



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: Free Bikes 4 Kidz MN Email cwagner@ironmanbikeride.org Tax
Exempt: Yes (Submit ST3) No MN Tax ID# 2231189 Fed. Tax ID# 27-1199089
Address: 10914 Lexington Dr. City: Eden Prairie State: MN Zip: 55344
Main Phone: 360-624-1801 Alternate Phone: _____

Reservation Information

Event Date: 8/14/2021 Day of Week: Saturday Start Time: 6am End Time: 5pm
Event Type/Description: Fundraiser bike ride
Location: (Please attach a detailed description and site map) Ride starts at 15th Ave, heads South on Holmes forward Scott County. Ride returns and ends in Shakopee at Huber Park.

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: _____

Initials Required

- aw My event will not include any of the activities listed above.
aw I would like to apply for a Special Permit. Please contact Lori Hensen-952-233-9318 or lhensen@ShakopeeMn.gov
aw I will provide the appropriate insurance 7 days prior to my event naming the "City of Shakopee" as an additional insured.
aw *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: 6/8/21 SIGNATURE: [Signature]

Payment Information

Event Fee \$150 + Garbage Collection \$85/hour \$ _____ Total Fee \$ _____
Cash \$ _____ Check \$ _____ # _____ Credit Card Visa \$ _____ MasterCard \$ _____

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