

City Of Sisseton
Special Event Permit Application

To apply for a Special Event Permit, please complete the application and submit no later than 30 days before your event.

EVENT INFORMATION

Type of Event: _____

Event Title: _____

Event Dates: _____ Total Anticipated attendance: _____

Location: _____

Actual Event Hours: _____ a.m./p.m. - _____ a.m./p.m.

Setup/Assembly/Construction Date: _____ Start time: _____ a.m./p.m.

Please describe the scope of your setup/assembly work (specific details). _____

Dismantle Date: _____ Completion time: _____ a.m./p.m.

List any street(s) requiring closure as a result of this event. Include street name(s), day, date and time of closing and time of reopening. _____

APPLICANT AND SPONSORING ORGANIZATION INFORMATION

Commercial (for profit) _____
Non-commercial (nonprofit) _____

Sponsoring Organization _____

Chief Officer of Organization (Name) _____

Applicant (Name) _____ Business phone _____

Address _____

Daytime Phone _____ Evening Phone _____ Fax _____

Please list any **professional event organizer** or **event service provider** hired by you that is authorized to work on your behalf to produce this event. Name _____

Address _____

Contact person "on site" day of event _____ Cellular # _____

Note: This person must be in attendance for the duration of the event and immediately available to city officials.

Required – Attach a written communication from the Chief Officer of the organization which authorizes the applicant or professional event organizer to apply for this Special Event Permit on their behalf.

OVERALL EVENT DESCRIPTION (CONTINUED)

Does the event involve the **sale** or **use** of alcoholic beverages? _____

Will items or services be sold at the event? **If yes**, please describe _____

Does this event involve a **moving route** of any kind along streets, sidewalks or highways? **If yes**, attach a detailed map of your proposed route, indicate the direction of travel, and provide a written narrative to explain your route. _____

Does this event involve a **fixed venue** site? **If yes**, attach a detailed site map showing all streets impacted by the event.

In addition to the route map required above, please attach a diagram showing the **overall lay-out** and **set-up locations** for the following items:

- Alcoholic and Nonalcoholic Concession and/or beer garden areas.
 - Food Concession and/or food preparation area(s)
Please describe how food will be served at the event: _____
-

If you intend to cook food in the event area please specify method:

_____ Gas _____ Electric _____ Charcoal _____ Other (Specify) _____

- Portable and/or permanent toilet facilities.
+Number of portable toilets: _____ **Required** (One for every 250 people or portion thereof)
+Number of ADA Accessible Toilets: _____ **Required** (10% of total portable toilets)
+NOTE: Unless applicant can substantiate the availability of both accessible and non-accessible facilities in the immediate area of the event site available to the public during the event, City will determine the total number of toilets on a case-by-case basis.
- First Aid Facilities and Ambulance Locations.
- Tables & Chairs
- Fencing, barriers and/or barricades
- Generator locations and/or source of electricity
- Canopies or tent locations
- Booths, exhibits, displays or enclosures
- Scaffolding, bleachers, platforms, stages, grandstands or related structures
- Vehicles and/or trailers
- Other related event components not covered above
- Trash containers and dumpsters

Number of trash cans _____ Trash containers w/lids _____

Dumpsters w/lids _____

Describe your plan for clean-up and removal of waste and garbage during and after the event.

SAFETY/SECURITY/ACCESSIBILITY

Please describe your procedures for both **Crowd Control** and **Internal Security**

Please describe your **Accessibility Plan** for access at your event by individuals with disabilities

REQUIRED – It is the applicant’s responsibility to comply with all City, County, State and Federal Disability Access Requirements applicable to this event.

Have you hired any **Professional Security** organization to handle security arrangements for this event?

If yes, please list name, address and contact information: _____

Is this a night event? If yes, please state how the event and surrounding area will be illuminated to ensure safety of the participants and spectators: _____

Please indicate what arrangements you have made for providing First Aid Staffing and Equipment?

_____ Ambulance(s) – How provided? _____

Other, please explain _____

PARKING PLAN/SHUTTLE PLAN/MITIGATION OF IMPACT

Please provide a detailed description of your **parking** and **shuttle** plans.

Please provide your plan for **disabled parking** _____

Please describe your plans to notify all residents, business and churches impacted by the event:

ENTERTAINMENT/ATTRACTIONS/RELATED EVENT ACTIVITIES

Are there any **musical entertainment** features related to your event? _____ **If yes**, please state the number of stages, number of bands and type of music: _____

Will sound amplification be used? _____ If yes, please indicate: Start time _____ Finish time _____

Will sound checks be conducted prior to the event? _____ If yes, start time _____ Finish time _____

Please describe sound equipment that will be used at your event _____

Any inflatable hot air balloons or similar devices? _____ If yes, please describe _____

Fireworks, rockets or other pyrotechnics? _____ If yes, please describe _____

Any signs, banners, decorations, special lighting? _____ If yes, please describe _____

PROMOTION/ADVERTISING/MARKETING/INTERNET INFORMATION

Will this event be promoted, advertised or marketed in any manner? _____ If yes, please describe _____

Will there be any live media coverage during your event? _____ If yes, please explain _____

Refer all event inquiries and/or media inquiries for this event to:

Name _____ phone _____

INSURANCE REQUIREMENTS

Required – Insurance for your event will be required before final permit approval.

Name of Insurance Agency _____ phone _____

Agent's Name _____ Policy Number _____ Type _____

Address _____ City/State/Zip _____

For final permit approval, you will need commercial general liability insurance that names "the City of Sisseton, its officers, employees and agents" as an additional insured. Insurance coverage must be maintained for the duration of the event. To determine the amount of insurance coverage necessary, please contact Sisseton City Hall at 605-698-3391. Insurance requirements depend upon the risk level of the event. The City **must be named as an "additional insured."** Please obtain the required insurance and mail an original insurance certificate to: City of Sisseton, 406 2nd Ave. W., Sisseton, SD 57262.

AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief, that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the Sisseton Municipal Code and I understand that this application is made subject to the rules and regulations established by the City Council. I agree to abide by these rules, and further certify that on behalf of the organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any cost and fees that may be incurred by or on behalf of the Event to the City of Sisseton.

Name of Applicant (print) _____ Title _____

Signature of applicant _____ Date _____