



DOUGLAS COUNTY SHERIFF'S OFFICE
WATER PATROL UNIT

PERMIT NO. _____

SPECIAL EVENT APPLICATION and PERMIT

The following application form must be filled out in its entirety to insure consideration and the proper and accurate issuance of your permit, Pursuant to MN Statute 86B.121 Subd. (a). This form MUST be returned and filed with the Douglas County Sheriff's Office at 216 7th Ave West, Alexandria, MN 56308, at least 14 days prior to your event.

Please PRINT, TYPE or COMPLETE ONLINE

NAME OF EVENT: _____

DATE(S) OF EVENT: _____

TIME(S) OF EVENT: _____

EVENT LOCATION: _____

WAS THIS EVENT HELD LAST YEAR? YES _____ NO _____

SPONSORING ORGANIZATION: _____

CONTACT PERSON: _____	First Name	Middle	Last Name
DOB: _____	DRIVERS LICENSE #: _____	STATE: _____	
ADDRESS: _____	Street address	City	State Zip
TELEPHONE: _____	Home	Work	Cell Fax
E-MAIL ADDRESS: _____			

EVENT WEB ADDRESS: _____

PROPOSED EVENT ACTIVITIES: _____

EVENT ESTIMATED ATTENDANCE: Participants _____ Organizers _____ Spectators _____

EVENT ACCESS LOCATION(S): _____

EVENT PARKING LOCATION(S): _____



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WILL ALCOHOLIC BEVERAGES BE SOLD? YES _____ NO _____
WILL FOOD BE SOLD? YES _____ NO _____
WILL SECURITY BE PROVIDED? YES _____ NO _____
WILL MEDICAL SERVICES BE AVAILABLE? YES _____ NO _____
WILL TRAFFIC/PARKING CONTROL BE NEEDED? YES _____ NO _____

WHAT (IF ANY) STRUCTURES DO YOU INTEND ON PLACING ON THE WATER / ICE: _____

WHAT TYPE AND NUMBER OF VEHICLES / WATERCRAFT WILL BE PROVIDED BY ORGANIZERS FOR SAFETY PURPOSES: _____

ON-SITE CONTACT PERSON: _____

PHONE NUMBER(S): _____ Telephone _____ Cell _____

OTHER DETAILS THAT SHOULD BE CONSIDERED FOR APPROVAL OF YOUR EVENT: _____

PLEASE NOTE: In order for this special event application to be granted, the guidelines of the *Special Event Permit Application Guide* must be followed.

I certify that I am authorized to represent the organization holding this event and hereby agree that this event will comply with all Statutes, Rules, Regulations and Special Requirements as they apply to this special event. I acknowledge that any violation of Statute, Rule, Regulation and/or Special Requirement of this event will be cause for immediate revocation this *Special Event Permit* and thereby terminate the event activities.

APPLICANT SIGNATRURE: _____ DATE: _____

* * * * *

- Office Use Only -

Date Received: _____ Approved: Yes _____ No _____

Issued By: Deputy _____ Badge No. _____

SPECIAL REQUIREMENTS: _____
