

ANOKA COUNTY PARKS

550 Bunker Lake Boulevard NW • Andover, MN 55304 • 763.324.3300 • anokacountyparks@co.anoka.mn.us

SPECIAL USE PERMIT REQUEST FORM

Main Contact/Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Event Date(s): _____ Multiple Day Event: Yes No Arrival Time: _____ Departure Time: _____

Park/Trail: _____ Facility: _____

Number of People Attending Your Event: _____ Type of Event: _____

Requested Special Use:

- | | | | |
|---|---|--|---|
| Extra Grills/Roaster <input type="checkbox"/> | Food truck <input type="checkbox"/> | Concessions <input type="checkbox"/> | Photography/Filming <input type="checkbox"/> |
| Overnight Parking <input type="checkbox"/> | Bounce house* <input type="checkbox"/> | Carnival Activities* <input type="checkbox"/> | Yard Games <input type="checkbox"/> |
| Overcapacity <input type="checkbox"/> | Live Animal(s)* <input type="checkbox"/> | Generator <input type="checkbox"/> | Heater(s)* <input type="checkbox"/> |
| Tent(s)* <input type="checkbox"/> | Music <input type="checkbox"/>
(Speaker, DJ, Live) | Open flame <input type="checkbox"/>
(Candles, Laterns, Sparklers) | Rental Equipment* <input type="checkbox"/>
(Stages, Additional Seating, Etc) |
| Other (Describe) <input type="checkbox"/> | _____ | | |

Does Activity Require Electric Hook-Up? Yes No

Does Activity Require Water Access? Yes No

**Insurance may be required due to the nature of the request. Items must be freestanding or weighted. No staking allowed.*

Only items described and approved within this use request will be permitted. All appropriate insurance documentation must be on file prior to the event. Special Use Permit requests must be received at least two weeks prior to the event date. A fee of \$25 (+tax) is required for each special use permit, once approved. Requests will not be authorized until all fees are paid in full.

Signature of Applicant: _____ Date: _____

Office Use Only

- Approved
 Not Approved

Insurance Required

- General Liability Insurance
 Endorsement of Additionally Insured

Approved by: _____

Title: _____

Date: _____

Notes: