



CITY OF WILLMAR
PERMIT APPLICATION
 (check the event)

City of Willmar
 PO Box 755
 Willmar, MN 56201
 320-235-4913
 FAX: 320-235-4917

CARNIVAL (\$30 per day) _____ EXHIBITION (\$30 per day) _____
 CIRCUS (\$30 per day) _____ DANCE (\$30 per dance) _____
 STREET FAIR (\$30 per day) _____ SPECIAL EVENT(\$30 per day) _____

APPLICANTS BUSINESS NAME: _____ TELEPHONE NUMBER: _____

APPLICANTS BUSINESS ADDRESS: _____

APPLICANTS LEGAL NAME: _____ TELEPHONE NUMBER: _____

APPLICANTS ADDRESS: _____

IF A FIRM OR CORPORATION, LIST NAMES AND ADDRESSES OF OFFICERS:

LOCATION OF EVENT: _____

DATE(S) AND HOURS OF EVENT(S): _____

NUMBER OF SHOWS/ATTRACTIONS / PERFORMANCES: _____

NUMBER OF PERSONS INVOLVED: _____ ADMISSION FEE: _____

NUMBER AND TYPE OF AMUSEMENT AND / OR RIDE DEVICES: _____

HAVE YOU EVER HELD A PERMIT FOR SUCH AN EVENT BEFORE? YES ___ NO ___

IF YES, WHERE? _____ DATE _____

IF POLICE SERVICES ARE REQUIRED, WHO SHOULD BE BILLED FOR SERVICES? _____

ADDITIONAL COMMENTS / INFORMATION _____

REQUIRED ATTACHMENTS. THE APPLICANT MUST INCLUDE THE FOLLOWING ATTACHMENTS:

PROOF OF INSURANCE IN THE AMOUNT OF AT LEAST \$1,000,000 FOR GENERAL LIABILITY, BODILY INJURY, AND PROPERTY DAMAGE LIABILITY PER OCCURRENCE AND THE CITY OF WILLMAR MUST BE LISTED AS AN ADDITIONAL INSURED. (INSURED NAME ON THE CERTIFICATE MUST BE IDENTICAL TO APPLICANT NAME FROM ABOVE.) POLICY EXCLUSIONS BY ENDORSEMENT MUST BE ATTACHED TO THE CERTIFICATE OF INSURANCE.

THE UNDERSIGNED MAKES THIS APPLICATION PURSUANT TO ALL LAWS OF THE STATE OF MINNESOTA AND ORDINANCES OF THE CITY AND SUCH RULES AND REGULATIONS AS THE COUNCIL OF THE CITY OF WILLMAR MAY FROM TIME TO TIME PRESCRIBE.

 SIGNATURE OF APPLICANT DATE

PERMIT APPROVAL

Fee Paid	Amount	Date	City Attorney	Date	Initials
Receipt No.	_____	_____	Police Chief	_____	_____
			City Engineer	_____	_____
			City Clerk	_____	_____
			Comm. Ed & Rec.	_____	_____



CITY OF WILLMAR

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Willmar is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.

Minnesota Statutes 13.01 to 13.87 on Government Data Practices require that you be informed that the following information which you are asked to provide on the application for employment is considered private data: 1. Name, 2. Home address, 3. Home phone number, 4. Social Security number, 5. Date of birth, 6. Conviction record, 7. Sex, 8. Age group, 9. Disability type, 10, Racial/ethnic group.

We ask this information for the following reasons: to distinguish you from all other applicants and identify you in our personnel files; to enable us to verify that you are the individual who makes the application; to enable us to contact you when additional information is required, send you notices and/or schedule you for interviews; to determine if you meet the minimum age requirements (if any); to conduct proper investigations if you are applying for a position; to determine whether or not your conviction record may be a job related consideration affecting your suitability for the position you applied for; to enable us to ensure your rights to equal opportunities and to meet affirmative action goals; to meet federal and state reporting requirements; and to make processing more efficient.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel in the City of Willmar and the policies, rules, and regulations promulgated pursuant thereto.

FURNISHING SOCIAL SECURITY NUMBERS, DATE OF BIRTH (unless a minimum age is required), SEX, AGE GROUP, AND DISABILITY DATA IS VOLUNTARY, BUT REFUSAL TO SUPPLY OTHER REQUESTED INFORMATION WILL MEAN THAT YOUR APPLICATION FOR EMPLOYMENT MAY NOT BE CONSIDERED.

Private data is available only to you and to other persons in the City offices who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice as private data.

Witness my signature that I fully understand the contents of this warning.

Date: _____

Signature of Applicant

DETAILED MAP OF EVENT AREA MUST BE ATTACHED