



Special Event Application

City of Shakopee

485 Gorman Street, Shakopee, MN 55379

Phone# (952) 233-9300 Fax# (952) 233-3801

www.ShakopeeMN.gov

OFFICE USE ONLY

Date/ Time Rec'd _____

Staff Initials _____

Date Processed _____ Staff Initials _____

Contact Information

Name/Organization: Shakopee Chamber & Visitors Bureau Email hproskey@shakopee.org Tax _____

Exempt: Yes (Submit ST3) No MN Tax ID# _____ Fed. Tax ID# 41367856

Address: 145 1st Avenue East City: Shakopee State: MN Zip: 55379

Main Phone: 952-641-9044 Alternate Phone: 952-445-1660

Reservation Information

Event Date: October 7 Day of Week: Saturday Start Time: 1:00 PM End Time: 4:00 PM

Event Type/Description Shak-O-Lantern Festival

Location: (Please attach a detailed description and site map) Lewis Street & Lewis Street lot

Please see event map and narrative in email

Special Use Permit and/or Insurance Requirements (Initials Required)

Special Permits and/or additional insurance may be required if you are planning an event with ANY of the following:

~~€ Yes~~ ~~€ No~~ Street Closure/Barricades ~~€ Yes~~ ~~€ No~~ Entertainment ~~€ Yes~~ ~~€ No~~ *Alcohol or food sales

~~€ Yes~~ ~~€ No~~ Amplified Music ~~€ Yes~~ ~~€ No~~ Staking of tents/shelters

€*Other (Garbage Cans/Collection.) Please specify: garbage cans & barricades

Initials Required

HP My event will not include any of the activities listed above.

HP I would like to apply for a Special Permit. Please contact Lori Hensen-952-233-9318 or lhensen@ShakopeeMn.gov

HP I will provide the appropriate insurance 7 days prior to my event naming the "City of Shakopee" as an additional insured.

HP *Special Permit Required – May be subject to a Fee. City Council approval required before issuing of permits.

Agreement – Signature Required

As lawful consideration for being permitted to use city property listed above, I agree that the City of Shakopee shall be held harmless and exempt from liability for any injury or disability which I or the participants of the event listed above might incur as the result of use of the facility listed above due to the passive or active negligence of the City, agents or employees. This release of liability of the City of Shakopee, does not include any injuries that I or other participants of the event listed above incur as the result of willful, wanton or intentional misconduct by the City of Shakopee, its agents, employees elected officials or volunteers. This agreement is specifically binding upon the organization and assigns and the assigns of the participants of the event listed above.

With my signature, I verify I have read and understand the rules and regulations for city property use.

DATE: 8/14/2023 SIGNATURE: Heather Proskey

Payment Information

Event Fee \$150 + Garbage Collection \$85/hour \$ _____ Total Fee \$ _____

Cash \$ _____ Check \$ _____ # _____ Credit Card Visa \$ _____ MasterCard \$ _____

Approval _____

Credit Card # _____ - _____ - _____ - _____ Expiration Date ____/____ 3 Digit Security Code _____