



Polk County Sheriff's Office

Boat and Water Patrol Unit

PERMIT NO.

- WILL ALCOHOLIC BEVERAGES BE SOLD? YES NO
- WILL FOOD BE SOLD? YES NO
- WILL SECURITY BE PROVIDED? YES NO
- WILL MEDICAL SERVICES BE ON SITE? YES NO
- WILL TRAFFIC/PARKING CONTROL BE NEEDED? YES NO

WHAT (IF ANY) STRUCTURES DO YOU INTEND ON PLACING ON THE WATER/ICE: _____

WHAT TYPE AND NUMBER OF VEHICLES/WATERCRAFT/EQUIPMENT (ie: LIFEJACKETS) WILL BE PROVIDED BY ORGANIZERS FOR SAFETY PURPOSES: _____

ON-SITE CONTACT PERSON AND PHONE NUMBERS: _____

OTHER DETAILS THAT SHOULD BE CONSIDERED FOR APPROVAL OF YOUR EVENT (ie: WATER LEVEL/SPEED/ICE THICKNESS/ETC.): _____

PLEASE NOTE: In order for this special event application to be granted, the guidelines of *Special Event Permit Application Guide* must be followed.

86B.121 RACES, COMPETITIONS, AND EXHIBITIONS.

(a) A person may not hold or sponsor any scheduled or public race, regatta, tournament or other competition or exhibition, or trial race on water or ice, whether or not involving watercraft, without first having obtained a written permit from the sheriff of the county where the event is to originate.

(b) The sheriff, in the permit, may exempt watercraft from any of the provisions of this chapter relating to the licensing, operation, and equipment of watercraft while participating in the event authorized.

(c) The county's issuance of a permit under this section does not make the county liable for any injury occurring at the event. **History:** 1990 c 391 art 9 s 7; 1992 c 584 s 2; 1997 c 204 s 1

I certify that I am authorized to represent the organization holding this event and hereby agree that this event will comply with all Statutes, Rules, Regulations and Special Requirements as they apply to this special event. I acknowledge that any violation of Statute, Rule, Regulation and/or Special Requirement of this event will be cause for immediate revocation this *Special Event Permit* and thereby terminate the event activities.

APPLICANT SIGNATURE: _____ DATE: _____

-Office Use Only-

Date Received: _____ Approved: Yes _____ No _____

Issued By: _____ Badge No. _____

SPECIAL REQUIREMENTS: _____



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SPECIAL EVENT APPLICATION and PERMIT

The following application form must be filled out in its entirety to insure consideration and the proper and accurate issuance of your permit, Pursuant to MN Statute 86B.121 Subd. (a). This form **MUST** be returned and filed with the Polk County Sheriff's Office at 600 Bruce St., Crookston, MN 56716, at least **14 days prior** to your event.

Please **PRINT** or **TYPE**

NAME OF EVENT: _____

DATE(S) OF EVENT: _____

TIME(S) OF EVENT: _____

EVENT LOCATION: _____

WAS THIS EVENT HELD LAST YEAR? YES ___ NO ___

SPONSORING ORGANIZATION: _____

CONTACT PERSON: _____				
	First Name	Middle	Last Name	
RESPONSIBLE PERSON FOR THE EVENT: _____				
	First Name	Middle	Last Name	
DOB: _____		DRIVERS LICENSE #: _____		
ADDRESS: _____				
	Street address	City	State	Zip
TELEPHONE (S): _____				
	Home	Work	Cell	Fax
E-MAIL ADDRESS: _____				
EVENT WEB ADDRESS: _____				

PROPOSED EVENT ACTIVITIES: _____

EVENT ESTIMATED ATTENDANCE: Participants _____ Organizers _____ Spectators _____

EVENT WATER ACCESS LOCATION(S): _____

EVENT PARKING LOCATION(S): _____
