



STAFF REPORT

DATE: September 7, 2021

Consent

TO: Mayor and City Council

FROM: Julie Johnson, City Clerk

AGENDA ITEM: Special Even Permit for One Block Marathon October 16, 2021

BACKGROUND: Christ Lutheran Church has requested a special event permit for a one block marathon on Saturday, October 16, 2021 to support local emergency food shelves. Because the event is intended to benefit the community, the City Council is requested to waive the permit fee of \$75.00.

ISSUE BEFORE COUNCIL: Should the Council approve the special event permit?

PROPOSAL DETAILS/ANALYSIS: The City Council approves special event permits under City Code Section 110.70. The code establishes standards for special events in the following areas: maximum number of people, sound equipment, sanitary facilities, security, food service, fire protection, duration of special event, and a cleanup plan. Prior to the issuance of a permit, the City Council, may impose any other conditions reasonably calculated to protect the health, safety and welfare of persons, attendant or of the citizens of the City of Lake Elmo including, but not limited to, restrictions on parking and vehicle access, lighting, litter and noise.

This event would involve closing down small portions of city streets (30 feet) at a time but would not completely block traffic at any one time. Trash cans will be provided by the event organizers and bathroom facilities at the church will be open for use by participants. This is the first year the event has been held and organizers are uncertain as to the level of participation that will occur.

FISCAL IMPACT: The only financial impact to the City is loss of revenue for the special event permit if the Council chooses to waive the fee.

OPTIONS:

- 1) Approve the special event permit for the one block marathon
- 2) Approve the special event permit for the one block marathon with conditions
- 3) Do not approve the special event permit for the one block marathon

RECOMMENDATION:

If removed from the consent agenda, staff recommends the following motion:

“Motion to approve a special event permit for the Christ Lutheran Church one block marathon event held Saturday, October 16, 2021 and waive the special event permit fee.”

ATTACHMENTS:

- Special Event Permit Application



Special Event Permit Application

I. Title and Brief Description of Event

A ONE BLOCK MARATHON TO BENEFIT EMERGENCY
FOOD SHELVES IN LAKE ELMO

II. Applicant Information

The applicant is responsible for answering all questions, including inquiries from media and citizens.

Applicant: JACK MILLER Title: COORDINATOR

Address: _____

Business/Organization: MULTIPLE SPONSORS:

Daytime Phone: ^{651 -}335-3976 Mobile Phone: ^{651 -}335-3976 Emergency Phone: _____

III. Event Timetable

- A. Requested day and date: SATURDAY, OCT 16
- B. Requested Hours of Operation, from 8 a.m./p.m. to 11 a.m./p.m.
- C. Set up beginning day and date 10/16 8 AM, time 8 a.m./p.m.
- D. Dismantle by day and date 10/16, time 11 a.m./p.m.
- E. Anticipated number of participants: 100 +; and spectators: 0

IV. Insurance

Attach to this application either an insurance policy or a certificate of insurance including the policy number and showing liability amounts. The policy must state that any outside area to be used for an event is covered. The policy must also show evidence that the requested event is not excluded from insurance liability.

V. Check All Items that Apply to your Event

- ☐ Use of a Public Facility (note facility): _____;
- ☐ Event participant and/or spectator parking areas (describe): CHRIST LUTHERAN LEINN CITY PARK
- ☐ Entertainment or stage location (provide to-scale drawings);
- ☐ Construction or erection of temporary structures (may need permit: check with planning department);
- ☒ Trash containers (indicate # and locations): ONE AT START: FOUR AT FINISH
- ☒ Portable toilet facilities (indicate # and locations): NONE → USE CHURCH FACILITIES
- ☒ First aid facilities (indicate who is providing): VOLUNTEER DR AND NURSES
- ☐ Parade and/or parade floats (may need permit);
- ☐ Fireworks and/or pyrotechnics site (may need permit, check with the fire department);
- ☐ Cooking facilities, open flame, or vehicle fuels (may need permit, check with fire department);
- ☐ Electricity (indicate source and plan): _____;
- ☐ Other (please describe): _____

VI. Food, Beverages, and/or Entertainment

- A. If your event includes music, live entertainment, sound amplification or any other noise impact, please describe, including the intended hours of the music, sound or noise.

NONE - MAYBE A MEGAPHONE FOR DIRECTIONS

- B. Will alcoholic beverages be served? ____ Yes ____ ☒ No

C. Name of liquor establishment: _____

- D. For service of alcohol outside a licensed premise, include a diagram showing the defined area of the alcohol concession service and attach a copy of your certificate of liquor liability insurance covering the limits of the alcohol service area.

- E. If serving alcohol, describe how you will ensure that alcohol will be possessed and consumed only by those persons 21 years or older. Describe all security measures in place.

- F. Will food and/or non-alcoholic beverages be served? ☒ Yes ☐ No

- G. If yes, describe sanitation and food-handling procedures:

TRASH CANS FOR BOTTLED WATER & NAPKINS

- H. If yes, you will need to have a Temporary Food License from Washington County. Attach a copy of your Temporary Food License to this application.

- I. If you intend to cook food in the event area, describe your area layout, including fuel or electrical sources to be used:

VII. Vendors or Concessionaires

List what vendors/concessionaires you will have at your event and list their Sales Tax ID Number:

NONE

VIII. Security and Safety Procedures

- A. Describe your proposed procedures for security and crowd control:

BLOCK OFF STREETS & TRAFFIC DIRECTORS AT ALL STREET CORNERS AND ALLEYS

B. If the event is to occur at night, describe how you will light the event area in order to increase the safety of participants and spectators coming to and leaving the event:

N/A

IX. Clean-up

List persons responsible for clean-up duties:

JACK MILLER, DIANA ERICKSON, LAKE ELMO ELEMENTARY
STAFF

X. Mitigation of Impacts on Others

Describe how you intend to mitigate the impacts of the special event on businesses, churches, neighbors, motorists, and others:

BY THE FOLLOWING
1. VERY SHORT TERM - 3 HOURS PRESENCE - 30" TRAFFIC
2. COMMUNITY INVOLVEMENT ROAD BLOCK
3. NO AREA IS COMPLETELY CUT OFF AT ANY TIME

Note: Any condition which causes adverse impacts may be cause to revoke the Special Events Permit

Applicant Signature: Jack Miller

Date of Application: 8/11/2021

WE REQUEST THAT APPLICATION FEE BE WAIVED
SINCE THIS IS A NON-PROFIT EVENT DESIGNED TO
BENEFIT THE PEOPLE OF LAKE ELMO

From: Preferred Insurance Services, Inc. mail-server@csr24.email
 Subject: Certificate of Insurance
 Date: August 11, 2021 at 11:55 AM
 To: Christ Lutheran Church ELCA jack@scroungers.me

Cert Desc..... 20-21 Liability Master
 Cert Date..... 8/11/2021
 Insured..... Christ Lutheran Church ELCA
 Insured Addr1..... PO Box 310 11194 N 36th St N
 Insured Addr2.....
 Insured City..... Lake Elmo
 Insured State..... MN
 Insured Zip..... 55042-0310

Desc of OPs.....

Holder..... City of Lake Elmo
 Address 1..... 3880 LaVerne Ave N
 Address 2..... #100
 Address 3.....
 Address 4.....
 City..... Lake Elmo
 State/Province..... MN
 Zip/Postal Code..... 55042

AUTO
 Policy..... 1793339 11/1/2020 - 11/1/2021

EXC
 Policy..... 1423435 11/1/2020 - 11/1/2021

GL
 Policy..... 1423433 11/1/2020 - 11/1/2021

WC
 Policy..... MWC101833 11/1/2020 - 11/1/2021

Delivery Method(s)
 Viewed On Screen View (View)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 8/11/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Preferred Insurance Services, Inc. 1306 West County Road F Arden Hills MN 55112		CONTACT NAME: Karlyn Gombak PHONE: 851-267-7409 FAX: 851-255-3502 EMAIL: karlyn@preferredmn.com ADDRESS: karlyn@preferredmn.com	
INSURED Christ Lutheran Church ELCA PO Box 310 11194 N 36th St N Lake Elmo MN 55042-0310		INSURER(S) AFFORDING COVERAGE INSURER A: GuideOne INSURER B: Milwaukee Casualty Insurance Co INSURER C: INSURER D: INSURER E: INSURER F:	
License# 26018023 CRILUT-1		NAIC # 26362	

COVERAGES


CERTIFICATE NUMBER: 10156999

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	LTB	TYPE OF INSURANCE	ADDL INSR	INSR W/O	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
A	X	COMMERCIAL GENERAL LIABILITY			1423433	11/1/2020	11/1/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS-COMPONENTS \$3,000,000
		CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						
		GENERAL AGGREGATE LIMIT FAPLES PER						
		POLICY <input checked="" type="checkbox"/> FIRST <input type="checkbox"/> SGT <input type="checkbox"/> LOC						
		Other						

A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		1793339	11/1/2020	11/1/2021	COVERED SINGLE UNIT \$ 1,000,000 BODILY INJURY (per person) \$ BODILY INJURY (per accident) \$ PROPERTY DAMAGE \$ MEDICAL \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> RETENTION \$ 2,500		1123135	11/1/2020	11/1/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PERSON FOR WHOM THIS EXECUTIVE OFFICIAL ASSURES EXCLUSIVELY (Mandatory in MN) If yes, describe in brief: <input checked="" type="checkbox"/> Y/N DESCRIPTION OF OPERATIONS: <input checked="" type="checkbox"/> N/A		MWC101833	11/1/2020	11/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH OCCUR \$ 500,000 EL DISEASE - PERM. OWEE \$ 500,000 EL DISEASE - POLICY LIMIT \$ 500,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						

CERTIFICATE HOLDER City of Lake Elmo 3840 LaVerne Ave N #100 Lake Elmo MN 55042	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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