

CITY OF MORA SPECIAL EVENT PERMIT APPLICATION

City of Mora | 101 Lake Street South | Mora, MN 55051 ci.mora.mn.us| 320-679-1511

Please refer to our website for the Public Property Use Permit Policy for additional information and rules. Only completed applications with payment will be accepted. Applications are due 60 days prior to event.

	EVENT II	NFORMATION	
Name of Event:			
Type of Event (festival, parade, athletic, e	tc.):		
Event Location:			
Event Set Up Date:		Start Time: End Time:	
Actual Event Date(s):		Start Time: End Time:	Please be aware that parks close at 10:00 pm.
Event Clean Up Date:		Start Time: End Time:	
Estimated Attendance:		-	,
Sponsoring Organization Name:			
Primary Contact Person:			
Address:			
City:	State:	Zip:	
Phone:	E-Mail:		
Name of Contact Person During Event:			Cell Phone:
Person listed above	must be present d	during the event and imr	mediately available.
DAN	MAGE / KEY DEPOS	SIT REFUND INFORMATI	ON
Person/Organization Name:			
Address:			
City: State:	Zip:		
	EVEN	IT DETAILS	
Schedule of Activities Attached? ☐No ☐			Traffic Plan Attached? □No □Yes
List any Road Closures/Partial Lane Closures a	nd the Time of Closi	ng:	
If applicable, please atta	ch a clear map show	ving the traffic plan with st	reet closures and routes

Is the event open to the public?	□ No	☐ Yes	Admission Charged? ☐ No ☐ Yes
Will alcohol be served at the event?	□No	☐ Yes	If yes, will you be charging for or accepting donations for the alcohol? ☐ No ☐ Yes
		•	liability certificate of insurance from both the applicant and the OF MORA as additional insured.
Certificate of Liability Insurance attached?	□ No	☐ Yes	
Will food be served / provided / prepared on site?	□No	☐ Yes	If YES, please contact MN Department of Health at 320-223-7317.
Will sound amplification be used?	□ No	☐ Yes	If YES, hours and type: No amplified sound 10 pm to 7 am.
Please atta	ch a site pla	n showing the	e following applicable items.
Will there be canopies or tents?	□No	☐ Yes	Indicate on site plan the size and location of canopies & tents. Date installed: Date removed:
Will there be events in the air?	□No	☐ Yes	Indicate on site plan what & where.
Will a stage be set up?	□ No	☐ Yes	Indicate on site plan the size and location of the stage.
Will there be temporary fencing?	□No	☐ Yes	Indicate on site plan the dimensions and location of the fencing.
Will traffic control devices be needed?	□ No	☐ Yes	Number needed:
Will there be a fire or fires?	□No	☐ Yes	Indicate on site plan the dimensions and location of the fire(s).
Will power be needed?	□No	☐ Yes	Indicate on site plan the location(s) of power source. Additional permits may be needed-contact MMU 679-1451.
Event attendance at 100 persons or greater required, describe sanitation plan here:	uires sanitat	ion facilities.	Indicate sanitation facilities location on site plan if required. If
Describe parking arrangements for the event an	d show on t	he traffic plar	n:
Describe trash removal and clean-up plan during	and after e	event:	
	,		
This permit is not transferable, nonrefundable, an	nd is not val	id for any oth	er date or purpose than specified above. An approved copy of
this permit must be available for inspection during			
Special Events Waiver of Liability Agreement	<u>:</u>		
			events and the use of public parks. I agree to indemnify
			resulting from our use of public property or organized gainst the City or anyone working on behalf of the City.
			our organization's use of public property that exceeds the
<u>Please Note</u> : Applications and other materiathe permit is approved by the City Council.			tc.) submitted for approval will be considered final once mation on the application is correct.
Signature of Authorized Representative	– – A	.ddress/City/	

P.A	YMENT INFORMATION	
	Date Paid:	
Event Fee:		Staff Initials:
	Amount Paid:	
Key/Event Deposit(s):	Date Paid:	Staff Initials:
Date Returned:	Amount Paid:	Staff Initials:
Key:	Date Issued:	Staff Initials:
Key #:	Date Returned:	Staff Initials:
Comments:		

Authorization and Comments

Property Coordinator or Designee Signature and Date	Public Works Director Signature and Date
I have reviewed the application and have the following comments and conditions:	I have reviewed the application and have the following comments and conditions:

Building Official Signature and Date	Deputy Clerk Signature and Date
I have reviewed the application and have the following comments and conditions:	I have reviewed the application and have the following comments and conditions:

Fire Chief or Designee Signature and Date	Kanabec County Sheriff or Designee Signature and Date
I have reviewed the application and have the following comments and conditions:	I have reviewed the application and have the following comments and conditions:

City Administrator Signature and Date	City Council Approval Date	/	Permit Issued Date
I have reviewed the application and have the following comments and conditions:			

EVENT FEES					
Permit Base Fee	\$50	Late Fee	\$100		
Damage/Key Deposit	\$100	Cancellation Fee	\$15		
	Additional	Options (in addition to base fee)			
Street Closure/Parade	\$25				
Traffic Control Devices	\$50 (covers drop-off and pick-up at event site)				
Event Storage Fee	\$50				
Garbage Removal	\$45/hr. (dedu	cted from damage deposit)			
Event Clean-up	\$45/hr. (deducted from damage deposit)				