PO Box 188 Newfolden, MN 56738 Phone: (218) 874-7135 Fax: (218) 874-7136 Newfolden@wiktel.com



Mayor: James Sethre · City Administrator: Tammy Hansen

Special Event/Block Party - Permit Application

Your permit to hold a block party is free. To apply to hold a Block Party, please the complete the following information. This form, along with a Waiver and Release of Liability form, and a Signature Authorization Form must be completed before permission can be granted. The form can be mailed or dropped off at the Newfolden City Office.

IMPORTANT BLOCK PARTY RULES AND CONDITIONS

- 1. Block parties are approved between the hours of 9:00 and 10:00pm.
- 2. The closure of a street for block parties should pertain only to local residential streets.
- 3. The Organizer/Applicant is responsible for obtaining signatures for a "sign-off" for from owners/residents on the block and at all kitty-corners to each end. Each home must be notified. The majority of the block (at least 75%) must be in agreement for the event to take place. This prevents people from being surprised on event day should it interfere with other plans.
- 4. The applicant must reside on the block being closed.
- 5. All structures, tables, etc. on the street and closure points must be easily removable. Emergency access must be maintained.
- 6. Adult supervision must be provided at all times.
- 7. Alcohol is not permitted on public property.
- 8. All activities and games are to be conducted at your own risk.
- 9. Clean up shall be the responsibility of the applicant. The City of Newfolden encourages the recycling for cans, bottles, paper, and cardboard, etc.
- 10. Loud amplification of music is prohibited.
- 11. Applicants and all event participants must comply with all other applicable City, County, State, and Federal regulations.
- 12. This application must be approved by the City Council prior to the scheduled event.



Date of Application: _____

Date of Block Party:		Day of Week:	Mon Tues Wed Thurs Fri	Sat Sun			
Location of Block Party (Include street name and from house #to house #							
Location of block raity (include sheet name and from house #to house #							
	1		• • •				
Number of Homes Involved:	olved: Number of Participants Expected:						
Actual Event Hours:am/	om toam	/pm (10:00 pm is t	he latest)				
If this event is an evening event, p	lease state how the e	vent and surroundi	ng area will be illuminated to	ensure			
safety of the participants:							
	2	1 1					
Type of event, please describe activities, events, and plans for the block party:							

APPLICANT INFORMATION					
Block Party Organ	nizer-Name or Sponsoring Organization:				
Address:		Daytime Phone:			
Evening Phone:		Cellular Phone			
Please List an alternative contact person "on-site" during the event:					
Name:		Phone/Cellular:			
NOTE: THE APPLICANT OR ALTERNATE MUST BE IN ATTENDANCE DURING THE					
DURATION OF THE EVENT AND IMMEDIATELY AVAILABLE TO CITY OFFICIALS.					

I have read and understand the Block Party Rules and Conditions (see page one of this application);			
(Printed Name)	(Signature)		

Approved
Denied

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Signed:_____

Mayor

Signed:_____

City Administrator



WAIVER/RELEASE OF LIABILITY

I expressly WAIVE, RELEASE, and DISCHARGE the City of Newfolden, its officers, agents, and employees or any other person from any and all LIABILIT for any death, disability, personal injury, property damage, property theft or actions, including any alleged or actual negligent act or omissions, regardless of whether such act or omission is active or passive which may occur to myself or members of my organization/group or our heirs in connection with the described event. I fully understand and acknowledge that the City of Newfolden is relying on my representation that I have authorization to sign this document and that I will provide all members of my group a completed copy of this Waiver prior to our participation.

I expressly INDEMNIFY AND HOLD HARMLESS the City of Newfolden, its elected officials and appointed officers, agents, and employees from any and all liabilities or claims made by me or my organization/group, my/our heirs and any other individuals or entities as a result of any of my/our sole negligence of sole willful conduct of the City, its officers, employees, volunteers or other representatives. Such indemnification includes liability settlements, damage awards, costs, and attorney fees associated with such claims.

I hereby certify that I have read this document, understand its content, and am authorized to sign this document on behalf of all members of the event/group I represent.

Name:		Signature:				
Title:			Date:			
Street Name:						
Date of Block Party:			From:am/pm toam/pm			
House Number:	Name	Signature:				Why (if disapproving):
	(please print):			Yes	No	