



SPECIAL EVENT PERMIT APPLICATION

City of Isanti
110 First Avenue NW • PO Box 428
Isanti, MN 55040
Phone: 763.444.5512
www.cityofisanti.us

If you are planning an event that requires a Special Event Permit, please complete the application and any required supplemental forms. To ensure your application is processed quickly, be specific and complete in all responses. **Applications must be submitted at least 30 days prior to the event to be considered.**

ITEMS TO ACCOMPANY THE APPLICATION

Required with all applications

- ☐ Complete application form
- ☐ Cleanup deposit fee - \$100
- ☐ Proof of insurance or certificate of insurance
- ☐ Site Map
- ☐ Approval letter from the property owner
- ☐ Proof of written notification to property owners within 350 feet of the special event

Check all that apply:

- ☐ Signs will be posted for event:
 - ☐ [Temporary Sign Permit Application](#) required all permits through Baseline
 - ☐ \$50 fee Online Software
- ☐ Alcohol will be served and/or sold at event:
 - ☐ [License](#) (may take up to 60 days to process)
 - ☐ Fees apply, amounts vary by license type
- ☐ Vendors will be present:
 - ☐ [Mobile Food Unit](#) Application (If not assuming vendor liability.)
 - ☐ [Ice Cream Novelty Mobile Food Unit](#) Application (Background check required)
- ☐ Event will occur on City Property:
 - ☐ [Release and Indemnification Agreement](#)

*Supplemental information may be required by City staff.
Additional forms can be found on the City of Isanti website or requested at Isanti City Hall. Please note that additional required permits or licenses may take additional time to process.*

SPECIAL EVENT PERMIT APPLICATION

Submittal Date: _____

APPLICANT INFORMATION

Sponsoring Entity (if applicable): _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

Secondary Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

EVENT INFORMATION

Event Name: _____

Date(s) of Event: _____

Hours of Event: _____

Type of Event: ☐ Open to the Public ☐ Private ☐ Other: _____

Describe Event (List all activities. Provide flyer or other marketing materials as available.):

Proposed Location of the Event (be specific, site map also required):

Estimated Number of People in Attendance (includes staff, participants, and spectators):

Parking Impact – Describe in detail:

Tents, equipment, amusement rides, etc.

Type: _____

Size: _____

Location: _____

Are Fire Prevention or EMS needed? Please specify and if being provided, please identify the name or entity providing these services:

Are you requesting any street closures? If yes, list streets:

Restrooms (Portable) – Name or entity providing these services; and number of facilities to be provided. When other restroom facilities are not provided on-site or are limited; the applicant will need to pay for additional restroom facilities. For those events exceeding 75 persons, one (1) additional restroom shall be provided; for events exceeding 150 persons, two (2) additional restrooms shall be provided. For events exceeding 250; the Planning for Special Events-Usage Chart shall be used.

Security Plans – Name or entity providing these services. (A Police Officer is required if alcohol is being served or at the discretion of the Police Chief).

Clean-up Plans – Describe in detail:

Live entertainment – Describe in detail:

Will any other **public addressing system or sound amplification** be used? If so, describe:

If the event will be held on public property, please provide the following information: (1) Will tickets be sold for the event? (2) Is a donation of any kind required? (3) What is the purpose of the money that is collected?

Depending upon the type of special event, some items may not be required or may be waived as part of the review process. Larger events may require additional information, in order to properly process the request.

APPLICANT SIGNATURE

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Isanti to investigate and make whatever inquiries necessary to verify the information provided.

Applicant Signature: _____

OFFICE USE ONLY

Reviewed By: (Any concerns / comments will be attached to the application)

Fire Chief

_____ Approved _____ Denied _____ N/A Signature: _____

Police Chief

_____ Approved _____ Denied _____ N/A Signature: _____

Public Services Director

_____ Approved _____ Denied _____ N/A Signature: _____

Parks and Recreation Coordinator

_____ Approved _____ Denied _____ N/A Signature: _____

Community Development Director

_____ Approved _____ Denied _____ N/A Signature: _____

City Administrator

_____ Approved _____ Denied _____ N/A Signature: _____

City Council

_____ Approved _____ Denied

Date of Review: _____

Last Updated: 7.08.2024