

City Council Memorandum

To: Mayor Fasbender & City Council Members

From: Paige Marschall Bigler, Recreation Program Specialist

Date: March 16, 2020

Item: Special Event Designation

Council Action Requested: Designate the Annual YMCA Glo-Run as a Special Event with the following conditions.

Background Information: The Hastings Area YMCA is requesting to hold a 1 mile and 4 mile race in the City of Hastings on Thursday, July 16, 2020. This event will act as a fundraiser for the Hastings Area YMCA Annual Giving Program. The event has the same footprint as previous years. City Staff are supportive of the event with the following conditions:

- Event organizers are responsible for providing and properly posting No Parking signage and Route signage for both the 1 mile and 4 mile race.
- The City Police Department will provide a police presence to assist with traffic management indicated on the corresponding map. Event volunteers will provide additional traffic management.
- Event Organizer will contact Dakota County for West 2nd Street/Nininger Road for traffic control requests to create a conned pedestrian lane from Lock and Dam Road to Pleasant on the north side of Nininger on the roadway, which may require a separate permit or authorization from the County. City Staff will provide event organizer with the Dakota County contact.
- Only chalk may be used for any directional markings on pavement including trails. Signs on lath are allowed and encouraged.
- No unauthorized vehicles on any City trails
- All event supplies and equipment will be removed by event organizers within 24 hours after the
 event.

Financial Impact:

N/A

Advisory Commission Discussion:

N/A

Council Committee Discussion:

None

Attachments:

- 2020 Glow Run Permit Application
- Maps illustrating run routes



SPECIAL EVENT PERMIT APPLICATION

	Gener	al Even	nt Information				
Event Name:	Gener	ai Evei	it illiorliation				
Name of Event Coordinator: Name of Organization/Business Hosting Event:				Home Phone: ()			
				Work Phone: ()			
				Cell Phone: ()			
				E-mail:			
Mailing Address:				Website:	Website:		
On Site Contact Name:			On Site Contact Cell Phone: ()				
Type of Event (mark all that a ② Other:	pply): ② Downtown Event	: 🛽 Rad	ce/Run/Walk [2 Concert/Perfo	ormance 🛽 Fundraiser		
Date(s) Requested:							
Date	Day of Week		Time		Total Hours		
			am/ <mark>pm</mark> to	am/ <mark>pm</mark>			
			am/pm to	am/pm			
			am/pm to	am/pm			
Is this event: ② Open to the public ② Private			Will this be ar	n annual event	?		
Has this event been held in ar If yes, when was it held and w				_ 2 No			
Will an admission fee be char	10	Will donation	s be accepted?	? Yes ? No			
What will proceeds from the	event be used for?		l.				
Anticipated Attendance: To	otal Per Day _						
Will there be a tent(s) at the event? 2 Yes 2 No			If yes, how many and how big?				
			1				
	Event l	_ocati <u>o</u>	n Information	1			
Location of the event (includi							

Event Location Information Location of the event (including the starting line, finish line and staging/disbanding areas):						

VIII 12				
List of any City parks/facilities to be used for the event:				
List of any city parks, facilities to be asea for the event.				
Number of calcides are sated at the arrest.				
Number of vehicles expected at the event:				
Describe where participants will park:				
If the event will take place on private property, has approval been obtained from the property owner(s)?				
☐ Yes ☐ No Please include a site plan for the event location that show the location of the starting line, finishing line, staging areas, tents,				
vendors, parking areas, sound amplification equipment and any other areas that will be setup as part of the event.				
Event Route Information				
Does the event propose to require the use of any public right of way (crossing or traveling within)?				
List all public right of way that will be used during the event:				
☑ City Streets				
Image: Trails/Sidewalks in the state of the				
County Roads				
State Road State Road State Road				
Other Right of Way				
Have you received approval for the use of any County or State right-of-way? 2 Yes 2 No 2 Not applicable				
Does the route require the closing or partial closing of any streets, intersections or crossings? ② Yes ② No If yes, please describe:				
iii yes, piease describe.				
(The City of Hastings reserves the right to require street closings)				
Please include a detailed map showing the proposed route. The route map must show what roadways, trails and sidewalks will				
be used and the direction the participants will travel. All street names must be clearly labeled.				
Event Safety Information				
Number of volunteers assisting with the event:				
Do you have a contingency plan if volunteers don't show up? 2 Yes 2 No				
If yes, please summarize:				
Is the promoter aware of any problems that may arise during the event? 2 Yes 2 No				
If yes, please summarize:				
Have arrangements been made for emergency medical services? Yes No				
If yes, please summarize:				
Will alcohol be served or sold at the event? ② No ② Yes (a temporary beer or liquor license is required)				
Will there be a raffle or other regulated gambling activity at the event? ② No ② Yes (a temporary gambling permit is required)				
Will the event include the sale of any products or services? ② No ② Yes (please provide a list of your approved event vendors):				
Will the event include the sale of any food or beverages? ② No ② Yes (health department permits are required, please provide a				
list of your approved food vendors):				

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Event Signage and Sound Inforn	nation				
Please include a route map detailing where all DIRECTIONAL signage will be placed for the event.					
Please include a map detailing where all signs ADVERTISING the event will be placed.					
Will any sound amplification equipment be used at the event? ② Yes ② No If yes, please describe where in the event area the equipment will be used and used:	what time the equipment will be				
Insurance Information Insurance coverage shall be maintained for the duration of the event with a mir minimum \$2,000,000 aggregate limit. If food or non-alcoholic beverages are sol shall also include an endorsement for product liability in an amount not less that provided at least 5 days prior to the event.	d or provided at the event the insurance policy				
I have read and agree to all ordinances and rules associated with this speci true and correct to the best of my knowledge.	ial event permit. I certify that the answers are				
Signature	Date				
Please return completed form to Paige Marschall-Bigler at pmarschall@hastingsm W, Hastings MN 55033. Call 651-480-6182 with any questions.	n.gov or mail in to Parks Department 920 10 th St				
OFFICE USE ONLY					
Date application submitted:					
Date application approved by CC:	_				
Required resources: - Police Reservists:	_				
- Equipment:	<u> </u>				
- City staff:	<u> </u>				
Insurance information received:					

Licenses/permits obtained:_____





