

OTTER TAIL COUNTY SHERIFF'S OFFICE

WATER PATROL UNIT

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: _____

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- Office Use Only -

Date Received: _____ Approved: Yes _____ No _____

Issued By: Deputy _____ Badge No. _____

SPECIAL REQUIREMENTS: _____
