

City of Rice
Application for Large Gathering
Of at least 250 people
205 Main St E/ P.O. Box 179, Rice, MN 56367
Phone: 320-393-2280
Fax: 320-393-3180

MUST SUBMIT 30 DAYS BEFORE EVENTS PROPOSED DATE

Today's Date: _____ **Name of Applicant:** _____

Name of Gathering/Event of Activity _____

Dates/Hours of Event: _____ **Estimated Attendees:** _____

Contact Person _____ **Phone & Email:** _____

Alternat Contact _____ **Phone & Email:** _____

24-Hour Contact _____ **Phone & Email:** _____

(Print First & Last Name/Add additional pages if necessary *must have a 24-Hour contact during event)

Location & Description of Event: _____

Is the Organization Charitable Non-Profit, Non-Profit or Profit? _____

Address of Organization: _____

Phone: _____ **Fax:** _____

Is this a Fund-Raiser? ___ YES ___ NO **If Yes, Beneficiaries** _____

EVENT DETAILS:

Event Date(s): _____ **Time of Event:** _____

Date/Time of Set-up: _____ **Date/Time of Clean-up:** _____

Will a Temporary Structure (Tent or Canopy over 400 sq. ft.) be Used?

If yes, describe (see charge): _____

Will streets be block off ___ YES ___ NO _____

Date and Time of Street Closure _____

If yes specify streets(s) to be blocked _____

Will Portable Toilets be used? ___ YES ___ NO **If yes, how many** _____

Portable Toilet Company _____ **Phone** _____

Date of delivery: _____ **Date of removal:** _____

The City of Rice requires that portable toilets must be placed on paved, level surfaces- never grass. If portable toilets are left overnight, we request them to be zip tied to prevent unauthorized use. Potable toilets must be removed within 24 hours of the event close.

Live Music: _____ YES ___ NO **Amplified Sound/Music:** _____ YES ___ NO

Pyrotechnics: _____ YES ___ NO **Fireworks:** _____ YES ___ NO

If yes to any of the above questions specify and included times.

If a generator(s) will be used, must disclose the size of the genitor and the proposed location of the generator(s) and amplifier equipment

The undersigned applicant certifies that the information supplied is true and correct and agrees that the license may be revoked if residents complain about Nuisances caused in the city due to the event.

CONTINGENCY PLAN/PREPAREDNESS:

Will your Event/Activity have a First Aid or Emergency Station: _____ Yes _____ No

Will your Event/Activity have any on-site medically trained staff: _____ Yes _____ No

Specify how the event will manage medical emergencies during the event: _____

What action(s) will be taken if adverse weather conditions occur? (i.e., Rains, snows, severe cold) Will additional buildings or facilities be used? Please specify contingency plans:

The Permit holder is responsible to provide for adequate number of waste containers and is responsible for all clean-up, including the removal of trash, decorations, and other items brought into the large gathering location. The City of Rice is not responsible for setting up or taking down any rental equipment or any clean-up unless agreed upon in a separate agreement. The City of Rice is not responsible for any rental equipment delivered to the site.

In the event that any green areas, lawns, plants, walls, pavement or any other infrastructure owned by the City is damaged during, and as a result of the large gathering, the permit holder is responsible for reimbursing the City the cost of repairing the damage(s) and/or replacing the damaged item(s) if the City finds that replacement is necessary.

Applicant Date

Additional Information/Requirements to be Provided with Application:

- _____ **Application Fee**
\$25.00
- _____ **Temporary Structure Inspection Fee (per Structure, if applicable)**
\$50.00
- _____ **Copy of Liquor Permit (if applicable)**
- _____ **Contract for Police Services (if applicable)**
\$500.00 Deposit
Actual Cost – Varies based on Number of Officers & Duration of Event
- _____ **Detailed Site Plan** (Separate Sites/Activities will require separate plans)

_____ **Proof of Insurance**
 Commercial General Liability with personal injury limits of not less than
 \$1,000,000 per occurrence and a general aggregate limitation of not less than
 \$2,000,000
 _____ **Site Inspection Completed by Fire Chief prior to the start of the event**

_____ **Annual Event** **Number of years** _____

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For Administration Office Use Only

I confirm that all appropriate paperwork has been submitted for the submission of the requested Amusement/Special Event.

Julie Fandel, City Clerk

Steve Wollak Public Works Supervisor

Scott Janski, Fire Chief

Ross Hamann, Police Chief

Office Use Only:

RECOMMENDATIONS: Public Works		
# Of Hours	\$50.00 per hour	Total Charge
Signature:	Title:	Date:

RECOMMENDATIONS: Fire Chief		
# Of Hours	\$50.00 per hour	Total Charge
Signature:	Title:	Date:

RECOMMENDATIONS: Police Chief		
# Of Hours	\$50.00 per hour	Total Charge
Signature:	Title:	Date: