

**City of Avon
140 Stratford Street E
P.O. Box 69
Avon, MN 56310**

Amphitheater Event Permit Application

Instructions

1. The application form must be filled out with typewriter or by printing in black or blue ink.
2. Incomplete applications will be rejected.
3. If a question does not apply, enter N/A in the space provided for the answer. Do not leave anything blank.
4. This is an application for an amphitheater event permit only. If you intend to serve alcoholic beverages at this event, inquire as additional licenses may be required.
5. Applicant must be in attendance at the outdoor event.
6. Personal interview may be required as a part of the license investigation. Failure to participate in the interview will result in denial of the license.
7. The completed application must be presented to the City.
8. Events expecting less than 50 attendees will require a permit application that may be approved by administrative and police department staff along with acknowledgement by the Mayor of Avon. Events expecting more than 50 attendees will require council approval.
9. The amphitheater will be free to use for 2016. Beginning June of 2017, the application fee of **\$20** for “for-profit” events must be paid when you present your application to the City.
10. Questions concerning this permit application can be directed to Jodi Austing-Traut, City Clerk/Administrator, at (320) 356-7922.

Personal Information

Name (First, Middle, Last)

Place of Birth (City, County, State) **Date of Birth** (Month, Day, Year)

Residence Address (Street, City, State)

Business Phone: _____ **Home Phone:** _____

Business Name

Business Address (Street, City, State) (Phone Number)

Please answer the following:

Have you ever been denied this type of license? If yes, list location and date.

What date will the event be held?

What time will the event start?

What time will the event end?

Where will the event be held?

What is the name of the group that will be performing?

What is the number of musicians that will be performing?

What type of music amplification will this group use?

What steps will be taken to minimize the event's noise level?

How many employees will you have present at the outdoor event?

List any security arrangements you have made for the concert. (i.e., crowd control fences, security personnel, etc.)

How many people will be attending the outdoor event?

PLEASE NOTE: NO ALCOHOLIC BEVERAGES ARE ALLOWED IN CITY PARKS WITHOUT AUTHORIZATION OF CITY COUNCIL. DO YOU PLAN TO SERVE OR SELL ALCOHOL?

List any persons, companies, groups or fund raising organizations involved directly with this outdoor event.

What are the financial responsibilities/relationships of the persons, companies, groups or fund raising organizations involved with the concert?

Is there a cover charge or entrance fee for the outdoor event? (List dollar amount per person)

What is the full name, date of birth, address and telephone number of the person who represents the performance group? (This person must be attending the outdoor event)

Name (First, Middle, Last)

Place of Birth: (City, County, State) Date of Birth: (Month, Day, Year)

Residence Address: (Street, City, State)

Business Phone: _____ Home Phone: _____

What is the full name, date of birth, address and telephone number of the group's sound technician that will be operating the amplification equipment?

Name (First, Middle, Last)

Place of Birth: (City, County, State) Date of Birth: (Month, Day, Year)

Residence Address: (Street, City, State)

Business Phone: _____ Home Phone: _____

On this page complete a drawing that details the location of the following items as they apply:

- **Location of food and beverage vendors**
- **Entrance and exit gates**
- **Perimeter fences**
- **Relationship to existing buildings**
- **Restroom facilities**

I hereby understand and agree that the information revealed in support of this application for an amphitheater event permit in the City of Avon will be used by the City in accordance with federal, state and local laws regarding privacy of records

I declare that the information provided in this application is truthful and I authorize the City of Avon to investigate the information and contact the persons named herein.

I will defend, hold harmless and indemnify the City of Avon, its employees, agents and officers, against all claims, demands, actions or causes of actions of whatsoever nature or character arising out of the conduct of the this outdoor event. I shall also provide for the repair of or payment for damages to public property that occurs as a result of this event.

Any falsification of answers to the preceding questions will result in immediate denial of permit.

(Signature of Applicant)

(Date)

Tennessee Warning

You are being investigated by the City of Avon Police Department, for the purpose of processing an application for an outdoor event permit. As part of this process, general and personal information will be obtained, and maintained by the Avon Police Department. You will be required to complete an application, supplied by the City of Avon and the Avon Police Department. This information will be used by the City of Avon and the Avon Police Department for evaluating your permit application. You are required by law to supply this information. Failure to do so or being untruthful on your application will result in denial of permit.

(Minnesota Government Data Practices Act. Minnesota Statutes, Section 13.01-13.43)

I certify that I have read, understood and have been given a copy of this document.

Signature of Applicant

Date

Signature of Witness

Date

Amphitheater Event Notification

The following residents who live within approximately 150 feet of the proposed outdoor event location must be notified of this event:

103 2nd Street N
105 2nd Street N
107 2nd Street N
211 2nd Street N
111 1st Street N
112 Barracuda Ave NE
113 Barracuda Ave NE
100 Char Ave

Please include a copy of the notification sent to residents with this application.

City of Avon

Consent for Release of Information

I, _____
(Print Name: First, Middle, Last)

Residing at _____
(Address) (City) (State) (Zip code)

(Driver's License Number/State) (Date of Birth)

Authorize the Avon Police Department to disclose to the City of Avon Clerk/Administrator, the Mayor of Avon and the Avon City Council all information collected as a result of the background investigation done for the purpose of evaluating the attached permit application.

I understand that failure to provide this release will result in immediate denial of permit.

I understand that my records are subject to the State Data Practices Act and become public documents unless otherwise provided for by state or federal law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event, the consent expires automatically as described below.

This authorization is valid for six (6) months from the date listed below.

Signature of individual authorizing release Date

Witness Date