



# City of Osakis

14 Nokomis Street East  
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Application Fee \$10

PAID: \_\_\_\_\_

Date: \_\_\_\_\_

## Special Event Application

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Applicant Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Physical Business Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Organization holding the event *if applicable*: \_\_\_\_\_

Date of event: \_\_\_\_\_

If more than one event date, specify all dates: \_\_\_\_\_

Hours of operation: \_\_\_\_\_ If hours run past midnight, please include the next day on the application and insurance certificates

Describe event activities: \_\_\_\_\_

Will this be a running/walking event? \_\_\_\_\_ No \_\_\_\_\_ Yes. *If Yes, a drawing of the event route will be required.*

Location where event will be held: \_\_\_\_\_

Security/crowd management required: \_\_\_\_\_ No \_\_\_\_\_ Yes      Contacted: \_\_\_\_\_

Emergency/medical services if needed: \_\_\_\_\_ No \_\_\_\_\_ Yes      Contacted: \_\_\_\_\_

Fire service/safety if needed: \_\_\_\_\_ No \_\_\_\_\_ Yes      Contacted: \_\_\_\_\_

Will the event require blocking a city street? \_\_\_\_\_ No \_\_\_\_\_ Yes. *If Yes, blocking a city street will require council approval. If Yes, provide liability insurance of \$1,000,000. Barricades and/or fencing will be required.*

Will the event require blocking a county road? \_\_\_\_\_ No \_\_\_\_\_ Yes. *If Yes, blocking a county road will require county approval for a road closure. County roads within the City of Osakis are: Main Street East, 2<sup>nd</sup> Avenue West, Nokomis Street West, 1<sup>st</sup> Avenue West, Central Avenue, Lake Street East and 1<sup>st</sup> Avenue East. If Yes, provide liability insurance of \$1,000,000. Barricades and/or fencing will be required. Douglas County needs to be listed as Additional Insured*

List the city street(s) and or county road(s) to block: \_\_\_\_\_  
\_\_\_\_\_

Dates and hours of blocking the street(s)/road(s) \_\_\_\_\_

Describe parking/traffic & transportation: \_\_\_\_\_

Lighting: \_\_\_\_\_

Signage/locations: \_\_\_\_\_

Noise Level: \_\_\_\_\_

Sanitation/availability of potable water: \_\_\_\_\_ Provided by: \_\_\_\_\_

Who will be cleaning up premises area/trash disposal/removal of advertising/promotional materials:  
\_\_\_\_\_

**Provide a drawing of the event area on a separate sheet.**

Will you be serving Alcohol? \_\_\_\_\_ No \_\_\_\_\_ Yes. If you answered “yes” to alcohol consumption, follow the steps on the next page and provide required information.

## Alcohol Consumption

(fill out the information below if alcohol will be served)

- Contact City Clerk to receive an Application for a Liquor License. *Requires council approval.*
- Submit temporary 1-day Liquor License \$30.00 fee and \$1,000,000 liquor insurance.
- **Alcohol Consumption Control will need to be ENFORCED (Choose ONE option):**
  - **Designated Area:** Entrance to the event must have an access point and exit so that all who enter will be carded and wristbands will be given, alcohol cannot leave this designated area, it must be consumed before exiting: \_\_\_\_\_ No \_\_\_\_\_ Yes. This is used when it would be a larger area.
  - **Beer Gardens:** Entrance to the event must have an access point and exit so that all who enter will be carded and kept in that location while served alcohol and will not be allowed to leave that area with alcohol: \_\_\_\_\_ No \_\_\_\_\_ Yes. This would but used if you wanted to have a small area with a fence that alcohol can only be served in and only 21 or older can enter.
    - **Both must include a designated area with minimal entrance of outside people to enter by, barricade or fence.**
    - **Provide drawing of area alcohol service – include exit and entrance material used to secure sales**
- Security/crowd management needed: \_\_\_\_\_ No \_\_\_\_\_ Yes.
- Hours of operation for Alcohol consumption: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

*Application and drawing must be submitted at least 30 days before the event. Permit will be issued upon City Council approval. Event Permit needs to be picked up and fee payment made prior to event for permit to be valid.*

## SPECIAL EVENT APPLICATION REQUIREMENTS

**Please answer all the following questions**

1. All information is completed below and received at City Hall no later than **1 month prior to event.**  
**Is application being submitted no later than 1 month prior to event? YES \_\_\_\_\_ NO \_\_\_\_\_**
2. Certificate of Insurance
  - Listing City of Osakis as Certificate Holder
  - \$1,000,000 coverage
  - In description, must list:
    1. Date(s) of event (If running after midnight, must include the next day as part of the event date)
    2. Area that event will take place (be specific)**Is Certificate of Insurance submitted with all needed information: YES \_\_\_\_\_ NO \_\_\_\_\_**
3. If blocking off a County Road, a second Certificate of Insurance will be needed listing Douglas County Public Works as Certificate Holder with the same information listed above.  
**Is there a second certificate of insurance listing county (if needed): YES \_\_\_\_\_ NO \_\_\_\_\_**
4. A specific map showing where the event will be taking place. If alcohol will be sold, the map needs to show specifically the location of where it will be sold and where fenced area is showing where ID's will be checked.  
**Is map attached showing information needed: YES \_\_\_\_\_ NO \_\_\_\_\_**

5. Provide map showing what roads need to be blocked off and the times  
**Is there a map for road blockage attached: YES \_\_\_\_\_ NO \_\_\_\_\_**
  
  6. Show where "No Alcohol Beyond this Point" will be posted  
**Is it listed on the map where this will be posted: YES \_\_\_\_\_ NO \_\_\_\_\_**
  
  7. Pay City of Osakis \$10 for Special Event Application Fee  
**Has the application fee been paid: YES \_\_\_\_\_ NO \_\_\_\_\_**
  
  8. Application for liquor is filled out  
**Is the liquor application attached and filled out: YES \_\_\_\_\_ NO \_\_\_\_\_**
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**EVENT:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**For Office Use Only:**

Date Received: \_\_\_\_\_

Police Chief Review: \_\_\_\_\_ Date: \_\_\_\_\_ (Keep date in mind if security is required)

City Clerk Review: \_\_\_\_\_ Date: \_\_\_\_\_

Council Approval Date: \_\_\_\_\_

**Block Street Check list:**

Block city street: Yes \_\_\_\_\_ No \_\_\_\_\_

Block County Road: Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance provided \$1,000,000 \_\_\_\_\_

Name of insuring company \_\_\_\_\_

Application sent to County Yes \_\_\_\_\_ Date \_\_\_\_\_

Received approval from County Yes \_\_\_\_\_ Date \_\_\_\_\_

Let Public Works know on streets that need to be blocked Yes \_\_\_\_\_ Date \_\_\_\_\_

**Alcohol Consumption Check List:**

Insurance Policy Yes \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

Application for Liquor Yes \_\_\_\_\_ Date \_\_\_\_\_

Sent to State Yes \_\_\_\_\_ Date \_\_\_\_\_

Approval from State Yes \_\_\_\_\_ Date \_\_\_\_\_

Fee for 1 day Liquor license \$30.00 Paid \_\_\_\_\_ Date \_\_\_\_\_

Hours of alcohol consumption \_\_\_\_\_

List designated area: **Must provide a drawing of area of alcohol service.**

Alcohol License Date Issued: \_\_\_\_\_

Location on map showing "no alcohol beyond this point": Yes \_\_\_\_\_ No \_\_\_\_\_

**Special Event Check List:**

Insurance Policy Yes \_\_\_\_\_ \$1,000,000

Name of insuring company \_\_\_\_\_

Fee Paid \$10.00 Yes \_\_\_\_\_ Date \_\_\_\_\_

Date of event: \_\_\_\_\_