

| Office Use Only |
|---------------------|
| Date Received: |
| Staff Receiving: |
| Application Number: |

SPECIAL EVENT PERMIT APPLICATION

Rochester Code of Ordinances, Chapter 8-11 applies to permits for Special Events in the City of Rochester. A special event includes an event held in the city in which one of the following occurs:

- a) Amplified sound is to be used
- b) A street, sidewalk or other public right of way or place is closed for the benefit of the event attendees
- c) A temporary alcoholic beverage license is required or an existing on-sale alcoholic beverage license is carried to the event location as part of a community festival
- d) The event will adversely impact a considerable number of members of the public

All community festival applications must be approved by the City Council prior to issuance of a permit.

A Review Committee, made up of representatives from City and County departments, will review the application and make changes and/or recommendations to the event sponsor prior to permit issuance.

Fees: All fees are <u>non-refundable</u> unless the applicant cancels the event or withdraws their application within 14 days of the event. Payment is required in full upon submission of application.

TIMING FOR APPLICATION SUBMISSION

- Applications for special events need to be received by the City of Rochester at least 30 days prior to the event date, with submission 60 days in advance requested wherever possible.
- There is no guarantee an event application can be processed and approved in less than 30 days.
- For large scale events involving 1,000 participants or more application must be made 120 days in advance.
- Applications for outdoor events with 200+ attendees are encouraged to request real-time National Weather Service weather updates for their event by emailing Emergency Management at bknapp@rochestermn.gov

ADDITIONAL CONSIDERATIONS FOR EVENT ORGANIZERS

In the case of a race, walk, parade, or other event using City streets, a detailed layout of the route and arrangements for traffic control to be done by a certified vendor using the Manual of Uniform Traffic Control Devices standards will be required to be submitted with the application.

Anyone planning an event to be held within the Peace Plaza area should contact the Rochester Downtown Alliance to begin the application process. If approval is given for Peace Plaza use then a City application can be submitted along with verification that the Peace Plaza use has been approved.

Any event to be held within Parks must contact the Rochester Park and Recreation Department for separate permit requirements or shelter rental. A special event permit is required for events/activities exceeding 300 participants or any event/activity which extends beyond the immediate park boundaries. Additionally the event sponsor will need to check with the Park and Recreation Department for any activity to be held on Park and Recreation property to make sure the event can be scheduled into the facility requested:

http://www.rochestermn.gov/government/departments/parks-recreation-new/rentals-reservations

All applications, with the exception of those in the Peace Plaza and small events/activities within parks, are to be sent directly to the City Clerk's Office. **Issued permits will NOT be eligible for refunds**.

Section 1. CHECKLIST OF REQUIRED INFORMATION

Select <u>any</u> of the following that apply to this event:

Amplified Sound to be used – COMPLETE SECTION 3 (B)

Closure request for a street, sidewalk, or other public way or place as part of the event – COMPLETE SECTION 3 (C)

Alcohol service as part of the event – **COMPLETE SECTION 3 (D) AND ANY ADDITIONAL LIQUOR LICENSES WITH THE CITY CLERK'S OFFICE IF REQUIRED**

Tents or other membrane structures to be erected as part of the event – **SUBMIT THE TENT PERMIT APPLICATION ONLINE THROUGH ACCELA CITIZEN ACCESS.** Call Fire Marshal's Office directly at 507-328-2800 with questions.

Fireworks Display as part of the event – **SUBMIT THE FIREWORKS DISPLAY APPLICATION ONLINE THROUGH ACCELA CITIZEN ACCESS**. Call Fire Marshal's Office directly at 507-328-2800 with questions.

| Staff | For your license application to be processed, you must submit the following to the City Clerk's Office: |
|----------|---|
| Initials | rol your license application to be processed, you must submit the following to the city clerk's Office. |
| | This application form, fully completed and signed by the applicant or an authorized officer or partner. |
| | ANSWER EVERY QUESTION IN DETAILS, USING N/A IF NECESSARY ON ANY QUESTIONS. APPLICATIONS WITH |
| | BLANK QUESTIONS WILL BE RETURNED WITHOUT PROCESSING. |
| | Detailed Site Plan for the event |
| | Certificate of Insurance, if required |
| | Consent/Non-consent notification forms for any businesses impacted by a requested street closure |
| | Traffic Control Plan from an approved vendor for any street closures |
| | Permit fee is \$100 for base Special Event Permit plus \$25 per additional day per 2024 Fee Schedule |
| | Checks must be made payable to the City of Rochester |
| | Mailing address: 201 4 th St SE Room 135 Rochester MN 55904 |
| | Any required additional permit applications from other City departments |
| | Any required additional permit applications from other City departments |

| Section 2. REQUIRED LICENSE INFORMATION – complete every question | | | | | |
|--|------------------------------|---|------------|--------------|----------------|
| A. Information about who is completing and submitting this application | | | | | |
| 1. First Name | 2. Last Name | | | | |
| | | | | | |
| 3. Primary Telephone Number | 4. Type of Phone: | 5. Alternate Phone Number | er | 6. Ty | /pe of Phone: |
| | ☐ Cell ☐ Business | | | □ C | ell Business |
| | ☐ Home ☐ Other | | | | ome 🗆 Other |
| 7. Email Address | 1 | | , — | | |
| 8. Please send official notices relatir | 9. Role of person complet | ing appl | ication | n: | |
| | | ☐ Owner ☐ Officer ☐ Partner ☐ Manager | | | |
| ☐ Mailing Address ☐ Email ☐ | ☐ Agent for the Owner | □ Otl | her | | |
| B. Information about primary point | nt of contact for this licen | se during licensed activity (in the second control of the secon | if differe | ent tha | an above) |
| THIS PERSON MUST BE ON SITE | | ,,, | | | - |
| 10. First Name | | 11. Last Name | | | |
| | | | | | |
| 12. Primary Telephone Number | 13. Type of Phone: | 14. Alternate Phone Numb | per | 15. T | Гуре of Phone: |
| | ☐ Cell ☐ Business | | | □ C | |
| | ☐ Home ☐ Other | | | | ome 🗆 Other |
| 16. Email Address | | 17 Pole of primary contac | ٠+٠ | 🗆 🖽 | onie 🗆 Otnei |
| 10. Liliali Address | | 17. Role of primary contact: ☐ Owner ☐ Officer ☐ Partner ☐ Manager | | | |
| | | ☐ Agent for the Owner | □ Otl | her | |
| C. Mailing Address Information | | | | | |
| 18. Name of Organization or Individ | ual to Whom Corresponde | ence Should be Sent about t | nis perm | nit | |
| 19. Email Address | | | | | |
| 13. Elliali Address | | | | | |
| 20 Mailing Address | | 21. City | 22. Sta | tο | 23. Zip Code |
| 20. Mailing Address | | Z1. City | 22. Jla | ite | 23. 21p Code |
| 24. Please send official notices relat | ☐ Mailing Address ☐ | Email | | | |
| D. License Holder Information | | | | | |
| Provide information about who this license will be issued to | | | | | |
| 25. Entity license will be issued to | 3 licelise will be issued to | | | | |
| 25. Littly license will be issued to | | | | | |
| 26. Business Federal Tax ID Number | /Tax Exempt Number | 27. Business State Tax ID N | Number | | |
| | | | | | |
| | | | | | |
| 28. Business Address | 29. City | 30. Sta | ite | 31. Zip Code | |
| 32. What is your preferred spoken la | 33. What is your preferred | writter | ı langı | uage? | |
| , | | | | | |
| 34. Do you need an interpreter? | | | | | |
| Yes | | | | | |
| No | | | | | |

| Section 3. EVENT INFORMATION – attach additional sheets as needed for any questions | | | | | |
|---|-------------------------------|--|-------------------|-----------------------|--|
| A. Event Basics | | | | | |
| 35. Name of Event | | | | | |
| 36. Date(s) and Time of Event - complet *** Use Additional Information sheet of | | • | nts held at separ | rate times | |
| 36a. Date of Event (Day 1) | 36b. Date of Event (I | Day 2) – if any | 36c. Date of Ev | vent (Day 3) – if any | |
| | | | | | |
| Set Up time | Set Up time | | Set Up time | | |
| From To | From | To | From | To | |
| Event time | Event time | | Event time | | |
| From To | From | To | | To | |
| | | | | | |
| Clean Up time | Clean Up time | | Clean Up time | | |
| From To | From | _To | From | To | |
| 37. Name of Event Location | | | | | |
| 37. Name of Event Location | | | | | |
| 38. Address of Event Location | | 39. City | 40. State | 41. Zip Code | |
| 50. Address of Event Edeation | | 33. City | 40. State | 41. 21p code | |
| 42. Description of area to be used at the | o ovent location for ac | tivities (Attach addit | tional shoots as | noodod) | |
| ***A detailed diagram of the site plan is | | | tional sneets as | needed) | |
| A detailed diagram of the site plan is | s also required to be st | abiliteed | | | |
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| 43. If you are planning to use the Peace | • | 44. Is your event in a City park? | | | |
| contacted the Rochester Downtown All | iance already? | □Yes | | | |
| ☐ Yes | | □ No | | | |
| □ No – do not submit this appli | ication until you have | If yes, you must schedule use of the park with the Park & Recreation Department as well. Call 507-328-2525 | | | |
| contacted the RDA 45. Is your event outdoors? | | Recreation Depar | tment as well. C | all 507-328-2525 | |
| Yes | | | | | |
| No | | | | | |
| 46. Estimated Number of Attendees – If | f outside and 200 or | 47. Are tickets be | ing sold? | | |
| over please call Emergency Managemer | □ Yes | | | | |
| | □ No | | | | |
| 48 What is the admission charge if any | 49. Purpose of event proceeds | | | | |
| 48. What is the admission charge, if any 49. Purpose of event proceeds | | | | | |
| 50. Describe how attendance will be mo | onitored and limited if | necessary | | | |
| | | | | | |
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| 51. Describe any entertainment being provided |
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| 52. Describe food and beverage plans for the event, including who will be providing any food or beverages and what |
| other licenses or permits will be obtained from any jurisdiction for this service. |
| All food and beverage vendors must have the required permits. |
| Please contact County Public Health at Sanitarian@OlmstedCounty.gov or call them at (507) 328 7500. |
| or can them at (cor) of can th |
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| 53. Describe how any emergencies or medical needs occurring during the event will be met |
| |
| |
| |
| |
| Sanitation and garbage disposal is the responsibility of the event sponsor. Staff will review this information for |
| adequacy based on planned attendance. |
| adequacy based on planned attendance. |
| E4. Will you be providing additional trach recentacion? |
| 54. Will you be providing additional trash receptacles? |
| □ Yes |
| Company providing this service: |
| Number of receptacles: |
| What is the plan for picking these receptacles up following the event? |
| |
| |
| |
| □ No |
| Explain how trash will be managed as part of the event: |
| Explain now trash will be managed as part of the event. |
| |
| |
| ee well and the state of the st |
| 55. Will you be providing toilets and wash stations? |
| ☐ Yes |
| Company providing this service: |
| Number of toilets: Number of wash stations: |
| What is the plan for picking these items up following the event? |
| |
| |
| |
| □ No |
| |
| Explain how these needs will be met for event attendees: |
| |
| |

| B. Information about Amplified Sound | |
|---|--|
| 56. INDICATE WHICH OF THE FOLLOWING APPLIES TO THIS EVE | ENT: |
| Maximum Allowable Sound Pressure Level No More th | nan 85 Decibels Measure at The Property Line Or Venue |
| Boundary. | , |
| · | and Require The Amplified Sound to Terminate No Later |
| than 10:30 PM | and Require The Ampinied Sound to Terminate No Editer |
| | |
| There Will Be NO Amplified Sound at This Event. | |
| | |
| 57. Describe the Means and Method Proposed By you as the A | ·· |
| Unreasonably Disturbing Those Persons Who Live or Work In T | he Vicinity Of The Event. |
| | |
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| | |
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| | |
| C. Information about any public right of way closures | |
| 58. Are you requesting any kind of public right of way closure a | as part of this event? |
| | • |
| ☐ Yes, for a very limited duration less than 15 minute | |
| ☐ Yes, for 15 minutes or longer – an obstruction perm | nit through Public Works will be required |
| \square No – if no, please jump to question 65 | |
| | |
| When a street is to be closed for over 15 minutes, a detour is | |
| route around the event. A detailed layout of the route and ar | · · |
| vendor using the Manual of Uniform Traffic Control Devices s | |
| all traffic controlled intersections. Public Works time for tem | porary traffic signal modifications, additional signage, or |
| other City costs may be charged. | |
| In addition all accounts with streat along was maret include on our | novannov ulan datailina assass for amarganav vahislas |
| In addition all events with street closures must include an em | |
| Road closures are not allowed for locations where there are r | |
| 59. Attach a detailed diagram of any proposed closure, and ex | plain here exactly what is pictured in the diagram and |
| intended in terms of the closure | |
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| | |
| 60. If you intend to block the street, here are two vendors curr | reputly approved in the City of Reshector to provide a traffic |
| • | , , , |
| control plan. Please attach your plan and indicate which vendo | or you are utilizing: |
| □ Manning Lites of Minnessta | Cofety Ciana Inc |
| ☐ Warning Lites of Minnesota | ☐ Safety Signs, Inc. |
| 3120 East Prow Ln NW Rochester, MN 55901 | Mail: 4612 8 th St SW, Rochester, MN 55902 |
| 507-282-1105 (Office) | |
| | Yard: 4484 East River Rd, Rochester, MN 55906 |
| 507-282-1130 (Fax) | 507-254-9720 (business) |
| 507-282-1130 (Fax) 507-208-1335(Cell) <pre>rhart@warninglitesmn.com</pre> | |

| 61. Are you proposing a street closure that will impact residential properties? |
|---|
| \square Yes – if yes, you must notify all properties at least 7-days in advance of the event of the closure |
| □ No |
| |
| 62. Are you proposing a street closure that will impact commercial properties? |
| □ Yes |
| □ No |
| |
| If yes, it is your responsibility as the event sponsor to notify all businesses impacted by the closure, AND to provide a |
| consent/non-consent form for each business as part of your application packet. Your application cannot be considered |
| until these forms are received. |
| 63. Closure request for a street, sidewalk, or other public way or place as part of the event? |
| □ Yes |
| □ No |
| |
| 64. Is your event a run/walk? |
| □ Yes |
| □ No |
| |
| If you answored yes to above inlease shock in the box below |
| If you answered yes to above, please check in the box below. |
| ☐ On Bike Paths |
| ☐ On Street |
| ☐ On Sidewalk |
| 65. Fireworks Display as Part of the event? |
| □ Yes |
| |
| I I No |
| □ No |
| |
| If you answered yes to the above, please submit the Fireworks Display Application online through Accela Citizen |
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| If you answered yes to the above, please submit the Fireworks Display Application online through Accela Citizen Access or contact the Fire Department at 507-328-2800. 66. Tents or other membrane structures to be erected as part of the event? Yes |

| D. Information about any Alcohol as part of the event |
|---|
| 70. Are you planning to serve alcoholic beverages as part of this event? |
| ☐ Yes – if yes, please answer the following questions |
| \square No – if no, please skip the remainder of this section and jump to Section 4 of the application |
| 71. Which of the following are you requesting as part of serving alcoholic beverages? |
| ☐ Temporary Liquor License (requires a separate application) |
| ☐ Designation of the special event as a Community Festival to allow on-sale licensee(s) to provide service |
| ☐ Service by licensed on-sale licensee(s) on Municipal Facilities |
| ☐ Use of licensed caterer(s) who will be providing alcohol service incidental to the service of food |
| □ Other |
| |
| If you indicated other, please explain how alcoholic beverages will be provided as part of this event, by whom, and under what authority |
| |
| 72. If you intend to apply for a temporary liquor license, is the same entity applying for the liquor license as the special event permit? □ Yes |
| \square No – Name of the organization/entity applying for a temporary liquor license also serving as an event sponsor: |
| 72a. Indicate what type of organization will be applying for the liquor license: ☐ Club ☐ Religious Organization |
| □ Political Committee Registered Under Minn. Stat. Section 10A.14□ State University |
| ☐ Brewer or Microdistillery |
| ☐ Charitable Organization |
| □ Non-Profit Organization |
| *If the organization is not one of the above, it is not eligible to apply for a temporary liquor license. |
| If the organization is a club or a charitable, religious or non-profit organization, has it been in existence for at least 3 years? |
| □ Yes |
| □ No – the organization is not eligible for a temporary liquor license |
| Note: A temporary liquor application must be received by the Clerk's Office NO LATER 45 DAYS BEFORE THE EVENT. There is no ability to make any exceptions to this requirement. You can also apply online through ACCELA CITIZEN ACCESS |
| 73. If you intend to apply for designation as a community festival, please explain how this event meets the requirements |
| of RCO 5-19-5: The term "Community Festival" refers to a community event celebrating the people, history, food, culture, music or events of the city as declared by resolution of the common council. |
| |

| 73a. Please list all on-sale licensees who will be providing liquor service as part of this event under this designation. |
|---|
| Certificates of insurance specifically covering this event must also be provided for all vendors. |
| |
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| 74. If a licensed caterer will be used as part of the event, indicate the name and state license number of the caterer |
| |
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| |
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| 75. List who will be carrying liquor liability insurance for this event |
| |
| |
| |
| 76. Indicate the specific area(s) liquor will be dispensed and consumed, and what measures will be followed to ensure |
| liquor is only dispensed to event attendees who are of legal age, and that no liquor leaves the authorized area |
| |
| |
| |
| |
| 77. List measures to ensure no liquor leaves the authorized area |
| |
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| |
| 78. List measures to ensure liquor is only dispensed to legal age event attendees |
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Section 4. APPLICATION VERIFICATION AND ACCEPTANCE OF RESPONSIBILITY

Notice of Collection of Private Data

I. (print name)

The information collected and required as part of a license application will be used to determine eligibility for a City of Rochester License or Permit. Disclosure of this information is voluntary. It is not legally required to provide requested data, however, failure to do so may mean the City of Rochester is unable to process this application.

Social Security Numbers and Birth Dates are classified as private data, and are not available to the public. Access to this data is limited to staff with a business need in order to determine license eligibility, and to administer and manage the licensing program.

Disclosure of a Minnesota Tax ID Number is required by Minnesota Statutes 270C.72, and this information may be requested by and released to the Minnesota Commissioner of Revenue.

All other information contained in this application is public information upon submission pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13. Individuals have the right to see and obtain copies of the data maintained on them, including private data, and also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data.

Notice of Ability to Sign up for Electronic Notifications of Proposed City Ordinances

As an applicant for a business license, you are also hereby notified that the City of Rochester distributes general city information and notices through an electronic notification system, and you may sign up to receive notices through this electronic notification system on the City's website at http://www.service.govdelivery.com/accounts/MNROCH/subscriber/new This includes notice of proposed ordinances at least 10 days prior to final adoption by the City Council in accordance with Minn. Stat. 415.19.

A SIGNATURE VERIFYING THE OVERALL ACCURACY AND COMPLETENESS OF THIS APPLICATION BY THE OWNER, PARTNER, OR OFFICER OF THE ENTITY APPLYING IS REQUIRED IN ORDER TO PROCESS THIS LICENSE APPLICATION

, agree to strictly comply with all the laws of the State of

| Minnesota governing the taxation of business and all ordina Rochester Code of Ordinances Chapter 8-11 relating to specifound in RCO 8-11 as well as any conditions of approval that can review all City ordinances on the City website or in the C | ial events, and that I intend to comply with the regulations t may be placed on the permit if granted. I understand I |
|--|--|
| I affirm I have no intention or agreement to transfer the per allow any other person or entity to operate under the autho application, I hereby consent to allow the appropriate City p inspect the event premises for the purpose of ensuring com the permit is active. I also understand that a denial of permi violation of the permit provisions. | ority of the permit. I understand that by submitting this personnel, or any authorized representative or agents, to pliance with the law and any permit conditions at any time |
| I hereby certify that I have read and understand every quest question is true to my knowledge, information and belief. I f part of this application, regardless of when it is discovered, a constitute cause for denial, suspension, or revocation of any | further understand that the giving of false information as and/or failure to give required pertinent information can |
| Signature of Applicant | Date |
| | |

| Section 5-ADDITIO | NAL INFORMATION |
|----------------------------|-----------------------------|
| 36d. Date of Event (Day 4) | 36j. Date of Event (Day 10) |
| Set Up time from to | Set Up time from to |
| Event time from to | Event time from to |
| Clean Up time from to | Clean Up time from to |
| 36e. Date of Event (Day 5) | 36k. Date of Event (Day 11) |
| Set Up time from to | Set Up time from to |
| Event time from to | Event time from to |
| Clean Up time from to | Clean Up time from to |
| 36f. Date of Event (Day 6) | 36l. Date of Event (Day 12) |
| Set Up time from to | Set Up time from to |
| Event time from to | Event time from to |
| Clean Up time from to | Clean Up time from to |
| 36g. Date of Event (Day 7) | 36m. Date of Event (Day 13) |
| Set Up time from to | Set Up time from to |
| Event time from to | Event time from to |
| Clean Up time from to | Clean Up time from to |
| 36h. Date of Event (Day 8) | 36n. Date of Event (Day 14) |
| Set Up time from to | Set Up time from to |
| Event time from to | Event time fromto |
| Clean Up time from to | Clean Up time from to |
| 36i. Date of Event (Day 9) | 36o. Date of Event (Day 15) |
| Set Up time from to | Set Up time from to |
| Event time from to | Event time from to |
| Clean Up time from to | Clean Up time from to |
| | |



Special Event Street Closure, Noise Waiver Consent/Objection Form

| Name of Event: | |
|--|---|
| Noise Waiver or Street Closure Requ | est: |
| Date: | |
| Time: | |
| | |
| l, | (check one box) |
| □ CONSENT | |
| for any inconvenience that the above e | Coordinators nor the City of Rochester may be held liable vent may cause. In the event of a Street Closure request, vendors whom the street closure will directly effect. |
| □ OBJECT | |
| Reasons for objection | |
| | |
| | |
| | |
| | |
| Print Name | Business Name / Street Address |
| Signature | Date |



City of Rochester 4001 West River Parkway NW, STE 100 Rochester, MN 55901-7090

Phone: 507-328-2600 Fax: 507-328-2601

Email: communitydevelopment@rochestermn.gov

EVENT PERMITS FORM

Community Development is dedicated to safety for our community and your event. Please complete the form below for our team to determine which permits may be required for your event.

| Building: 1. Will the event include tents or membrane structures? (if no, skip to question 2) a. Will any of the tents or membrane structures exceed 400 sq. ft.? | Yes | No |
|--|----------|----|
| question 2) a. Will any of the tents or membrane structures exceed 400 sq. ft.? | | No |
| Will the event include tents or membrane structures? (if no, skip to question 2) Will any of the tents or membrane structures exceed 400 sq. ft.? | | No |
| question 2) a. Will any of the tents or membrane structures exceed 400 sq. ft.? | | |
| · | | Ц |
| (if yes, please submit the Tent Permit Application online through Accela Citizen Access portal or contact fire department at 507-328-280 | □ 00) | |
| 2. Will the event include temporary bleachers? (if no, skip to question 3) | | |
| a. Will the temporary bleachers exceed 55 inches above grade? | | |
| Will the event include temporary platforms (not including stages)? (if no, skip to question 4) | | |
| a. Will the temporary platforms exceed 30 inches above grade? | | |
| 4. Will your event include parking? | | |
| a. Is parking included in your event site plan? | | |
| b. Is accessible parking going to be provided at your event? | | |
| c. Please describe the event parking: | | |

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| 5. Is temporary signage going to be installed? (if no, skip to question 6) | | |
|---|--------------|-----------|
| a. If yes, please describe: | | |
| Electrical: | Yes | No |
| 6. Will the event include a temporary power distribution system (i.e. portable or vehicle-mounted generators)? | | |
| 7. Will the event include food trucks, food trailers, food tents, or other mobile food vendors? (if no, skip to question 8) | | |
| a. Please specify the type of mobile food vendor (i.e. food truck, food tents, | food trailer | r, etc.): |
| 8. Will the event require new permanent electrical infrastructure to be added? | | |
| Mechanical: | Yes | No |
| 9. Will the event be in an enclosed structure? (if no, skip to question 10) | | |
| a. Will cooking operations be conducted in the structure? | | |
| b. Will the structure be heated? (if no, skip to question 10) | | |
| c. Please specify the type of heating system: | | |
| | | |
| Plumbing: | Yes | No |
| Will the event require connection to the City Water System? (if no, skip to question 11) | | |
| a. How many trailers or vendors will require connection to temporary water | ? | |
| a. Please describe: | | |
| | | |
| 11. Will the event discharge water? (if no, skip part a) | | |
| a. Please describe: | | |
| | | |

Doc. No.: CD_EP_001

