



City of Hibbing
SPECIAL EVENT Permit Application

All applications for Special Events to be held within the City of Hibbing shall be reviewed by the City departments that will be involved during the operation of the Event. Prior to review, all application information must be completed. After Department Review, the applications will be submitted to the City Council for final approval.

Deadlines: Applications must be submitted 60 days prior to the event.

RETURN APPLICATION to the City Hall Council Office
DATE RECEIVED BY COUNCIL OFFICE: _____

Name/Description of Event:		
Date of Event:		
Organizer:		
Organizer Contact Information:	Home Phone: Cell Phone:	Work Phone:

Department Review. If applicable and where noted in the application form, the event organizer will also need to contact City department heads

DEPARTMENT		CONTACT #
Hibbing Police Dept.	Police Chief MaryAnn Hooper	262-0285
Fire Department	Fire Marshal Bryan Fagerstrom	362-5965
Sanitation Dept.	Pete Kaim	362-5942
Public Works Dept.	Mike Haben	362-5991
City Services	Pete Hyduke	362-5951

City of Hibbing

SPECIAL EVENT PERMIT APPLICATION

Applications MUST BE FILLED OUT COMPLETELY & ALL NECESSARY REQUIREMENTS ATTACHED

TITLE, PURPOSE, AND BRIEF DESCRIPTION OF EVENT:
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black;"></div>
Date of Event: _____
Refer media or citizen inquires to: _____ Telephone: _____
APPLICANT AUTHORIZATION:
Attach a written communication from the organization(s) in whose name the event will be advertised which authorizes you, the applicant, to apply for this special events permit on its or their behalf.
Applicants Name & Title:
Address:
Mailing Address:
Affiliation:
Telephone: (day) _____ (evening) _____
EVENT PRINCIPALS:
On the next sheet, please list names, addresses, and telephone numbers of all the principals involved in any way in the proposed special event. Include professional event organizers, event promoters, financial underwriters, commercial sponsors, charitable agencies for whose benefit the event is being produced, the organizations in whose name the event is being advertised, and all other administratively, financially, or organizationally involved as principals in the production of the proposed special event. Make additional copies of the next sheet as needed to include all the principals involved in the proposed special event.

Name:		
Organization/Business/Agency/Affiliation:		
Mailing Address:		
Daytime Phone:	Evening Phone:	Other:
Title and Functional Responsibility with Regard to the Event:		
Will this person have authority to cancel or greatly modify event plans? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will this person be present at the event area or areas and in charge of the event at all times <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name:		
Organization/Business/Agency/Affiliation:		
Mailing Address:		
Daytime Phone:	Evening Phone:	Other:
Title and Functional Responsibility with Regard to the Event:		
Will this person have authority to cancel or greatly modify event plans? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will this person be present at the event area or areas and in charge of the event at all times <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name:		
Organization/Business/Agency/Affiliation:		
Mailing Address:		
Daytime Phone:	Evening Phone:	Other:
Title and Functional Responsibility with Regard to the Event:		
Will this person have authority to cancel or greatly modify event plans? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will this person be present at the event area or areas and in charge of the event at all times <input type="checkbox"/> Yes <input type="checkbox"/> No		

REQUESTED EVENT COMPONENTS:
REQUESTED DAY AND DATE <i>(first choice)</i> :
Alternate days and dates: <ul style="list-style-type: none"> • _____ • _____ • _____
REQUESTED HOURS OF OPERATION: From: _____ a.m. / p.m. To _____ a.m. / p.m.
SET UP beginning Day and Date **Indicate the time at which any unit of an event will begin to assemble at such area Day: _____ Time: _____ a.m. / p.m.
Describe the number and type of animals to be used in the Event <input type="checkbox"/> Not Applicable **If the event is a Circus, Carnival, Menagerie, or Like Exhibition: The license fee payable to the City of Hibbing is \$60.00 for the first day and \$12.00 for each additional day. <input type="checkbox"/> If applicable, license fee to be included when submitting the application See City Code Chapter 6, Section 6.23 for additional information.
Attach a Draft of the Entry Form for Participants / Spectators <input type="checkbox"/> Attached
Anticipated number of Participants: _____ Spectators: _____
**INSURANCE <input type="checkbox"/> Attach to this application either an Insurance policy or a certificate of insurance including the policy number, amount, and the provision that the City of Hibbing is included as an additional insured.

<p>SANITATION:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attach your "Plan for Clean-Up / Material Preservation". <input type="checkbox"/> Include number, type and location of trash containers to be provided for the event. <input type="checkbox"/> Indicate who and how many will be responsible for emptying and cleaning up around containers <u>during</u> the event. <input type="checkbox"/> Indicate who and how many will be responsible for cleaning up after animals if they are used in the event. <input type="checkbox"/> Indicate who and how many will be responsible for cleaning up the event after the event. <input type="checkbox"/> Described the number, type and location of portable toilets to be provided for the event (or permanent toilets to be used for the event). <input type="checkbox"/> Include any other plan you have for ensuring post-event cleanliness and material preservation of city facilities, equipment, premises and streets.
<p>MAP (Noting the following items):</p> <p>Check off below items that apply to your event.</p> <p><i>Indicate these items on attached separate maps. Use, where necessary, a to-scale drawing.</i></p>
<ul style="list-style-type: none"> <input type="checkbox"/> If a route is involved, the beginning area, the route (indicate directions with arrows), and the finished area;
<ul style="list-style-type: none"> <input type="checkbox"/> If a route is involved, the places where buses or trains need to be considered;
<ul style="list-style-type: none"> <input type="checkbox"/> If a route is involved, it will expedite approval of your event if you attach separate maps giving two or three alternate routes;
<ul style="list-style-type: none"> <input type="checkbox"/> Indicate if Roads and/or Sidewalks will be Closed The applicant will be required to explain how motorists and business owners and residents will be notified in advance of the event.
<ul style="list-style-type: none"> <input type="checkbox"/> Barricades, cones, safety, portable parking signs (note location - <i>provided by Public Works</i>)
<ul style="list-style-type: none"> <input type="checkbox"/> If a relay is involved, indicate hand-off points;
<ul style="list-style-type: none"> <input type="checkbox"/> Entertainment or stage locations (grandstand operators should provide you with a to-scale drawing);
<ul style="list-style-type: none"> <input type="checkbox"/> Alcoholic beverage concession areas; location must be specified
<ul style="list-style-type: none"> <input type="checkbox"/> Non-alcoholic concession areas;
<ul style="list-style-type: none"> <input type="checkbox"/> Food concession areas;
<ul style="list-style-type: none"> <input type="checkbox"/> General merchandise concession areas;
<ul style="list-style-type: none"> <input type="checkbox"/> Portable toilet facilities (indicate number);
<ul style="list-style-type: none"> <input type="checkbox"/> First aid facilities;
<ul style="list-style-type: none"> <input type="checkbox"/> Event participant and/or spectator parking areas;
<ul style="list-style-type: none"> <input type="checkbox"/> Event organizers command post;
<ul style="list-style-type: none"> <input type="checkbox"/> Fireworks or pyrotechnics site; (Must contact Fire Marshal)
<ul style="list-style-type: none"> <input type="checkbox"/> Vehicle fuel handling site;
<ul style="list-style-type: none"> <input type="checkbox"/> Cooking areas;
<ul style="list-style-type: none"> <input type="checkbox"/> Tables, enclosures, etc.;

FOOD:	Food and/or non-alcoholic beverages to be served? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Describe sanitation measures, food handling procedures and the nature of the food (such as pre-packaged foods, hot dogs, pre-mixed sodas, unpeeled fruit, raw meats, vegetables, fish or peeled and cut fruits).
	A health permit may be required from either the State of MN or St. Louis County. <input type="checkbox"/> Attach a copy of your health permit to this application.
	If you intend to <u>cook</u> food in the event area, describe your area layout, including fuel or if electrical sources to be used.

SECURITY AND SAFETY PROCEDURES:
The Hibbing Police Department will determine the minimum number of private security guards and police officers required to adequately staff your event. If the prescribed number of private security guards is not provided or proves inadequate, the Hibbing Police Department maintains the right to shut down any or all components of the event and/or to provide additional police services that may be billed directly to the host organization.
Describe your proposed procedures for set-up operation, internal security and crowd control. _____ _____ _____
If the event is to occur at night, describe how you are going to light the event area in order to increase the safety of participants and spectators coming to and leaving the event. _____ _____ _____
If your event includes vehicles or animals, describe the minimum and maximum speeds of the event and the minimum and maximum intervals of space to be maintained between units. _____ _____ _____
<input type="checkbox"/> Attach to this application a copy of your building permit (or permits) if you are installing any electrical wiring on a temporary or permanent basis and/or if you are building any temporary or permanent structures such as bleachers, scaffolding, a grandstand, reviewing stands, stages or platforms.

Attach a copy of your fire department permit or permits to this application if you will use parade floats; an open flame; fireworks or pyrotechnics; vehicle fuels; cooking facilities; enclosures (and tables within those enclosures), tents, air-supported structures, canopies, or any fabric shelters.

Give names, address and phone numbers of the agency or agencies which will provide first aid staff and equipment. Attach additional sheets if necessary.

Name of Agency: _____

Name of Representative: _____

Address: _____

Phone Numbers: _____

Indicate medical services that will provided for the event.

Medical Service

How Provided:

- Ambulance
- Doctors
- Nurses
- Paramedics

HIBBING FIRE DEPARTMENT REQUIREMENTS

In accordance with Minnesota State Fire Code Section 403.1 the Fire Marshal shall evaluate the need for requiring fire personnel to be in attendance of a public assembly for the following reasons: keep diligent watch for fires, obstruction to means of egress and other hazards and shall take prompt measures for remediation of hazards. The Hibbing Fire Marshal maintains the right to require fire service personnel to staff special events that are construed as a potential hazard to the public safety. These additional services may be billed directly to the host.

In accordance with Minnesota State Fire Code Section 403.2; for an indoor special permit public assembly, the Fire Marshal shall receive a floor plan with dimensions of the floor, seating, and exit widths. A total number of participants shall be submitted in order to evaluate the occupancy load and safe egress out of the building. The Fire Marshal shall assign an occupancy load for the event which shall be adhered to. All event floor plan layouts must be approved by the Fire Marshal and all special permit public events are subject to inspection by the Fire Marshal the day of the event. The Fire Marshal and/or designee reserves the right, under MN State Fire code, to stop and/or remedy any unsafe actions up to and including the cancelling of the event.

