

*City of Hibbing*  
**SPECIAL EVENT Permit Application**

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☒ **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 Departments 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:** \_\_\_\_\_

<b>Name/Description of Event:</b>	
<b>Date of Event:</b>	
<b>Location of Event:</b>	
<b>Organizer:</b>	
<b>Organizer Contact Information:</b>	Home Phone: _____ Work Phone: _____ Cell Phone: _____

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

DEPARTMENT	CHECK IN WITH CITY CONTACTS TO DISCUSS YOUR NEEDS FOR YOUR EVENT	CONTACT #
Hibbing Police Dept.	Police Chief Steve Estey	218-262-0285
Fire Department	Fire Marshal Shawn Nickila	218-421-3942
Sanitation Dept.	John Yuretich/Jim Watkins	218-362-5991
Public Works Dept.	John Yuretich/Jim Watkins	218-362-5991
City Services	Nick Arola	218-362-5951

City of Hibbing

## SPECIAL EVENT PERMIT APPLICATION

☐ Applications **MUST BE FILLED OUT COMPLETELY & ALL NECESSARY REQUIREMENTS ATTACHED**

**LOCATION OF EVENT:** \_\_\_\_\_

<b>TITLE, PURPOSE, AND BRIEF DESCRIPTION OF EVENT:</b>
<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black;"></div>
Date of Event: _____  Refer media or citizen inquires to: _____ Telephone: _____
<b>APPLICANT AUTHORIZATION:</b>
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 event permit on its or their behalf.
Applicants Name & Title:
Address:
Mailing Address:
Affiliation:
Telephone: (day) _____ (evening) _____
<b>EVENT PRINCIPALS:</b>
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 benefits the event are 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.

<b>Name:</b>		
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		

<b>Name:</b>		
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		

<b>Name:</b>		
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		

<b>REQUESTED EVENT COMPONENTS:</b>
<b>REQUESTED DAY AND DATE</b> <i>(first choice):</i>
Alternate days and dates: <ul style="list-style-type: none"> <li>• _____</li> <li>• _____</li> <li>• _____</li> </ul>
<b>REQUESTED HOURS OF OPERATION:</b> From: _____ a.m. / p.m. To _____ a.m. / p.m.
<b>SET UP beginning Day and Date</b>  <b>**Indicate the time at which any unit of an event will begin to assemble at such area</b>  Day: _____ Time: _____ a.m. / p.m.
Describe the number and type of animals to be used in the Event <input type="checkbox"/> Not Applicable  <b>**If the event is a Circus, Carnival, Menagerie, or Like Exhibition:</b> 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: _____
<b>**INSURANCE</b>
<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.

**SANITATION:**

- ☐ Attach your “Plan for Clean-Up / Material Preservation”.
- ☐ Include number, type and location of trash containers to be provided for the event.
- ☐ Indicate who and how many will be responsible for emptying and cleaning up around containers during the event.
- ☐ Indicate who and how many will be responsible for cleaning up after animals if they are used in the event.
- ☐ Indicate who and how many will be responsible for cleaning up the event after the event.
- ☐ Described the number, type and location of portable toilets to be provided for the event (or permanent toilets to be used for the event).
- ☐ Include any other plan you have for ensuring post-event cleanliness and material preservation of city facilities, equipment, premises and streets.

**MAP (Noting the following items):**

Check off below items that apply to your event.

*Indicate these items on attached separate maps. Use, where necessary, a to-scale drawing.*

- ☐ If a route is involved, the beginning area, the route (indicate directions with arrows), and the finished area;
- ☐ If a route is involved, the places where buses or trains need to be considered;
- ☐ If a route is involved, it will expedite approval of your event if you attach separate maps giving two or three alternate routes;
- ☐ **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.
- ☐ Barricades, cones, safety, portable parking signs (note location - *provided by Public Works*)
- ☐ If a relay is involved, indicate hand-off points;
- ☐ Entertainment or stage locations (grandstand operators should provide you with a to-scale drawing;
- ☐ Alcoholic beverage concession areas; **location must be specified**
- ☐ Non-alcoholic concession areas;
- ☐ Food concession areas;
- ☐ General merchandise concession areas;
- ☐ Portable toilet facilities (indicate number);
- ☐ First aid facilities;
- ☐ Event participant and/or spectator parking areas;
- ☐ Event organizers command post;
- ☐ Fireworks or pyrotechnics site; (**Must contact Fire Marshal**)
- ☐ Vehicle fuel handling site;
- ☐ Cooking areas;
- ☐ Tables, enclosures, etc.;

<input type="checkbox"/> Temporary or permanent structures constructed for the event;	
<input type="checkbox"/> Site of electrical wiring to be installed for the event;	
<input type="checkbox"/> Trash containers (indicate number): _____	
<input type="checkbox"/> Other. Please describe: _____	
<b>AVAILABILITY OF FOOD, BEVERAGES AND/OR ENTERTAINMENT</b>	
<b>ENTERTAINMENT:</b>	If there will be music, sound amplification or any other noise impact, please describe, <u>including the intended hours</u> of the music, sound or noise.
	If a casino party, a dance or live entertainment is a part of your event, please describe:
	Please describe all of the activities of your event for which a license is required, for example, a cabaret license, a caterer's license, a general merchandise concession license, peddler or transient merchant license, etc. ( <i>attach to this application all required licenses</i> )
<b>ALCOHOL:</b>	Alcoholic Beverages to be served? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Temporary Liquor License Applied For?
	<div style="display: flex; justify-content: space-between;"> <span>BEER</span> <span><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> </div>
	<div style="display: flex; justify-content: space-between;"> <span>COMMUNITY FESTIVAL LICENSE</span> <span><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> </div>
	<div style="display: flex; justify-content: space-between;"> <span>TEMPORARY ON SALE</span> <span><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> </div>
	Organization Applying for License for Alcoholic Beverages:
	Describe what system will be used to ensure that alcoholic beverages will be consumed only by those persons 21 years and older.
	Describe how, where, when and by whom the alcoholic beverages will be served.
	List of people who will be selling the alcohol:
	Have they attended server training? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>FOOD:</b>	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.

<b>SECURITY AND SAFETY PROCEDURES:</b>
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.



**VENDORS OR CONCESSIONAIRES:**

Describe what vendors or concessionaires you will allow in conjunction with the event and the purpose or purposes of these concessions.

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Describe how you intend to regulate, monitor and control the type, number and quality of vendors/concessionaires who you may permit to operate in conjunction with the event.

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**MITIGATION OF THE IMPACT ON OTHERS:**

Describe how you intend to mitigate the impact of the special event on businesses, churches, neighbors, motorists, mass transit users and others. Attach additional sheets, if necessary entitled "Mitigation of the Impact of Others."

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**OTHER PERTINENT INFORMATION:**