



City Council Memorandum

To: Mayor Fasbender & City Council Members
From: Paige Marschall Bigler, Recreation Program Specialist
Date: April 17, 2023
Item: Designate Animal Ark 3k Walk as a Special Event.

Council Action Requested:

Staff recommends approval of the June 10, 2023 Animal Ark 3k Walk and is supportive the event & Temporary liquor license with the conditions outlined below.

Background Information:

Denyse Madden with Animal Ark is requesting to hold a 3k walk in the City of Hastings in support of the animal shelter. This event has an identical footprint to last years. The 3k route will begin and end at Animal Ark and utilize City trails where possible with portions of the route taking participants onto 21st Street E and Spiral Boulevard. The event will also include food vendors, beer and wine tasting, live music, & kids' activities. Animal Ark expects 200 in attendance for the event from 9:00 a.m. – 1:00 p.m. on Saturday, June 10th. Staff recommends approval of the route and event with the following conditions:

- Event Organizer will work with Hastings City Clerk to ensure all vendors have necessary permits and licensing.
- As part of the Temporary liquor license: the area must include a barrier identifying the beer & wine tasting area, I.D. check, & wristbands.
- 10' on-street pedestrian lane delineated by a traffic cone every 15'
 - Traffic cones must be supplied by the event organizer
 - Dedicated participant lane should be on the north side of Spiral Boulevard between Industrial Court and access point to the Ravine Trail and north side of 21st Street E
 - Event volunteers must monitor this lane and keep participants from encroaching in vehicular traffic lanes
 - Hastings patrol staff will check on the event as time permits
- Directional markings on pavement to be made by Event Organizers in chalk only.
- Event Organizers will notify affected neighboring businesses/property owners including: Industrial Court, Industrial Boulevard, Spiral Boulevard and Millard Avenue.
- Event Organizers will add a volunteer or additional signage on LeDuc Drive/21st St. East near the road curve/hill as a safety precaution.
- Event Organizers will add cones on 21st St. East from Commerce Drive to designate a walking space.

Financial Impact:

N/A

Advisory Commission Discussion:

N/A

Council Committee Discussion:

None

Attachments:

- Special Event Permit Application
- Event Layout
- 3k Route Map
- Resolution approving temporary liquor license



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.

| General Event Information | | | |
|--|-------------|---|-------------|
| Event Name: | | | |
| Name of Event Coordinator: | | Home Phone: () | |
| | | Work Phone: () | |
| Name of Organization /Business Hosting Event: | | Cell Phone: () | |
| | | E-mail: | |
| Mailing Address: | | Website: | |
| On Site Contact Name: | | On Site Contact Cell Phone: () | |
| Type of Event (mark all that apply): Downtown Event Race/Run/Walk Concert/Performance Fundraiser | | | |
| Other: | | | |
| Date(s) Requested: | | | |
| Date | Day of Week | Time | Total Hours |
| | | am/pm to am/pm | |
| | | am/pm to am/pm | |
| | | am/pm to am/pm | |
| Is this event: <input checked="" type="checkbox"/> Open to the public Private | | Will this be an annual event? Yes <input checked="" type="checkbox"/> No | |
| Has this event been held in another City? Yes | | No | |
| If yes, when was it held and where? _____ | | | |
| 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: Total Per Day | | | |
| Will there be a tent(s) at the event? Yes No | | If yes, how many and how big? | |

| Event Location Information |
|--|
| Location of the event (including the starting line, finish line and staging/disbanding areas): |
| Starting and ending at 2600 Industrial Court in Hastings. I have attached a photo of the route that the 3K walk will take. |
| List of any City parks/facilities to be used for the event: |
| The route will take the walkers past the Veterans Park and to the Vermillion Falls Park |
| Number of vehicles expected at the event: 100 |
| Describe where participants will park: On the street as well as in other businesses parking lots(as we have it ok'd by the businesses). Map of parking spaces included as attachment. |

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.

Recycling and Trash are required for collection at all events with waste. Recycling and Trash must follow the Best Management Practices 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 The only waste we will have is from the food trucks and that can go into the dumpsters we already have.

Event Route Information

Does the event propose to require the use of any public right of way (crossing or traveling within)? Yes No

List all public right of way that will be used during the event:

City Streets _____
Spiral Blvd, planning on walking down this street for part of the 3K

Trails/Sidewalks _____
Veterans Park, Vermillion Falls Park
the trails that go by these two parks, shown in our route map

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

Does the route require the closing or partial closing of any streets, intersections or crossings? Yes No

If yes, please 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? Yes No

If yes, please summarize: _____

Is the promoter aware of any problems that may arise during the event? Yes 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? No Yes (a temporary beer or liquor license is required)

Will there be a raffle or other regulated gambling activity at the event? No Yes (a temporary gambling permit is required)

Will the event include the sale of any products or services? No Yes (please provide a list of your approved event vendors):

Will the event include the sale of any food or beverages? No Yes (health department permits are required, please provide a list of your approved food vendors): _____

Event Signage and Sound Information

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? Yes No

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

Insurance Information

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.

Anna Helget-staff at Animal Ark

3/30/23

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: _____

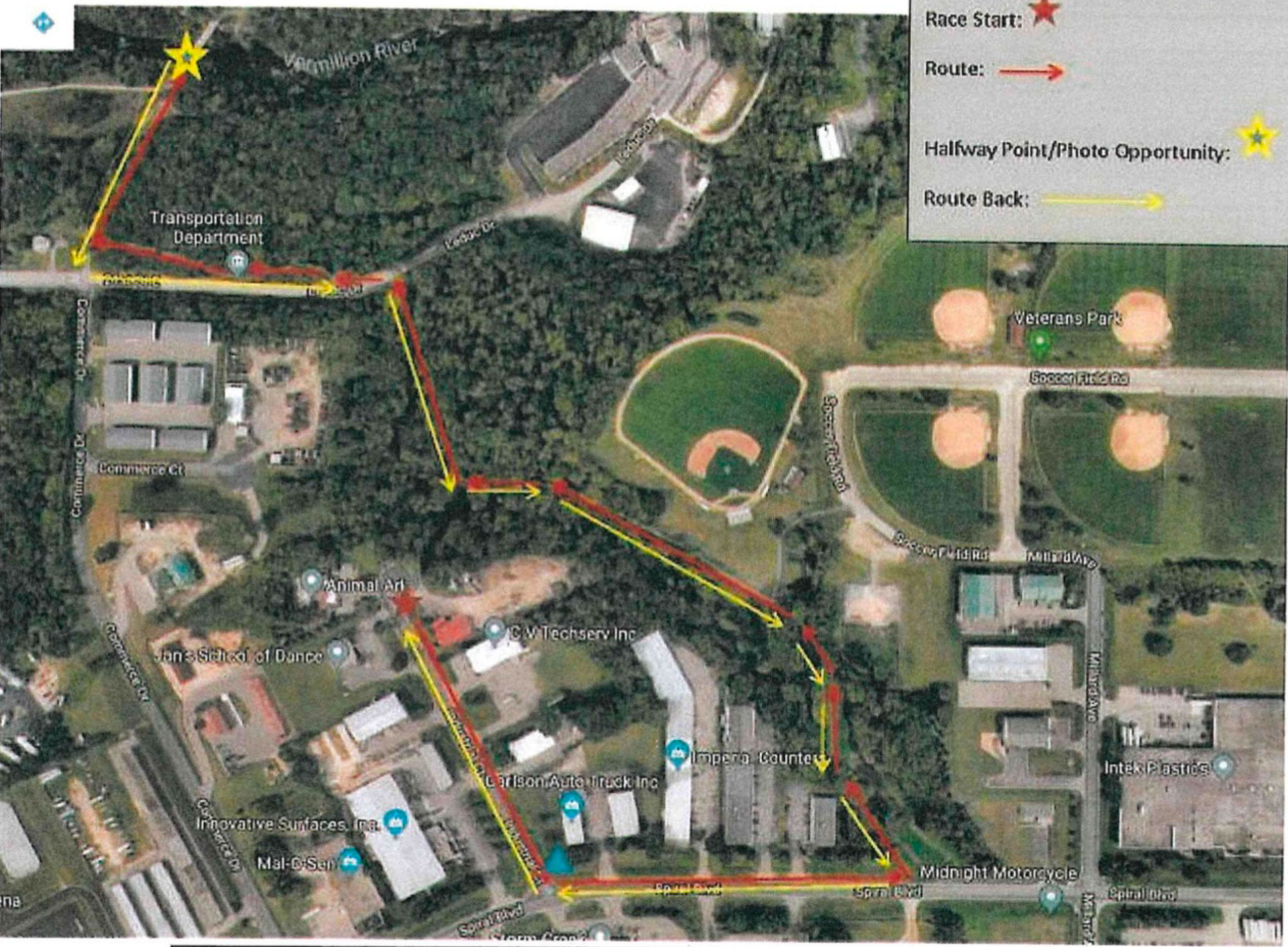
3K Walk Key

Race Start: 

Route: 

Halfway Point/Photo Opportunity: 

Route Back: 



• Please follow the outlined map and look for volunteer checkpoints along the way.

Industrial Ct. to Spiral Blvd - turning left- Spiral Blvd to Millard Ave - turn left onto the trail - follow trail to Leduc Drive - turn left - follow trail running parallel to 21st Street E to Commerce - take a right and enter Vermillion Falls- follow the trail to bridge - endpoint - turning around to take the same route back to shelter.



Liquor vendors

Vendors

Vendors

Vendors

Breakfast table

Vendors

Vendors

Vendors

Registration DJ

Food Food Food Food

Eating area

port a pot



Minnesota Department of Public Safety
 Alcohol and Gambling Enforcement Division
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101
 651-201-7507 TTY 651-282-6555

VIII-05

**APPLICATION AND PERMIT FOR A 1 DAY
 TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

| | | |
|----------------------|----------------------|----------------------|
| Name of organization | Date of organization | Tax exempt number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|------------------------------------|----------------------|----------------------|----------------------|
| Organization Address (No PO Boxes) | City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|-----------------------------------|----------------------|----------------------|
| Name of person making application | Business phone | Home phone |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|----------------------|---|--|---------------------------------------|
| Date(s) of event | Type of organization | <input type="checkbox"/> Microdistillery | <input type="checkbox"/> Small Brewer |
| <input type="text"/> | <input type="checkbox"/> Club | <input type="checkbox"/> Charitable | <input type="checkbox"/> Religious |
| | <input type="checkbox"/> Other non-profit | | |

| | | | |
|-----------------------------|----------------------|----------------------|----------------------|
| Organization officer's name | City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|-----------------------------|----------------------|----------------------|----------------------|
| Organization officer's name | City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|-----------------------------|----------------------|----------------------|----------------------|
| Organization officer's name | City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Location where permit will be used. If an outdoor area, describe.

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.

APPROVAL

APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL AND GAMBLING ENFORCEMENT

 City or County approving the license

 Date Approved

 Fee Amount

 Permit Date

Event in conjunction with a community festival Yes No

 City or County E-mail Address

 Current population of city

 Please Print Name of City Clerk or County Official

 Signature City Clerk or County Official

CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event

No Temp Applications faxed or mailed. Only emailed.

ONE SUBMISSION PER EMAIL, APPLICATION ONLY.

PLEASE PROVIDE A VALID E-MAIL ADDRESS FOR THE CITY/COUNTY AS ALL TEMPORARY PERMIT APPROVALS WILL BE SENT BACK VIA EMAIL. E-MAIL THE APPLICATION SIGNED BY CITY/COUNTY TO AGE.TEMPORARYAPPLICATION@STATE.MN.US