



AGENDA ITEM #3.7

REPORT TO CITY COUNCIL

Report Prepared by: Jenny Peterson

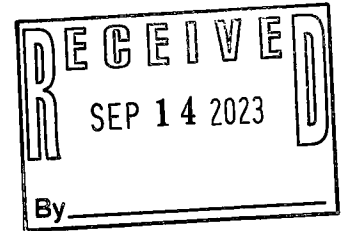
Date: October 2, 2023

Subject: Special Event Permit

Report: The following special event permit applications have been submitted:

Community Action of Pequot Lakes – December 9, 2023, Santa’s Bobbin into
Town

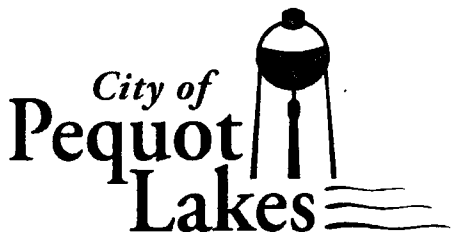
Council Action Requested: No Council action requested.



SPECIAL EVENT **PERMIT APPLICATION PROCESS**

Special Event means any concert, parade, fair, show, festival, carnival, rally, party, filming of a movie, video or television show, motorcade, run, street dance, bike-a-thon, race, walk, athletic event or other attended outdoor entertainment or celebration that is to be held in whole or in part upon publicly owned property or public right-of-way, or if held wholly upon private property, will nevertheless affect or impact the ordinary and normal use by the general public of public property or public rights-of-way within the vicinity of the event.

Any person or organization desiring to conduct or sponsor a special event in the City shall first obtain a special event permit from the City.



SUBMIT

SPECIAL EVENT PERMIT APPLICATION

1. Today's Date: 9/13/23
2. Applicant Name (Contact): Kim Churack - Community Action Pequot Lakes
3. Applicant Address: PO Box 491 PL
4. Applicant Daytime Phone: 218-821-9758 Applicant Email: kchurack@hubbardradio.com
5. Event Coordinator: Kim Churack Phone # 218-821-9758
6. Name of Event: Santa's Bobbin' into Town
7. Event Location: Cole Bldg, Trailside Park, Parade Route
8. Description of planned activities including entertainment, music, amplified sound, food, and beverage service to be held on the closed street: Trailside: Horse and Wagon Rides, Bonfire, Kids Activities, Lighting of Mayor's Tree. Cole Bldg: Amazing Hoopsters, + Parade, + Fireworks
9. Dates of Event: 12/9/23 Starting Time: 1pm Ending Time: 7pm
10. Setup Time: 1pm Take Down Time: 7pm
11. Request to Close City Street – Name and exact location of Street to be closed: _____
Sibley, east across Patriot, South on Government, East on Main, Route Ends at 4 way stop. (5:45 - 6:30) Also, Main street from stoplights to Government, 4pm-7pm
12. Exact Dates and Hours that Street will be closed: see above
13. Site Clean-Up – Removal of all equipment and clean-up of the area must be completed by the event participants

No problem

PLEASE ATTACH THE FOLLOWING:n/a

All Food vendors must contact the Minnesota Department of Health at (320) 223-7300 for a food license.

X

Map of the proposed area to be used showing barricades, street route, and/or perimeter/security fencing. The map should indicate how the area will be physically enclosed and show the location of tables, chairs, food, beverage stations and any other important features.

If a street is to be closed for an extended period of time, attach a list of signatures from all property owners that will be affected by the street closing.

X

Parades that will be affecting streets must coordinate with the Police Department.

X

Certificate of Liability Insurance with a minimum per occurrence limit of \$1,000,000 which shall include the City of Pequot Lakes as an additional insured.

n/a

Public health plans including supplying water to the site, solid waste collection, and provision of toilet facilities.

X

Signed Release and Indemnification Agreement.

- No vehicles, tents, or booths are allowed on the north side of Trailside Park between the Paul Bunyan Trail and the paved walkway path.
 - No driving or parking on the grass
-

(FOR OFFICE USE)

DATE APPLICATION IS RECEIVED _____

APPLICATION REVIEWED BY POLICE _____

APPLICATION REVIEWED BY PUBLIC WORKS MANAGER _____

LIABILITY INSURANCE RECEIVED _____

CITY COUNCIL NOTIFIED OF EVENT _____

NOTIFY APPLICANT OF APPROVAL _____

ADD TO PARKS CALENDAR IN OUTLOOK _____

FILL OUT PARK RESERVATION NOTIFICATION FORM FOR MAINTENANCE (IF NEEDED)

COMMENTS:

**SPECIAL EVENT SPONSOR
WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT**

City of Pequot Lakes
4638 Main Street
Pequot Lakes, MN 56472

THIS IS A WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT. SPECIAL EVENTS HOLDER MUST READ CAREFULLY BEFORE SIGNING.

In consideration for being permitted to engage in the following special event activities on City of Pequot Lakes property:

Swedish Bohemian' into Town 2023

Special Events Holder hereby acknowledges, represents, and agrees as follows:

- A. We understand that the above described activities are or may be dangerous and do or may involve risks of injury, loss, or damage to us and/or third parties and we freely and voluntarily assume any and all such risks. We further acknowledge that such risks may include, but are not be limited to, bodily injury, personal injury, sickness, disease, death, and property loss or damage, arising from the following circumstances, among others:

Special Events Holder Initials Here: KC

- B. If required by this paragraph, we agree to require each participant in our special event to execute a **WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT** for the City of Pequot Lakes, on a form approved by the City.

Participant Release and Indemnification required? YES ___ NO X

Special Events Holder Initials Here: JL



C. We agree to procure, keep in force, and pay for special event liability insurance coverage, with a minimum per occurrence liability limit of \$1,000,000, unless a higher level of coverage is otherwise required by the City, which shall include the City of Pequot Lakes as an additional insured, from an insurer acceptable to the City for the duration of the above described activities. We agree to deliver to the City Administrator certificates of all insurance required, signed by an authorized representative of the insurance company and stating that all provisions of the specified requirements are satisfied. We agree that the City may require a higher level of insurance than stated herein above with limits not less than the maximum liability limits for a municipality as provided in Minnesota Statutes, Section 466.04, or greater, in the City's sole judgment and discretion and based on the City's risk evaluation of the activities involved in the special event. We agree that the undersigned shall require that all vendors or operators participating in the special event, if any, are covered by general liability coverage. We agree that no vendor or operator shall be allowed to set-up operations until the undersigned has verified that the vendor or operator has the required general liability insurance coverage.

Special Events Holder Initials Here: KC

D. By signing this **WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT**, WE FURTHER HEREBY assume and agree to pay for all loss or damage to property whatsoever and injury to or death of any person or persons whomsoever, including all costs and expenses incident thereto, however arising from or in connection with the special event, and fully and forever WAIVE, RELEASE, AND DISCHARGE THE City of Pequot Lakes, its officers, agents, elected officials, and employees, from any and all claims, demands, and actions, present or future, whether the same be known, anticipated or unanticipated, including but not limited to for injury, loss, or damage to us or to any third party, arising out of or in any way related to the above described activities. This waiver and release does not waive liability for any injuries that are the result of willful, wanton, or intentional misconduct by the City or any person acting on behalf of the City.

Special Events Holder Initials Here: KC

E. We further agree to defend, indemnify and hold harmless the City of Pequot Lakes, its officers, agents, elected officials, and employees from and against any and all liability, claims, and demands, court costs and attorney's fees, including those arising from any third party claim asserted against the City of Pequot Lakes, its officers, agents, elected officials, and employees on account of injury, loss or damage, including without limitation claims arising from bodily injury, personal injury, sickness, disease, death, property damage or loss, or any other loss of any kind whatsoever, which arise out of or are in any way related to the above described activities. The indemnification provisions herein shall not apply to damages or other losses proximately caused by or resulting from the negligence or willful



misconduct of the City of Pequot Lakes. We agree this indemnity obligation shall survive the expiration, cancellation, completion or termination of this Agreement.

Special Events Holder Initials Here: KC

F. By signing this **WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT**, we hereby acknowledge and agree that if any portion of this Agreement is held invalid, it is further agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Special Events Holder Initials Here: KC

G. We understand and agree that this **WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT** shall be deemed to have been made and accepted in Crow Wing County, Minnesota, and the laws of the State of Minnesota shall govern any interpretations or constructions of the Agreement without regard to its choice of law or conflict of laws principles. .

Special Events Holder Initials Here: KC

H. This **WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT** shall be effective and in full force and effect at any time after execution hereof and shall be binding upon us, and our successors, representatives, heirs, executors, assigns, and transferees. We agree that by executing this Agreement, we have carefully read this Agreement and understand fully the contents hereof; that in executing this Agreement we voluntarily accept all terms described in this Agreement without duress, coercion, undue influence, or otherwise, and that we intend to be legally bound hereby.

Special Events Holder Initials Here: KC



IN WITNESS WHEREOF, THIS WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT is executed by the special events holder, acting by and through the undersigned, who represents that he or she is properly authorized to execute the same and bind the Special Events Holder hereto.

PRINTED NAME OF SPECIAL EVENTS HOLDER:

Kim Churack / COMMUNITY ACTION PEQUOT LAKES

PRINTED NAME AND TITLE OF PERSON SIGNING ON BEHALF OF SPECIAL EVENTS HOLDER:

Name: Kim Churack

Title: President

Signature: Kim Churack

Date: 9/13/23



PARK RESERVATION FORM:

Contact Name: KIM CHURACK

Non-Profit Group: Community Action P.L.

Contact Information: Phone 218-821-9758 e-mail kchwade@hubbwa.com

Event Name: Santa's Bobbin' into Town

Trailside Park - Picnic Shelter: _____ Trailside Park - Band Shelter: _____

Sibley Park _____ Electricity Needed: YES or NO

Date and Time: Sat 12/9/23 3pm - 7pm

List planned activities base wagon, bonfire, Mayor Tree Lighting,
kids activities

Will you be selling or serving Food? If so, in what capacity? hot choc. FREE
(from MW Traders)

(If food is being sold, contact the Minnesota Department of Health at 320-223-7300)

1. Call City Hall at 218-568-5222 to reserve the Park.
2. Contact the DNR at 218-833-8715 for a special event permit to use the Paul Bunyan Trail (The DNR will also require a certificate of insurance).

City of Pequot Lakes
Community Sign and/or Special Event Banner Application
(PLEASE PRINT)

Circle All That Apply: Community Sign Special Event Banner

Contact Information:

Applicant Name: Kim Churack - Community Action Pequot Lakes
Mailing Address: PO Box 491
City, State, Zip: Pequot Lakes
Email Address: kchurack@hubbardradio.com Telephone: () 218-821-9758

Name of Event: Santa's Bobbin' into Town
Organization Sponsoring Event: Community Action Pequot Lakes
Date and Time of Event: 12/9/23 3pm-7pm
Location of Event: Trailside Park, Cole Bldge, Parade
Explanation of Event: someone has to welcome Santa!
Banner Location(s) Requested: 2

(Indicate Proposed Locations for Banners on Attached Map)

Number of Banner Location(s) Requested: Trailside Park

No Fee. Call Gopher State One Call (811) prior to placing any type of posts in the ground!

I have read and understand the Community Sign and/or Event Banner Policies:

Date: 9/13/23 Applicant's Signature: *Kim Churack*

Return this form to: City of Pequot Lakes
4638 Main Street
Pequot Lakes, MN 56472
cityhall@pequotlakes-mn.gov

Questions Call:
(218) 568-5222

City of Pequot Lakes Use Only	
1. Post on Community Sign on the following date: _____	
2. Event Posted: _____ (Date and Initial)	
3. Remove from Community Sign on the following date: _____	
4. Event Removed: _____ (Date and Initial)	
5. Banner(s) Approved: _____ (Date)	By: _____ (Initial)



COLE MEMORIAL BUILDING USE AGREEMENT

(Please return this completed form to the Pequot Lakes City Hall, along with the user fee and damage deposit, if required. Keep a copy of this form for yourself, or request the Clerk's office to make you a copy).

Name of User or other Responsible Party: Community Action Pequot Lakes

Event: Santa's Bobbin' into Town 2023

Date of Reservation: 12/9/23 Hours of Use: 1:30 - 5

Number of people that will be present: ??? Amazing Hoopsters Performance

Contact Name: Kim Churack

Physical Address: 3641 Krist Court

Mailing Address(if different from above): PO Box 491 PL

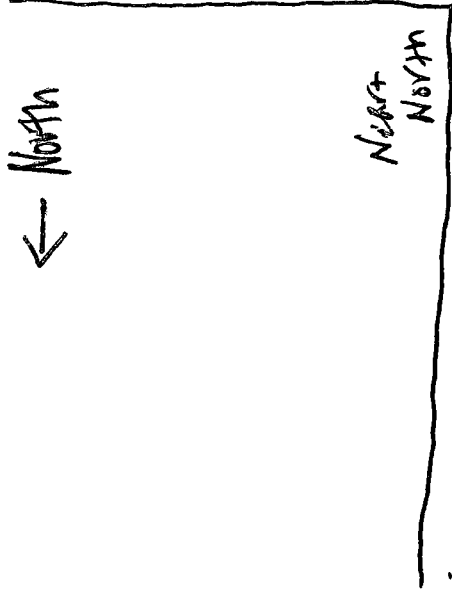
Phone(s): 218-821-9758

I hereby agree to the terms of this Use Agreement.

*Rules are subject to change

 
Signature of User or Responsible Party Date

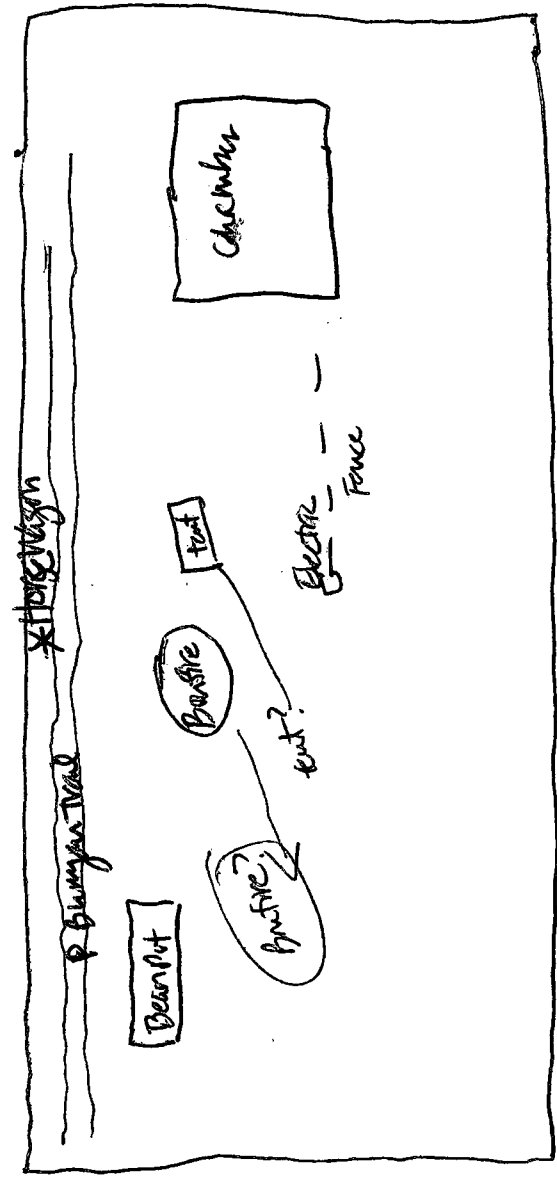
Really crude Santa's Bedroom
map layout !!



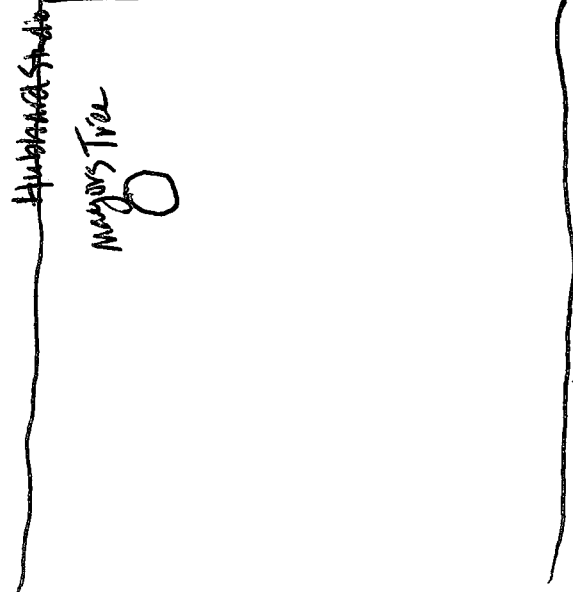
← North

(prems)
Vintage
box

Govt. Drive



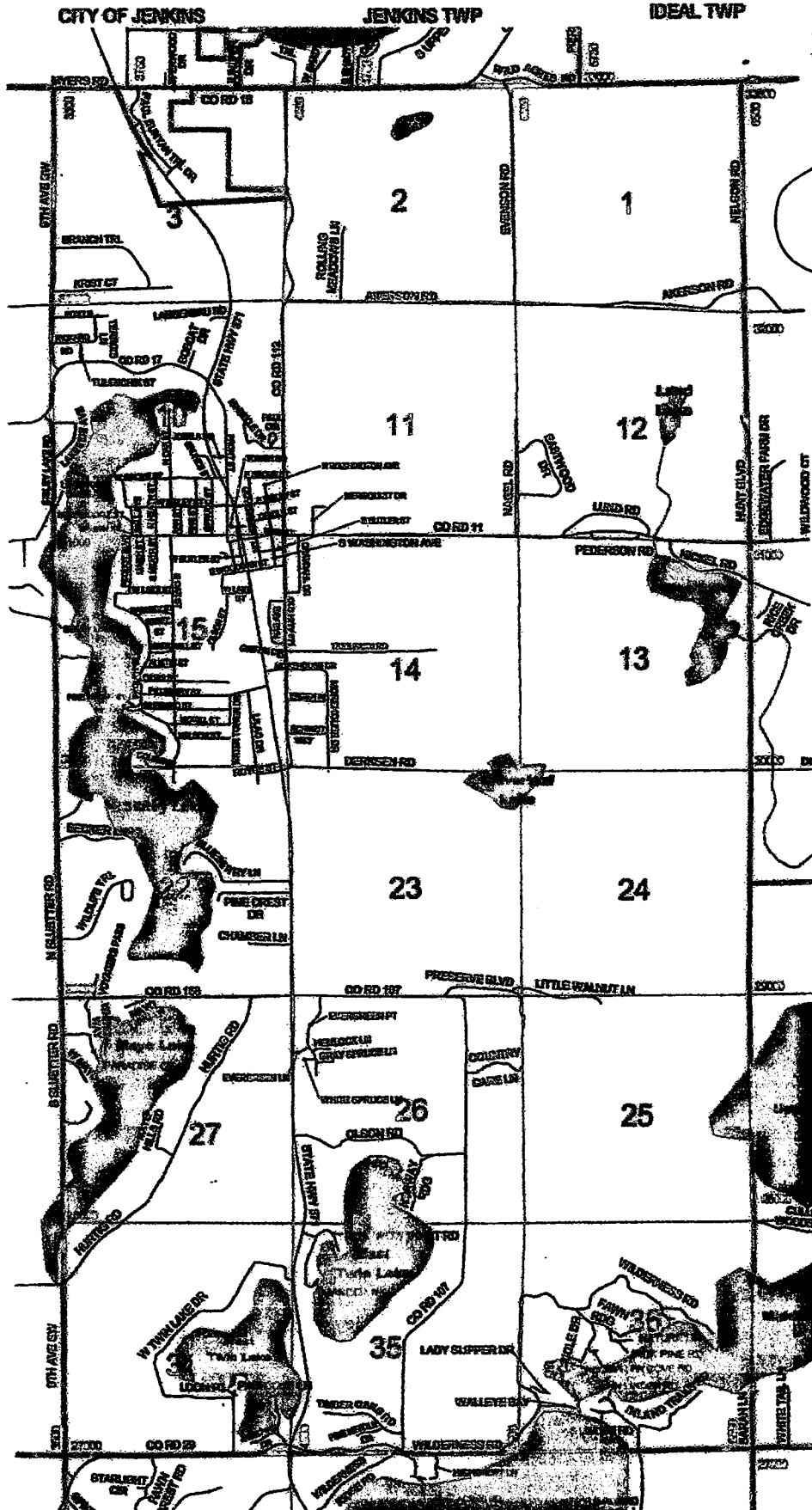
South Trailside



North Trailside

Govt Schmitz

City of Pequot Lakes T 136 N R 29 W



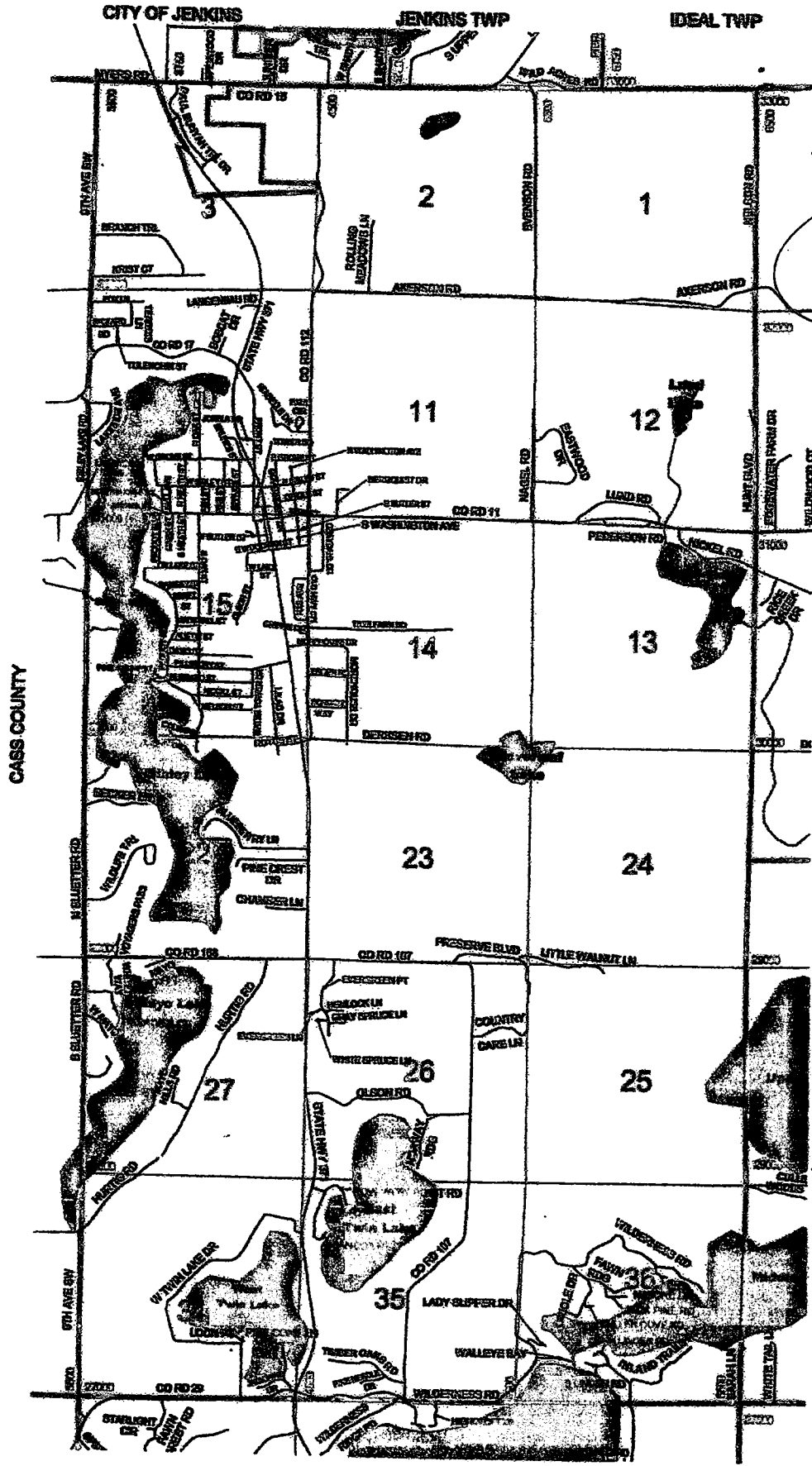
Santa's Birthday
12/17/23
12/19/23.

Parade
Closure

5:45 -
6:30
From Front
St to Sibley
(Xing Patriot)
right on
Government
to Main.
Left on Main
to Rasmussen.

Parade
Char =
Barb Merritt
701-371-1960

City of Pequot Lakes
T 136 N R 29 W



Santa's Bobbin
12/10/22
12/19/23

Main St
Closure

4pm - 7pm

Fam Patriot
to Government.

(between the
2 Friside
parks)

Santa's Bobbin
Chair =
Kim Churack

218-821-9758



CAPL-PEQU

GRAR01

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/13/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

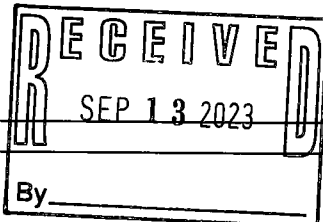
PRODUCER First National Insurance Services P.O. Box 180 Pequot Lakes, MN 56472	CONTACT NAME: Robin Cyr	
	PHONE (A/C, No, Ext): (218) 822-4486	FAX (A/C, No):
	E-MAIL ADDRESS: robin@fninorth.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : West Bend Mutual	15350
INSURED Community Action of P.O. Box 491 Pequot Lakes, MN 56472	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		A373379	11/1/2023	11/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			A373379	11/1/2023	11/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Pequot Lakes is named as additional insured in respects to the following event: Santa's Bobbin into Town - December 9, 2023



CERTIFICATE HOLDER City of Pequot Lakes 4638 Main St Pequot Lakes, MN 56472	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Robin Cyr</i>
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