

City of Afton
Special Event Permit Application - \$25.00 Fee

Submit to: Afton City Hall, 3033 St. Croix Trail S, P.O. Box 219, Afton MN 55045 (651) 436-5090 Fax (651) 436-1453

APPLICANT AND SPONSORING ORGANIZATION INFORMATION

NAME OF ORGANIZATION: _____ **501(C)3 Non-Profit #** _____

CONTACT PERSON NAME: _____

EMAIL: _____ **DAY PHONE: ()** _____ **CELL: ()** _____

ON-SITE MANAGER -- DAY OF EVENT: _____ **CELL: ()** _____

SPECIAL EVENT INFORMATION

BIKE RIDE RUN/WALK RALLY PARADE WEDDING CEREMONY/PHOTOS

STREET DANCE CONCERT FAIR PICNIC OTHER (Specify) _____

EVENT TITLE: _____ **EVENT DATE(S):** _____

START TIME & LOCATION: _____ **ROUTE:** (Attach Route maps) _____

END TIME & LOCATION: _____ **EST ATTENDANCE:** _____

HOURS OF EVENT: _____ AM/PM to _____ AM/PM **PARTICIPANT CONCERNS: Age range** _____ **HC reqs** _____

SET UP: Date: _____ **Time:** _____ AM/PM to _____ AM/PM **TAKE DOWN: Date:** _____ **Time:** _____ AM/PM

FIRST AID STATION LOCATIONS (if any): _____ **CONTACT INFO FOR PERSON IN CHARGE OF FIRST AID:**

AID STATIONS ARE EQUIPPED WITH: _____ **NAME:** _____ **CELL:** _____

ALCOHOL/FOOD SERVED: YES NO **ALCOHOL/SOLD:** YES* NO *If yes, submit Temporary Liquor License Application

OPEN TO PUBLIC: YES NO **PLEASE DESCRIBE PROPOSED PARKING, CROWD CONTROL, TOILET FACILITIES, ETC. **:**

*** Attach pertinent information such as sketches, proposed crowd control, fencing, barricades, location maps, route maps, etc. to expedite review of this permit. Missing information may delay the approval of this permit.*

PLEASE NOTE: TRASH REMOVAL AND/OR DAMAGE TO CITY PROPERTY IS THE RESPONSIBILITY OF THE APPLICANT. THE CITY RESERVES THE RIGHT TO CHARGE FOR STAFF TIME AND MITIGATION EFFORTS.

**** EVENTS ARE SUBJECT TO CITY ORDINANCES—Available at www.ci.afton.mn.us. Example: Noise Ordinance Sec. 12-208(D)(3&4)**

CITY OFFICE ROUTING

CONDITIONS FOR APPROVAL: _____

REASON FOR DENIAL: _____

SUBMIT \$25.00 FEE

(Payable to the: City of Afton)

DATE: _____

AMT REC'D: _____

CHECK #/CASH RCT #: _____

STAFF INITIALS: _____

SIGNED: _____

APPROVED COPIES ROUTED: Staff Initials: _____

Washington County Sheriff's Dept Date: _____

Lower St. Croix Valley Fire Dept Date: _____

City Administrator _____ Date _____