

TIME UNITS WILL BEGIN TO ASSEMBLE: _____

LOCATION OF ASSEMBLY AREA: _____

WILL YOU NEED POLICE SERVICES? YES _____ NO _____
(to help control traffic, at intersections, etc.)

IF YES, WHO SHOULD BE BILLED FOR THESE SERVICES? _____

ADDITIONAL COMMENTS/INFORMATION: _____

A CERTIFICATE OF INSURANCE IS REQUIRED AT THE TIME OF APPLICATION. THE CERTIFICATE OF INSURANCE MUST INCLUDE THE CITY OF WILLMAR AS AN ADDITIONAL INSURED. POLICY EXCLUSIONS BY ENDORSEMENT MUST BE ATTACHED TO THE CERTIFICATE OF INSURANCE.

NOTICE: INDEMNITY AND INSURANCE

- The applicant and any other persons, organizations, firms or corporation on whose behalf the application is made, by filing such application do represent, stipulate, contract and agree that they will jointly and severally indemnify and hold the City harmless against liability for any and all claims for damage to property, or injury to, or death of persons arising out of or resulting from the issuance of the permit or the conduct of the parade or its participants.
- In addition, no parade permit shall be issued unless the applicant therefore shall obtain a comprehensive general liability insurance policy, issued by an insurance company authorized to do business in this State, with coverage that includes the assembly area, the parade route, the disbanding area of the parade, and any other area used by the participants of the parade. **THE CITY SHALL BE NAMED AS AN ADDITIONAL INSURED ON THE POLICY.** The policy limits of said insurance shall not be less than:

| | |
|----------------------------------|--|
| Property Damage | \$ 50,000 for each occurrence |
| Bodily Injury or Death | \$ 50,000 for each person and \$300,000 for each occurrence |

THE UNDERSIGNED APPLICANT MAKES THIS APPLICATION PURSUANT TO ALL LAWS OF THE STATE OF MINNESOTA AND APPLICABLE 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 | |
|--------------------------|------|-----------------|-------|
| | | Initials | Date |
| FEE PAID _____ | | CITY ATTORNEY | _____ |
| AMOUNT | DATE | FIRE CHIEF | _____ |
| RECEIPT NO. _____ | | POLICE CHIEF | _____ |
| CERT OF INS. REC'D _____ | | CITY ENGINEER | _____ |
| | | CITY CLERK | _____ |

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 interview; 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 notices 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