

\$ 30.00 up to 100 people
STATE OF MINNESOTA
COUNTY OF OLMSTED
CITY OF ORONOCO

Permit No. _____



City of Oronoco
SPECIAL EVENT GATHERING PERMIT APPLICATION
Code Title IX: General Regulations, Chapter 95: Assemblages

Applicant:

Name: _____ Business: _____

Address: _____

Email: _____ Phone: _____ Cell: _____

(If you are not the owner of the property the permit is applied for, please complete the next section)

Property owner:

Name: _____ Business: _____

Address: _____

Email: _____ Phone: _____ Cell: _____

Application:

1. Nature or purpose of gathering: *Parking* *Vending* *Other:* _____
 2. Received *ST19 form*
 3. Please include Contact Info for Vendors on Private Property:
(Name, Phone, Merchandise -additional space on back)
 - _____
 - _____
 4. Location and hours during which the event may be held
 5. Sanitation/availability of potable water
 6. Security/crowd management
 7. Parking and traffic issues
 8. Emergency and medical services
 9. Clean-up of premises and surrounding area/trash disposal
 10. Insurance
 11. Lighting
 12. Fire service/safety
 13. Temporary construction, barricades/fencing
 - Removal of advertising/promotional materials
 14. Noise levels
 15. Alcohol consumption
- (Any other conditions which the Council deems necessary)

Permit application for the period of _____ days beginning with the _____ day of _____; subject to the laws of the State of Minnesota and the ordinances and regulations of said City of Oronoco pertaining thereto. **Valid for the time frame listed above in the year permit was issued. Failure to comply with ordinance guidelines of this Gathering Permit will result in revocation of the permit.**

I hereby certify that the above is a true and correct statement of intent:



Issued by order of the City Administrator

<input type="checkbox"/> City Administrator	_____	Date	_____	Applicant	_____	Date
<input type="checkbox"/> Deputy Clerk		<input type="checkbox"/> Admin. Assistant				

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