American Cancer Society's Relay For Life Event – Special Event Permit

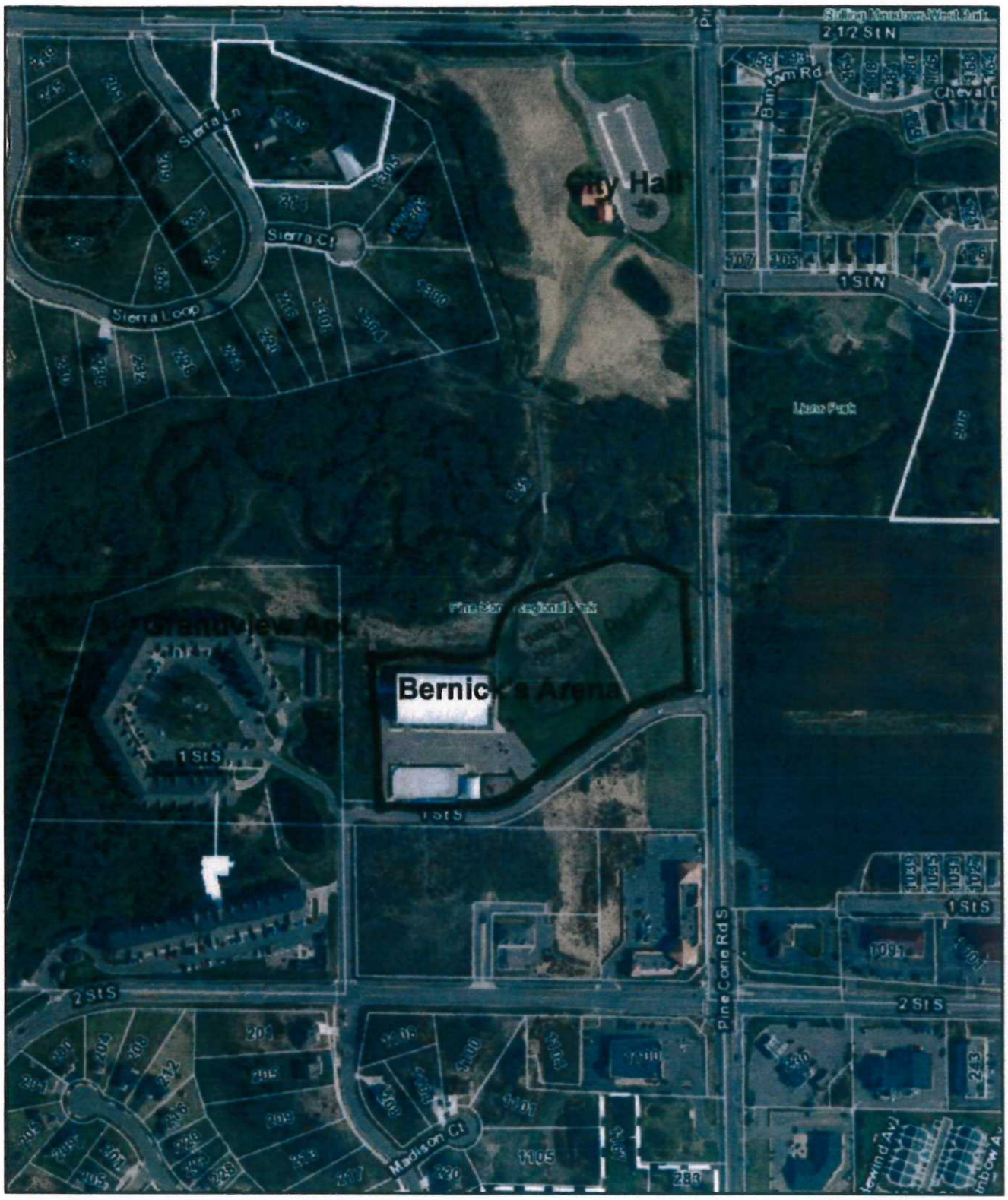
The American Cancer Society's Relay for life will be hosting their event at Pinecone Regional Park on June 6th. This would be the third year in a row they have held this event at the Bernicks/Pinecone Regional Park. They have rented the park shelter (through the night) and will be utilizing the grounds, along with Bernick's arena for the 12 hour event. There will not be outdoor music or announcements past 11 pm (it will be moved inside the arena), but there may be luminaires, walkers and tents set up on the park grounds throughout the night. They are communicating with the Apartments regarding their plans in an effort to mitigate any concerns.

Approved parking areas include on the park grounds, parking lot and city hall parking lot (if needed). No parking is allowed along 1st Street South.

No additional security for the event is required.

Recommendation:
Staff recommends approving the American Cancer Society's Relay for Life special event permit.

May 24, 2013



0 180 360 Feet

City of Sartell

Map by: WSB & Associates

SPECIAL EVENT P ERMIT
NOISE EXEMPTION
PARADE/RUN/ BLOCK PARTY
APPLICATION

125 Pine Cone Road North
SARTELL, MN 56377
PHONE: 320-253-2171

DATE RECEIVED _____

PLEASE CHECK ALL THE APPROPRIATE BOXES AND FEES FOR YOUR EVENT:

___ Parking Lot Utilization or Street Closure - $20
___ Parade/Race on Street - $50
X Noise Exemption - $50
___ Liquor at Event - $25

Council approval is required; therefore, you must apply for this Permit at least three (3) weeks prior to the date of your event. For a special event where liquor will be present you must also attach an amended liquor liability certificate indicating the outside area is also covered by liquor liability insurance.

City of Sartell Ordinance 4-6-4 prohibits any person in the City in a public or private place from making, causing to be made or allowing the making of any noise between the hours of 11:00 pm and 7:00 am which emanates of a sufficient volume so as to disturb the peace, quite or repose of another person. The undersigned is/are desirous of obtaining the exemption under this ordinance(s) for the purposes of conducting the event described below. All noise exemption requests shall be reviewed by the City Council.

PLEASE PRINT ALL INFORMATION REQUESTED ON THIS APPLICATION

SPONSORING ORGANIZATION: American Cancer Society, Inc. Relay for Life

APPLICANT (PERSON IN CHARGE) Molly Peterson / Roberta Clever

PHONE 320-255-0757 FAX 320-255-7038 EMAIL _____

ADDRESS 3721 23rd St S #102

CITY St. Cloud STATE MN ZIP 56301

EVENT INFORMATION

ADDRESS WHERE EVENT WILL BE HELD Bernick's Arena

DATE OF EVENT 6/6/19 - 6/7/19 START TIME 6:00pm 6/6/19 END TIME 6:00am 6/7/19

NATURE OF EVENT fundraising walk - community gathering for those affected by cancer
(graduation, wedding, block party, run, etc)

DETAILS (SUCH AS LENGTH, TYPE OF UNITS, NUMBER OF RUNNERS) 40 teams (8-15 people per team)

IF A PARADE/RUN, ROUTE (ATTACH MAP)

NUMBER IN ATTENDANCE 400 (many fewer after 11pm)

WILL AMPLIFIED MUSIC, EITHER LIVE OR RECORDED BE PLAYED? X YES __ NO not after 11pm

WILL EITHER INTOXICATING OR 3.2% ALCOHOLIC BEVERAGES BE SERVED? __ YES X NO

WILL BEER BE SERVED FROM A KEG? __ YES X NO

WHAT TYPE OF CUP/CONTAINER WILL BE USED? n/a

WHAT TYPE OF BARRIER WILL BE USED TO KEEP GUESTS OFF OF NEIGHBORING PROPERTIES? (PLEASE PROVIDE SITE PLAN)
chalk, parking lot attendants/volunteers; roped off areas

HAVE YOU CONTACTED ALL RESIDENTS OR BUSINESSES LIVING WITHIN 100 FEET OF THE EVENT SITE? X YES __ NO

WHAT ARE YOUR PLANS FOR INSURING ADEQUATE PARKING NEEDS?
~~Sarell pd.~~ parking lot attendants/volunteers
using grass area for parking

IF THE EVENT WARRANTS, WHAT IS YOUR SECURITY PLAN?
~~Sarell pd~~

NOTICE:

a. **No fee may be charged to attend any event where alcoholic beverages are served without a liquor license first having been obtained.**
b. **You are required to provide all neighbors living within 100 feet of the event site written notice of the location, date and time that the event will be held.**
c. **At least one applicant must be present at all times during this event.**

This application must be signed by all owners of the subject property or an explanation given why this is not the case.

We, the undersigned, have read and understand the above.

Signature of Applicant — Date 3/21/14 + Molly Peterson 4/2/14

Signature of Owner (s) — Date

139199

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/19/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Commercial Lines – (404) 923-3700
Wells Fargo Insurance Services USA, Inc.
3475 Piedmont Road NE, Suite 800
Atlanta, GA 30305-2886

CONTACT NAME: Alexander Mortimer
PHONE (A/C, No, Ext): 404-923-3732 FAX (A/C, No): 877-362-9069
E-MAIL ADDRESS: alexander.mortimer@wellsfargo.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Federal Insurance Company	20281
INSURER B:	Pacific Indemnity Company	20346
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
American Cancer Society, Inc.
250 Williams Street
Atlanta, GA 30303

COVERAGES CERTIFICATE NUMBER: 7298928 REVISION NUMBER: See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			35943463	9/1/2013	9/1/2014	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 2,500
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	$ 25,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			73563471	09/01/2013	09/01/2014	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			73563476-Puerto Rico			BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS			73563477-Hawaii			BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			71741355	09/01/2013	09/01/2014	X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N N/A						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Event: Relay for Life of Greater St. Cloud
Event Date: 6/6/14
Event Location: 1109 1st St S, Sartell, MN
Event Setup Date/Time: 6/6/14 9:00 AM
Event Takedown Date/Time: 6/7/14 6:00 AM
# of ACS Staff/ Volunteers: 50
# of Participants: 500

CERTIFICATE HOLDER

Bernick's Pepsi Arena
1109 1st St S
Sartell, MN 56377
Attn: Jon Erickson
Phone: 320-240-9233

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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