

OTTER TAIL COUNTY SHERIFF'S OFFICE

WATER PATROL UNIT

SPECIAL EVENT PERMIT APPLICATION

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.121Subd. (a). This form **MUST** be returned and filed with the Otter Tail County Sheriff's Office at 417 South Court St., Fergus Falls, MN 56537, at least 14 days prior to your event.

Please **PRINT** or **TYPE**

NAME OF EVENT: _____

DATE(S) OF EVENT: _____

TIME(S) OF EVENT: _____

EVENT LOCATION: _____

WAS THIS EVENT HELD LAST YEAR? YES _____ NO _____

IS DNR PERMIT REQUIRED FOR EVENT?
(IF YES, SUBMIT COPY WITH APPLICATION) YES _____ NO _____

SPONSORING ORGANIZATION: _____

CONTACT PERSON: _____				
	First Name	Middle Name	Last Name	
DOB: _____	DRIVER'S 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): _____

WEIGH-IN STATION LOCATIONS(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 of this Special Event Permit and thereby terminate the event activities.

APPLICANT SIGNATURE: _____ DATE: _____

* * * * *

- Office Use Only -

Date Received: _____ Approved: Yes _____ No _____

Issued By: Deputy _____ Badge No. _____

SPECIAL REQUIREMENTS: _____
