



# City of Walker Park Events Permit Application

Office Use Only

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

Application Fee: \$25

Commercial: \$200 Reduced Commercial: \$100 Non-Commercial: \$0  
 Damage Deposit Commercial: \$500  
 Application Fee Received: Yes or No    Amount Paid: \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

***Incomplete applications or applications received after deadline will not be accepted***

**Application Fee: \$25** *Non-refundable (application will not be processed until payment is received)*

**Additional Day Fee: \$50** *This fee is for each additional day outside the event date(s). Event date(s) include one day prior to the event for set-up and one day after the event for clean-up.*

**Commercial Use Fee: \$200 plus \$500 damage deposit**

*"Commercial Use" refers to all individuals, groups or businesses who charge admissions, class fees, sell tickets, food or other items, solicit funds or donations, offer other money making activities or promote a commercial business. Examples: bazaar, craft fairs, fundraisers, concerts or performances where admission is charges or any event that includes food or merchandise vendors. This fee is for event date(s) only, additional days are subject to additional day fee.*

**Non Commercial Use Fee: \$0**

*"Non Commercial" refers to all individuals, groups, businesses who reserve a facility for private or public use where no fees are charged, nothing is sold or promoted for commercial gain or no donations are collected or solicited. Examples: birthday parties, family or company picnics and neighborhood meetings.*

**Reduced Commercial Fee: \$100 plus \$500 damage deposit**

*"Reduced Commercial" refers to non-profit organizations with 501c or other tax exempt status. A copy of the status letter from the IRS must be on file at the City of Walker. This fee is for event date(s) only, additional days are subject to additional day fee.*

**Use of Dump Station: \$15 per dump**

**Potable Water Fill: \$1 per gallon**

**EVENT INFORMATION**

Title/Name of Event: \_\_\_\_\_

Event Date & Time:	Set Up:	Date: _____	Time: _____	to _____	
	Actual Event:	Date: _____	Time: _____	to _____	
	Clean Up:	Date: _____	Time: _____	to _____	

Location of Event:    Upper City Park    Lower City Park    Rock Garden    Lighthouse    Other: \_\_\_\_\_

Description of Event (please be specific)  
 \_\_\_\_\_  
 \_\_\_\_\_

Estimated Attendance (participants and spectators): \_\_\_\_\_

**Applicant Information    (Person/Group Responsible)**

Sponsoring Organization Name: \_\_\_\_\_

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

City, State, Zip Code: _____	Phone: _____
Email address: _____	Website Address: _____

Name/Phone of Contact During Event: \_\_\_\_\_

Alternate Contact/Phone During Event: \_\_\_\_\_

## Release/Hold Harmless Agreement

As lawful consideration for being permitted access to City Facilities for the purpose of \_\_\_\_\_,  
Scheduled for the following date/dates \_\_\_\_\_, the undersigned, hereby assumes all the risk for any injuries or  
damages suffered by anyone as a consequence of the negligence of the sponsor, its agents, employees, or other parties involved arising out  
of having use of City facilities. I do hereby release and hold harmless the City of Walker or any of its agents, officials, servants and  
employees from any liability or causes of action, which might arise by reason of granting this permit.

Signature of Requestor using facility \_\_\_\_\_ Date \_\_\_\_\_

Signature of City Official authorizing request \_\_\_\_\_ Date \_\_\_\_\_

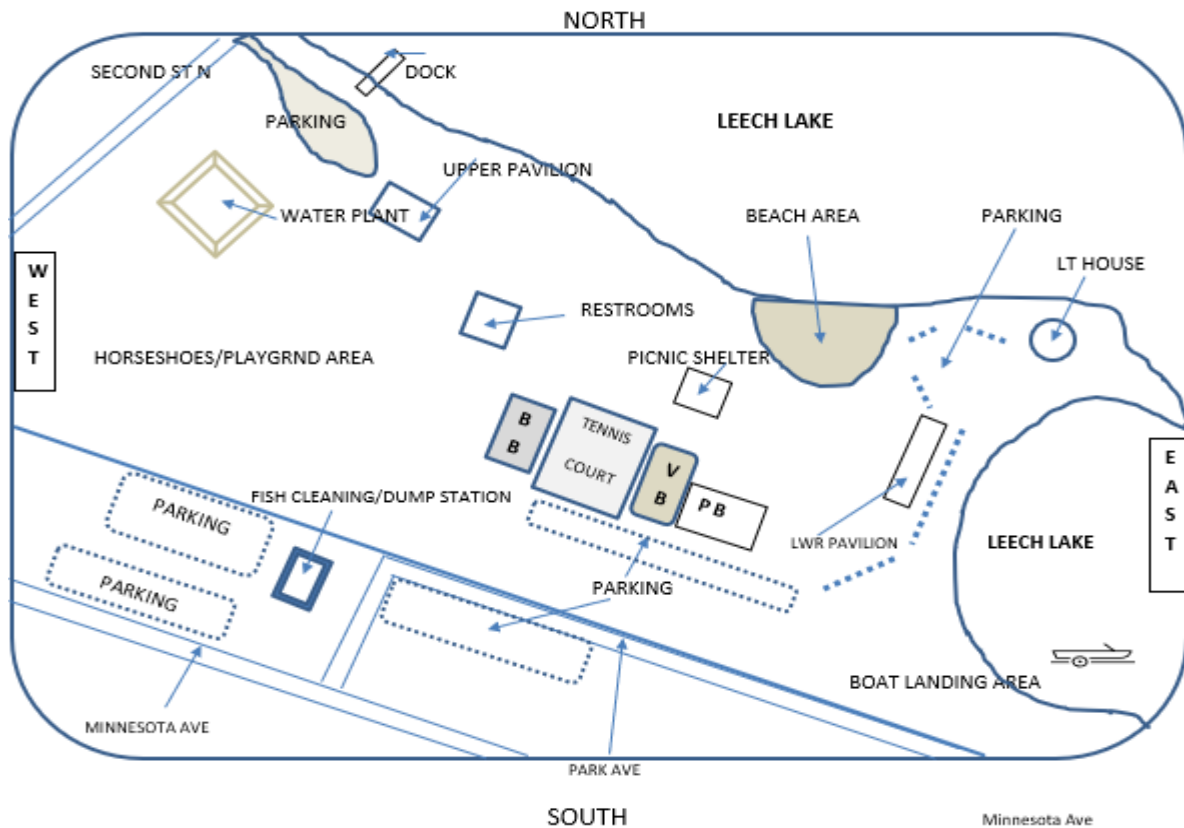
## City Contact Information

Email requests: [jmeyer@ci.walker.mn.us](mailto:jmeyer@ci.walker.mn.us)

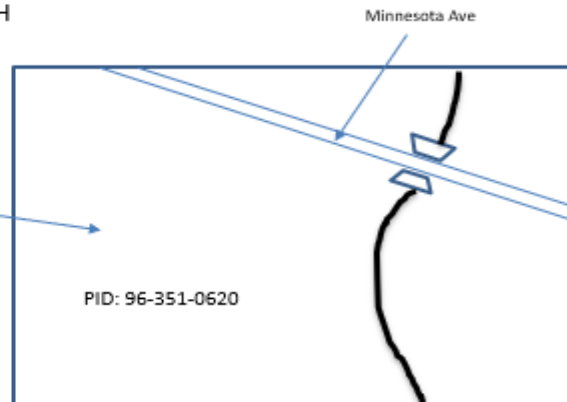
Mail requests: Walker City Hall PO Box 207, Walker, MN 56484

Drop off in person: Walker City Hall 205 Minnesota Avenue West, Walker, MN 56484

Phone: (218) 547-5503



- Upper pavilion: No Electric
- Lower pavilion: Electric
- South of Minnesota Ave, just West of the Forestry Building, there is a grassy area, available for gatherings.
- The bike trail runs through this area.



## Insurance

Name and Phone Number of Insurance Company:

Policy Number:

*Must present Certificate of Liability Coverage Insurance*

## Event Features

Will any signs/banners be put up?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<i>Number &amp; Size:</i>
Will there be inflatables?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<i>Insurance certificate from rental vendor is required</i>
Will there be sound amplification used?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<i>Sunday-Thursdays No later than 10pm, Friday-Saturday no later than 11pm</i>
Will a stage or tent(s) be set up?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<i>Dimensions:</i>
Will there be temporary fencing?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Will merchandise/food items be sold?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<i>Number of vendors? _____</i>
Will food be prepared on site?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<i>Contact MN Department of Health for Rules &amp; Regulations</i>
Will alcohol be served/sold?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<i>See Alcohol Regulations for the City of Walker</i>
Will there be fireworks?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<i>Permit Required.</i>

Describe power needs and location of power source.

Describe level of advertisement (ie, radio, flyers, ads, tv, press release) Attach sample if available:

Describe crowd control procedures to ensure safety of participants and spectators:

Describe trash removal and cleanup plan during and after event:

Describe plans to provide first aid:

Describe the emergency action plan if severe weather should arise:

**Will the event use, close or block any of the following: If yes, specify location on site map.**

City Streets or Right-of-way    No     Yes     *Start/End Time:*    *Date:*

City Sidewalks or Trails    No     Yes     *Start/End Time:*    *Date:*

Public Parking Lots or Spaces    No     Yes

**Site Plan: A site plan is mandatory for all events. Please provide map of the site layout. Include any tables, stages, tents, fencing, portable restrooms, vendor booths, trash containers, etc. If the event involves a parade, race or walk, please attach a route map highlighting route.**

**Include rest stop stations, crossings, and signage and indicate route directions with arrows.**

Provisions for Toilet Facilities:    1-100/0    100-200/2    Over 200/3    Over 500/4    Over 1,000/6

Provisions for Waste Receptacles:    1-30/0    30-300/2 yd. dumpster    300-1,000/4 yd. dumpster    1,000-5,000/8 yd. dumpster

Provisions for Medical Care:    1,000-3,000/One Ambulance on Call    Over 3,000/One Ambulance Present

Provisions for Security:    0/1,000/One Officer on call    1,000-3,000/One Officer Present

3,000-5,000/Two Officers Present    Over 5,000/Three Officers Present

**IT IS PROHIBITED TO BLOCK THE PUBLIC LANDING/BOAT RAMP AT ANY TIME THE PUBLIC MUST HAVE ACCESS**

## Following of CDC Guidelines and State of Minnesota Executive Orders Agreement

As lawful consideration for being permitted access to City Facilities for the purpose of \_\_\_\_\_,  
Scheduled for the following date/dates \_\_\_\_\_, the undersigned, hereby agrees to follow CDC guidelines and Minnesota  
State Executive Orders regarding gathering safely during the COVID-19 pandemic. The undersigned does hereby release and hold harmless the City of  
Walker or any of its agents, officials, servants, and employees from any liability or causes of action regarding COVID-19, which might arise by reason of  
granting this permit.

Find CDC guidelines here: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

Find the latest Minnesota Executive Order here: <https://mn.gov/governor/news/executiveorders.jsp>

Signature of Requestor using facility \_\_\_\_\_ Date \_\_\_\_\_

Signature of City Official authorizing request \_\_\_\_\_ Date \_\_\_\_\_