



**HENNEPIN COUNTY SHERIFF'S OFFICE**  
WATER PATROL UNIT  
4141 SHORELINE DRIVE  
SPRING PARK, MN 55384  
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### **SPECIAL EVENT PERMIT APPLICATION**

THE FOLLOWING INFORMATION IS NECESSARY TO INSURE THE PROPER AND ACCURATE ISSUANCE OF YOUR PERMIT. PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND RETURN THE FORM TO OUR OFFICE AT LEAST 30 DAYS PRIOR TO YOUR EVENT VIA EMAIL OR STANDARD MAIL.

#### **PLEASE PRINT OR TYPE**

NAME OF EVENT: \_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_

TIME(S) OF EVENT: \_\_\_\_\_

EVENT LOCATION & ADDRESS: (Include a diagram for larger events.)

Specific area - include start/finish locations

WAS THIS EVENT HELD LAST YEAR: YES \_\_\_ NO \_\_\_

SPONSORING ORGANIZATION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ DOB: \_\_\_\_\_

DL# \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (MOBILE): \_\_\_\_\_ PHONE (WORK): \_\_\_\_\_

EVENT WEB ADDRESS: \_\_\_\_\_

PROPOSED EVENT ACTIVITIES: \_\_\_\_\_

PROPOSED PARKING LOCATION: \_\_\_\_\_

PRIZES TO BE ISSUED: \_\_\_\_\_

WILL ALCOHOLIC BEVERAGES BE SOLD? YES \_\_\_ NO \_\_\_

WILL FOOD BE SOLD? YES \_\_\_ NO \_\_\_ IF YES, WHAT TYPE OF FOODS: \_\_\_\_\_

WHAT (IF ANY) STRUCTURES DO YOU INTEND TO PLACE ON THE WATER/ICE?

\_\_\_\_\_

ESTIMATED ATTENDANCE:            (# OF PARTICIPANTS) \_\_\_    (# OF SPECTATORS) \_\_\_

FISHING TOURNAMENTS MUST PROVIDE THE NUMBER OF BOATS THAT WILL BE ALLOWED TO ENTER THE WATER: \_\_\_\_\_

WHAT EXTRA/UNUSUAL HAZARD TO PARTICIPANTS OR NON-PARTICIPANTS WILL BE INTRODUCED TO THE EVENT AREA? \_\_\_\_\_

WHAT TYPE & NUMBER OF SAFETY EQUIPMENT (BOAT/ATV/SNOWMOBILE/ETC.) WILL BE PROVIDED BY THE SPONSORING ORGANIZATION FOR SAFETY PURPOSES:

WOULD YOU LIKE WATER PATROL DEPUTIES/VSD TO BE AT YOUR EVENT? YES \_\_\_ NO \_\_\_

**IF YES, WATER PATROL DEPUTIES AND/OR VSD PATROL BOATS DO NOT COUNT AS A SAFETY BOAT IF REQUIRED!**

IF YES, HOW MANY DEPUTIES DO YOU RECOMMEND, WHY AND WHAT SPECIFIC TIME AND LOCATION?

PLEASE NOTE: IN ORDER TO BE GRANTED A PERMIT FOR YOUR EVENT, THE SPECIFIC GUIDELINES GIVEN WITH YOUR APPLICATION MUST BE FOLLOWED!

DATE

APPLICANTS SIGNATURE & PRINTED NAME

TITLE

**\* The application must be signed.**

**\*\* The named Organization shall, upon request by HCSO, submit applicable documentation (articles, bylaws, resolutions, or ordinances) that confirm the signatory's authority to sign and bind Organization as set forth herein.**