



## PERMIT APPLICATION

Licensing & Permits  
City of Williston  
PO Box 1306, Williston, ND 58801  
[cityauditor@ci.williston.nd.us](mailto: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 150 or more attendees will be present, you are selling tickets for an event, your event is in a government building, there are non-licensed food trucks, road closures, if you are serving alcohol, or when alcohol is sold by a licensed on-sale establishment outside of its licensed premises. The application does not apply to bring your own alcohol. 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: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Choose preferred delivery method for your approval notification:

☐ Send via Email Email Address: \_\_\_\_\_

☐ Send via post office Mailing Address: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Event Location/Route: \_\_\_\_\_

Date/s and Time: \_\_\_\_\_ Expected number of attendees \_\_\_\_\_

Maximum number of attendees allowed \_\_\_\_\_

Event Permit Description, **check all that apply** and fill out appropriate portions of this permit on the pages to follow.

How to determine if your event is a large public event? Examples of large public events include block parties, music festivals, outdoor band jams, races/fun runs, etc. Large public events have one or more of the following characteristics:

- Are temporary – not a normal use of a facility or property
- Have a large number of people watching and/or participating
- Involves or impacts the public realm. For example, requires City services beyond the normal capacity; generates traffic, parking, noise, etc.

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Alcohol Private Group       | <input type="checkbox"/> Wedding/Reception                  | <input type="checkbox"/> 5K Run         | <input type="checkbox"/> Street Closure       |
| <input type="checkbox"/> Alcohol Special Event       | <input type="checkbox"/> Fund Raiser                        | <input type="checkbox"/> Motorcycle Run | <input type="checkbox"/> City Parking Lot Use |
| <input type="checkbox"/> Block Party                 | <input type="checkbox"/> Pub Crawl                          | <input type="checkbox"/> Parade         | <input type="checkbox"/> Assembly             |
| <input type="checkbox"/> Music Festival/Outdoor Band | <input type="checkbox"/> Customer/Employee Appreciation Day |   | <input type="checkbox"/> Demonstration        |
| <input type="checkbox"/> Fireworks Display           | <input type="checkbox"/> Other _____                        |   |   |

**Alcohol Permits** 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? ☐ Yes ☐ 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: \_\_\_\_\_

Date: \_\_\_\_\_

**Food Vendors** How many food vendors or food suppliers will be at this event? \_\_\_\_\_ ☐ N/A  
 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.  
 Please notify DOH, Food & Lodging that there will be food vendors at this event. Phone: 701 328-1291 or email: [annwinkelman@nd.gov](mailto:annwinkelman@nd.gov)

Food Vendor	City #	NDDOH #

Food Vendor	City #	NDDOH #

**Security** For further information, contact the Operations Captain at the Williston Police Department: 701 577-1212

Name of Police Dept employee that you spoke with: \_\_\_\_\_

Name of security company you are utilizing: \_\_\_\_\_ ☐ N/A

How many security people will be on-site for this event? \_\_\_\_\_ ☐ N/A

*Please attach details of your security plan if the number of attendees is over 500 people.*

**THE POLICE DEPARTMENT WILL HAVE FINAL DETERMINATION OF ALL SECURITY NEEDS.** The Williston PD will determine the number of security personnel required based on the number of attendees, as stated on this application. The Chief of Police reserves the right to shut down the event if the capacity exceeds the number reported and the event becomes a public safety issue.

**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: \_\_\_\_\_

Fire Code Maximum Building Occupancy: \_\_\_\_\_

Do you request ambulance stand-by service for the event? ☐ 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:*

**Tents & Other Temporary Structures** 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 ☐ Other: \_\_\_\_\_

**Streets, Street Closures & Parking** For further information, contact Public Works at 701 577-6368.

**Street Closure is from \_\_\_\_\_ to \_\_\_\_\_**

**Please note the intersections affected \_\_\_\_\_ & \_\_\_\_\_**

**How many miles is the street closure? \_\_\_\_\_**

Does your event require closing or blocking of any streets or State highway? ☐ Yes ☐ No

A traffic control plan for large events must be developed and approved by Public Works Director and Chief of Police, including (a) installing and removing barricades, (b) re-routing traffic, (c) traffic control people, and (d) any other relevant traffic control considerations. **Attach a copy of your traffic control plan.**

**Public Works does not provide barricades or signage for events.**

**Please contact a private vendor for these items.**

Does event require City parking lot use? ☐ Yes ☐ No

Does event require special parking accommodations? ☐ Yes ☐ No

Please list the businesses that will be affected by street closures. Attach additional sheet, if necessary.

Business Name	Street Address	Notified of Event?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**STREET CLOSURES ARE APPROVED BY THE CITY BOARD OF COMMISSIONERS.**

Applications must be received by the Finance Director's Office at least 14 days prior to the event.

#### **Release of Liability, Indemnity and Hold Harmless Agreement**

The undersigned agrees that s/he is the proper agent to sign for the applicant and agrees that the applicant does hereby release, waive, discharge from liability, agrees to indemnify and hold harmless, and promises not to sue or make any claim or demand against the City of Williston, including its officers, directors, representatives, members, agents, employees and/or volunteers for any liability caused from negligent and/or grossly negligent acts, whether passive or not, or any hazardous conditions including the uncontrolled acts of guests, participants and any associated equipment, automobiles and/or livestock. 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.

**I AFFIRM THAT I HAVE READ AND AGREE TO THESE CONDITIONS**

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

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

#### **OFFICIAL OFFICE USE ONLY – Department Approvals**

Date: \_\_\_\_\_ Insurance Cert attached? ☐ Yes ☐ On file

Event Permit: \$25 ☐

Add: Alcohol Permit \$25 ☐

Add: Fireworks Permit \$25 ☐

Add: Expedited Fee \$100 ☐

Total Fee Received: \$ \_\_\_\_\_

PBA #: \_\_\_\_\_

Copies of DOH Certs attached? ☐ Yes ☐ N/A

Floor Plan/Map attached? ☐ Yes

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Fire Chief

\_\_\_\_\_  
Development Services Director

\_\_\_\_\_  
Public Works Director

\_\_\_\_\_  
Finance Director