

PERMIT APPLICATION

Licensing & Permits
City of Williston
PO Box 1306, Williston, ND 58801
cityauditor@ci.williston.nd.us

APPLICATION FOR SPECIAL EVENT PERMIT

Permit Number

An application for a permit to engage in a special event with related activities open to participants, observers and/or the general public, or taking place in a city building within the Williston city limits when alcohol is served and/or when 100 or more attendees will be present, or when alcohol is sold by a licensed on-sale establishment outside of its licensed premises. This application will not be considered complete until all fees have been paid and a site map and/or floor plan has been received. Event permit fees are non-refundable.

A site map and/or floor plan of the event must be submitted with this application.

Fee Schedule – more than one fee may apply

Permit Type	Fee	Check all that apply
Event Permit	\$ 25.00	
Alcohol Private Group	\$ 25.00	
Alcohol Special Event	\$ 25.00	
Fireworks	\$ 25.00	

*\$100.00 Emergency Expedite will be charged if the application is 7 days prior to the event.

Applicant / Organization Name: _			
ontact Name: Phone:			
Choose preferred delivery metho	d for your approval notification:		
☐ Send via Email Ema	il Address:		
☐ Send via post office Mai	ling Address:		
Name of Event:			
Event Location/Route:			
Date/s and Time:		Expected numb	per of attendees
		Maximum number of att	endees allowed
Event Permit Description, chec	k all that apply and fill out app	ropriate portions of this	permit on the pages to follow.
Have a large number	, races/fun runs, etc. Large a normal use of a facility or pro of people watching and/or pa he public realm. For example	public events have on operty rticipating	e or more of the following
 □ Alcohol Private Group □ Alcohol Special Event □ Block Party □ Music Festival/Outdoor Bar □ Fireworks Display 	☐ Pub Crawl	☐ Motorcycle Run ☐ Parade Appreciation Day	☐ Street Closure ☐ City Parking Lot Use ☐ Assembly ☐ Demonstration

<u>Alcohol Permits</u> For further information, contact the Finance Director's Office at 701 577-8100.				
This event will have alcohol provided? ☐ Yes ☐ No				
Floor Plan : A copy of the site floor plan must be submitted with this application. Floor plans with square footage dimensions should indicate entrances, exits, restrooms, kitchen area (if applicable), and pertinent walls. Clearly mark where alcohol will be stored, sold (cashier), and consumed.				
Events occurring at City-owned facilities require the City to be listed as an additional insured in the amount of \$500,000 per person per occurrence.				
Name of license holder/business or individual providing alcohol:				
Has alcohol provider and all staff for the event received alcohol server training? \square Yes \square No				
Alcohol service provider may sign this form, or they will need to provide their own application to the Finance Director's Office.				
How will attendees be identified as minors or 21 years of age and older?				
□ Alcohol Private Group Permit (Additional \$25 fee) This type of permit is for an individual/organization that does not already hold an alcoholic beverage on-sale license. Alcohol provided must be complimentary – it cannot be sold, nor can any kind of profit be made from the alcohol. Proof of a Special Event or Host Policy for the event must be provided with this application. The applicant assumes all responsibilities for serving alcohol as local law dictates (serving to minors, serving to intoxicated persons, etc.). *Attach a copy of Special Event or Host Policy for the event to this application.				
Alcohol Special Event Permit (Additional \$25 fee) This type of permit is for those entities that currently hold a valid alcoholic beverage on-sale license. Alcohol may be sold for a profit. A valid license includes liquor liability insurance already provided to the Finance Director's Office. Events occurring at City-owned facilities require the City to be listed as an additional insured in the amount of \$500,000 per person per occurrence.				
UNDERSTANDING & INDEMNIFICATION AGREEMENT FOR PROVISION OF ALCOHOL				
I understand that the above listed alcohol service provider will be responsible for any losses incurred as a result of the above request, Applicant agrees to indemnify, save, and hold harmless the City of Williston, its agencies, officers, and employees, from any and all claims of any nature, including costs, expenses, and attorney's fees, which may in any manner result from or arise out of this agreement. Applicant also agrees to indemnify, save, and hold the City of Williston harmless from all costs, expenses, and attorney's fees incurred in establishing and litigating the indemnification coverage provided herein.				
If this permit is for a Private Group event as checked above, I understand that the permit is to allow the applicant to serve without charge to guests as an act of hospitality, or to serve without profit and at cost to those persons who are described in this application and who have contributed to a fund with which applicant has purchased the alcoholic beverages and incidentals to its service. I further understand and agree that any person or organization operating under this permit shall operate in compliance with all applicable provisions of Chapter 3 of the City of Williston Code of Ordinances except those provisions relating to licenses.				
I AFFIRM I HAVE READ AND AGREE TO THESE CONDITIONS.				
Alcohol Service Provider Signature:				

Food Vendors How many food vendors or food suppliers will be at this event?						•
List names and the applicable food vendor license numbers of all vendors. Attach a current copy of North Dakota Department of Health, Food & Lodging license for each vendor.						ракота
Please notify DOH, Food & Lodging	that there	will be food v	endors at this event	. Phone: 701 328	3-1291 or	
email: annwinkelman@nd.gov						
Food Vendor	City #	NDDOH#	Food Vendor		City #	NDDOH#
			L			
Security For further information, co	ontact the	Operations Ca	aptain at the Willisto	n Police Departr	ment: 701	577-1212
Name of Police Dept employee that	you spoke	with:				
Name of security company you are	utilizing: _			D N/	′ A	
How many security people will be o Please attach details of your securit					'A	
THE POLICE DEPARTMENT WILL HA	VE FINAL I	DETERMINAT	ION OF ALL SECURIT	Y NEEDS. The W		
determine the number of security papplication. The Chief of Police rese		-				
reported and the event becomes a				/		
Fire/Ambulance Needs For further information, contact the Fire Department at 701 572-3400 or Chief Johnson (701)609-1035 or Fire Marshall, Jill Knapkewicz (701)609-7687 Name of Fire Dept employee that you spoke with:						
Name of Fire Dept employee that yo	ou spoke w	iun:				
Fire Code Maximum Building Occup Do you request ambulance stand-by			□ Yes	□ No		
Will this event have a fireworks display? (Additional \$25 fee) ☐ Yes ☐ No						
Please describe your emergency services plan, indicate number of volunteers, if any:						
<u>Tents & Other Temporary Structures</u> For further information, contact the Building Dept. at 701 577-8115.						
Does event include placement of temporary structures? ☐ Yes ☐ No						
Does this event include temporary fencing? ☐ Yes ☐ No						
Please describe & indicate placement of fencing and/or temporary structures on your event site map.						
Sanitation and Restroom Facilities						
Are on-site facilities sufficient? Yes No If no, who will provide extra facilities?						
If on-site facilities are insufficient, event sponsors should arrange for supplemental portable units to be available for the event. The City does not have portable restrooms or sanitation/wash stations available for events; however, there are a number of businesses in Williston that rent them.						
Clean-up Plan Who will be responsible for clean-up of the area?						
Event organizer Property	tenant \square	Other:				

Streets, Street Closures & Parking For further			
Street Closure is from Please note the intersections affected _	to		
Please note the intersections affected _	&		
How many miles is the street closure? _			
Does your event require closing or blocking or	of any streets or State h	ighway? □ Yes □ No	
	moving barricades, (b) r	e-routing traffic, (c) traffic cor py of your traffic control plar r signage for events.	ntrol people,
Does event require City parking lot use? Does event require special parking accommo	☐ Ye	s 🗆 No	
Please list the businesses that will be affecte	d hy street closures. Att	ach additional sheet if necess	sarv
Business Name	Street Address	i i	of Event?
Business italiie	Street Address	☐ Yes	□ No
		☐ Yes	□ No
		☐ Yes	□ No
		☐ Yes	□ No
		☐ Yes	□ No
STREET CLOSURES ARE API	PROVED BY THE CITY BO	DARD OF COMMISSIONERS.	
Release of Liability The undersigned agrees that s/he is the prophereby release, waive, discharge from liability make any claim or demand against the City or	y, Indemnity and Hold H er agent to sign for the way, agrees to indemnify a	larmless Agreement applicant and agrees that the nd hold harmless, and promis	applicant does es not to sue or
agents, employees and/or volunteers for any passive or not, or any hazardous conditions in associated equipment, automobiles and/or liv Williston harmless from all costs, expenses, a indemnification coverage provided herein. I AFFIRM THAT I HAVE READ AND AGREE TO	liability caused from ne ncluding the uncontrolle vestock. Applicant also and attorney's fees incur	gligent and/or grossly neglige ed acts of guests, participants agrees to indemnify, save, and	nt acts, whether and any d hold the City of
Applicant signature		Date	
A site map and/or floor plan	of the event must be su	bmitted with this application	•
OFFICIAL OFFICE USE ONLY – Department A	Approvals		
Date: Insurance Cert attached? Event Permit: \$25 □ Add: Alcohol Permit \$25 □ Add: Fireworks Permit \$25 □ Add: Expedited Fee \$100 □	P □ Yes □ On file	Copies of DOH Certs attached? ☐ Floor Plan/Map attached? ☐	-
Total Fee Received: \$ PBA #:		Chief of Police	
Fire Chief		Development Services Director	r
Public Works Director		Finance Director	