CITY OF DICKINSON

Dickinson, ND 58601

(701) 456-7744

APPLICATION FOR A NON-ALCOHOL SPECIAL EVENT

Application Submission Directions: Standard application fee for applications received 10 business days prior to event is \$50. Applications submitted less than 10 business days prior to the event will be assessed an additional \$100 expedite fee. No applications will be accepted or considered if submitted less than 3 days prior to the event.

Organization Name:
Applicant's Name: Email:
Address: Phone #:
Date of Event: Start Time: End Time:
Number of participants (Approx.):
Number of staff members and/or bona fide security dedicated to event security:
Number of volunteers (for traffic/parking control):
_ive music? () *Yes () No *Band name:
s there a dining area (food vendors/concessions)? () Yes () No
Purpose, Occasion or Event (please explain event in full detail):
Event: Specify street(s) and/or location of closing (please enclose map):
Parade/Walk/Run Route: (Start to Finish) - Please provide a map depicting the proposed route and location of volunteers charged with crossing safety/traffic control Describe type of parade (Floats, walking, vehicles, horses, etc.): (please enclose map)
Event Insurance (Provide Copy): List the name of the company which holds your Even nsurance for \$250,000 filed with the City: Letter from Insurance Carrier acknowledging coverage:

Special Notes/Details/Requests (applicant):						
I agree to abide by the laws	s, ordinances, and	regulations p	ertaining to t	his lice	ense.	
DATE	SIGNATURE					
**Barricades/Traffic Control	Measures are the	e responsibilit	v of the Ever	nt Orga	anizers	
		·		J		
***Haylee						
Departmental Review:						
Police Department:	Approved(Y/N)	Initials	Date:	/	/	
Fire Department:	Approved(Y/N)	Initials	Date:	/_	/	
Public Works Department:	Approved(Y/N)	Initials	Date:	/	/	
Ambulance Service notified	on this date:			(fax)	
Special Concerns/Notes/De	etails/Reason for [Denial (denart	ment use):			