

City Council Memorandum

To: Mayor Fasbender & City Councilmembers

From: Paige Marschall Bigler, Recreation Program Specialist

Date: October 4, 2021

Item: Special Event Request -DBA Community Halloween

Council Action Requested: Consider the request from Hastings Downtown Business Association for a Special Event Designation on Sunday, October 31st, 2021 for the DBA Community Halloween.

Background Information:

The Downtown Business Association is requesting closure of three blocks on 2nd street, between Vermillion St. to Tyler St. from 2:00 p.m. – 5:00 p.m. on Sunday, October 31st 2021, for their 3rd Annual Halloween Event. The event will start at 2:00 p.m. and end at 5:00 p.m. Event Organizers anticipate attendance of 250 people. Family friendly entertainment and activities will be coordinated on each block, including a DJ, candy give-a-ways, storefront window displays, and a food collection for Hastings Family Service. The map of the event is included for City Council review.

The 2021 event will be the 3rd event hosted in Downtown Hastings. City Staff have reviewed the request and are supportive with the following conditions.

Designating this event as a Special Event, will allow for street closures, and exclusive use of the identified areas on the attached map. This event meets the criteria to qualify as a Council-designated Special Event.

Recommended conditions to be included in the proposed Special Event Designation:

- The areas identified on the attached map shall be for the use of Downtown Hastings DBA Halloween event between the designated hours of 2:00 p.m.
 5:00 p.m. on Sunday, October 31st, 2021.
- City Staff and Event organizers will set up a meeting to walk-through prior to the event. Organizers will provide main contact information for our staff and reservists to have to troubleshoot during the event.
- Event Organizers will provide adequate street closure equipment, provided by the Downtown Business Association.
- The event organizers are required to post 'No Parking' signs 24-hours in advance, with the expectation that downtown parking on the three requested blocks is cleared by Noon the day of the event. Hastings Police Department may have to assist if there are cars left after Noon within the event parameters.

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- The City will strive to provide Police Reservists.
- All vendors must obtain City of Hastings vendor license prior to event, the
 cost of licensure is the responsibility of the vendor or event organizer, and
 licenses must be obtained from the City Clerk at Hastings City Hall.
- Event organizers will have the footprint cleaned up by 7:00 p.m. with barricades removed and the street accessible by the public.
- Event organizers agree the site will be left in at least the condition it was pre-event.
- Insurance certificate provided by event organizers, listing the City of Hastings as additionally insured.
- Any other reasonable conditions as determined by staff.

Financial Impact:

None

Advisory Commission Discussion:

None

Council Committee Discussion:

None

Attachments:

- Special Event Application
- Event Map



SPECIAL EVENT PERMIT APPLICATION

ADHERE TO COVID-19 GUIDELINES. The User represents & confirms that all requirements of the City and State of Minnesota related to COVID-19, including, but not limited to, Governor's Executive Order & State Agency Guidance, have been included in the User's COVID-19 Preparedness Plan which will be implemented and enforced while using any Facility in accordance this Agreement. User is responsible for monitoring & updating their COVID-19 Preparedness Plan should the requirements of the City or State of Minnesota be altered, updated, or otherwise changed.

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	Gener	al Event Inf	ormation			
Event Name:						
Name of Event Coordinator:				Home Phon	e: ()	
				Work Phone	e: ()	
Name of Organization				Cell Phone:	(651)	
/Business Hosting Event:				E-mail:		
Mailing Address:				Website:		
On Site Contact Name:		On	Site Conta	ct Cell Phone:	: (651)	
Type of Event (mark all that a Other:	pply): Downtown Event	Race/Run/W	/alk Cor	ncert/Perform	ance Fund	raiser
Date(s) Requested:						
Date	Date Day of Week Time Total Hours					
		am/p	m to	am/pm		
	am/pm to am/pm					
		am/p	m to	am/pm		
Is this event: ② Open to the	public Private	Wil	this be an	annual event	t? Yes	? No
Has this event been held in an If yes, when was it held and w	<u>-</u>			No		
Will an admission fee be charged? Yes No Will donations be accepted? Yes No						
What will proceeds from the	event be used for?					
Anticipated Attendance: To	otal Per Day					
Will there be a tent(s) at the	event? Yes No	If ye	es, how ma	any and how b	oig?	
	Event I	ocation In	ormation			

	Event Location Information
Location of the eve	ent (including the starting line, finish line and staging/disbanding areas):
List of any City par	ks/facilities to be used for the event:
Number of vehicle	s expected at the event:
Describe where pa	articipants will park:

If the event will take place on private property, has approval been obtained from the property owner(s)? Yes No NA Please include a site plan for the event location that show the location of the starting line, finishing line, staging areas, tents, tendors, parking areas, sound amplification equipment and any other areas that will be setup as part of the event. Recycling and Trash are required for collection at all events with waste. Recycling and Trash must follow the Best Manageme tractices including: paired and labeled containers. Questions? Please contact our City Recycling Coordinator 651-480-6182 Will your event generate waste? If yes, we recommend contacting a Hauler for bins and waste pick-up. Yes No Event Route Information Does the event propose to require the use of any public right of way (crossing or traveling within)? Per No It all public right of way that will be used during the event: City Streets Trails/Sidewalks County Roads State Road Other Right of Way Have you received approval for the use of any County or State right-of-way? Yes No Not applicable		VIII-08
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(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 In	formation	on	
Number of volunteers assisting with the event:			
Do you have a contingency plan if volunteers don't show up? If yes, please summarize:	Yes	No	
Is the promoter aware of any problems that may arise during the ellf yes, please summarize:		Yes	No
Have arrangements been made for emergency medical services? If yes, please summarize:	Yes	No	
Will alcohol be served or sold at the event? No Yes (a tempo	rary beer	or liquor lic	ense is required)
Will there be a raffle or other regulated gambling activity at the evo			(a temporary gambling permit is required)
Will the event include the sale of any products or services? No	Yes (pl	ease provid	e a list of your approved event vendors):
Will the event include the sale of any food or beverages? No list of your approved food vendors):	es (healt	h departme	nt permits are required, please provide a

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Event Signage and Sound Information	
Please include a route map detailing where all DIRECTIONAL signage will be placed for the event.	
Please include a man detailing where all signs ADVERTISING the event will be placed	

Insurance Information

If yes, please describe where in the event area the equipment will be used and what time the equipment will be used:

Insurance coverage shall be maintained for the duration of the event with a minimum \$1,000,000 combined single limit and a minimum \$2,000,000 aggregate limit. If food or non-alcoholic beverages are sold or provided at the event the insurance policy shall also include an endorsement for product liability in an amount not less than \$1,000,000. Proof of insurance coverage must be provided at least 5 days prior to the event.

I have read and agree to all ordinances and rules associated with this special event permit. I certify that the answers are true and correct to the best of my knowledge.

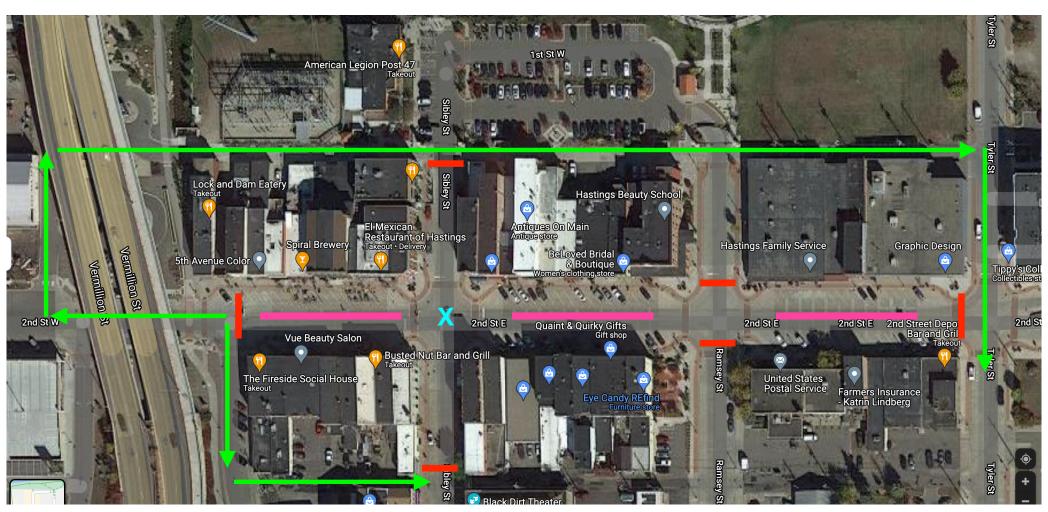
Signature Date

Please return completed form to Paige Marschall-Bigler at pmarschall@hastingsmn.gov or mail in to Parks Department 920 10th St W, Hastings MN 55033. Call 651-480-6182 with any questions.

OFFICE USE ONLY

Date application submitted:
Date application approved by CC:
Required resources: - Police Reservists:
- Equipment:
- City staff:
Insurance information received:
Licenses/permits obtained:

Will any sound amplification equipment be used at the event? Yes



<u>Key</u>

Road blocks/barricades

Suggested detour routes

DJ station

Various activities