Number:		Cell Phone:	
Email Address:			
Website Address:			
Name of contact person during event:		Cell Phone:	
Alternate contact during event:		Cell Phone:	
Refer media or citizens inquires to:		Phone:	

**Site Plan:** A site plan is mandatory for all events. Please provide a map of the site layout. Include any tables, stages, tents, fencing, portable restrooms, vendor booths, trash containers, etc. If event involves a parade, race or walk, please attach a route map highlighting route. Include rest stop stations, crossings, signage and indicate route direction with arrows.

Event Features			
Will any signs/banners be put up	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Number and size:
Will there be any inflatables?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Insurance certificate from rental vendor is required
Will there be entertainment?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	What type:
Will sound amplification be used?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Hours and Type:
Will a stage or tent(s) be set up?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Dimensions:
Will there be temporary fencing?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Will merchandise be sold?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How many vendors expected:
Will food be sold?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How many vendors expected: Contact Washington County Health Dept. 651-430-6655
Will food be cooked/prepared on site?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, must contact Stillwater Fire Department, 651-351-4950 and contact Washington County Health Department, 651-430-6655
Will alcohol be served but not sold?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	See Liquor Licensing page for instructions
Will alcohol be sold?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	See Liquor Licensing page for instructions
Will there be a fireworks display?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Permit required, contact Stillwater Fire Department, 651-351-4950
Describe power needs and location of power source.			
Describe level of advertisement (ie, radio, flyers, ads, tv, press release). Attach sample if available			
City Services (After reviewing the event application, City services may be required for the event.)			
Will event <b>close or block</b> any of the following: If yes <b>specify location</b> on site map.			
<b>City Streets or Right-of-way:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, specify below			
Which Streets: _____		Dates: _____	
<b>Public Parking Lots or Spaces:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, specify below			
Lot 2 - Dates: _____	Lot 5 - Dates: _____	Lot 10 - Dates: _____	
Lot 3 - Dates: _____	Lot 8B - Dates: _____	Lot 11 - Dates: _____	
Lot 4 - Dates: _____	Lot 9 - Dates: _____	Mulberry Cir. - Dates: _____	
Will event need barricade(s)?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Number needed:
Will extra picnic tables be needed?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Number needed:

Describe your plan for restrooms:	Organizer is responsible for providing
Describe trash removal and cleanup plan during and after event:	Organizer is responsible for providing
Will event use an assigned route?      No <input type="checkbox"/> Yes <input type="checkbox"/>	How many hours will route be in use?
Will event need traffic control?      No <input type="checkbox"/> Yes <input type="checkbox"/>	<i>Contact Stillwater Police Department for assistance, 651-351-4900</i>
Describe crowd control procedure to ensure the safety of participants and spectators:	
Will "No Parking Signs" be needed?      No <input type="checkbox"/> Yes <input type="checkbox"/>	Number needed: <i>Fees may apply see Instructions Show location(s) on site map</i>
Will event need security?      No <input type="checkbox"/> Yes <input type="checkbox"/>	<i>If event is overnight, security will be required.</i>
If using private security, list Security Company and Contact Information:	
Will event need EMS services?      No <input type="checkbox"/> Yes <input type="checkbox"/>	<i>Contact Lakeview EMS, 651-430-4621</i>
Describe plans to provide first aid, if needed (cannot leave blank):	
Describe the emergency action plan if severe weather should arise (cannot leave blank):	
List any other pertinent information:	

*The sponsor(s) of this event hereby agrees to save the City, its agents, officials and employees harmless from and against all damages to persons or property, all expenses and other liability that may result from this activity. Depending on the size of and scope of the event a "Certificate of Insurance" may be required. If insurance is required, the policy must be kept in force during the event of at least the statutory limits for municipalities covering claims that might be brought against the event that arise out of the events authorized and to name the City as an additional insured on their policy "as their interest may appear." As the sponsor or authorized representative, I certify that the information provided is 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 Stillwater and is a release of Liability.*

\_\_\_\_\_  
Signature of Applicant or Authorized Agent

\_\_\_\_\_  
Date