



CITY OF WILLMAR
PERMIT APPLICATION

City of Willmar
PO Box 755
Willmar, MN 56201

320-235-4913
FAX: 320-235-4917

REGULATION FOR USE OF CITY PARKS (\$30 per day) _____

APPLICANTS BUSINESS NAME: _____ TELEPHONE NUMBER: _____

APPLICANTS BUSINESS ADDRESS: _____

APPLICANTS LEGAL NAME: _____ TELEPHONE NUMBER: _____

APPLICANTS ADDRESS: _____

IF A FIRM OR CORPORATION, LIST NAMES AND ADDRESSES OF OFFICERS:

LOCATION OF EVENT: _____

DATE(S) AND HOURS OF EVENT(S): _____

TYPE OF FOOD AND/OR DRINK SALES: _____

NUMBER AND TYPE OF AMUSEMENT AND / OR RIDE DEVICES: _____

HAVE YOU EVER HELD A PERMIT FOR SUCH AN EVENT BEFORE? YES ___ NO ___

IF YES, WHERE? _____ DATE _____

ADDITIONAL COMMENTS / INFORMATION _____

THIS PERMIT DOES NOT ALLOW THE SALE OR DISTRIBUTION OF FOOD OR BEVERAGE THAT IS PREPARED BY THE APPLICANT UNLESS APPLICANT HAS PRESENTED A CURRENT DEPARTMENT OF HEALTH PERMIT FOR SUCH FOOD OR BEVERAGE.

THE APPLICANT HEREBY CERTIFIES: In consideration of the agreements of City herein set out, Applicant does hereby agree to indemnify and hold City harmless from all claims or causes of action arising from injury or death to persons or from damage to property resulting from Applicant's performance of this permit. In addition to indemnifying and holding City harmless from any causes of action or claims, Applicant agrees to pay the costs City shall incur in defending itself against any action brought against it by any person claiming loss by injury or death or by damage to property. In the event that any such action is brought against City, City shall notify Applicant and Applicant shall have the opportunity to provide legal counsel and fully defend City. In the event that Applicant shall fail to provide an attorney and defend City, or in the event the attorney selected by Applicant is not approved by City and its insurance carrier, then City shall be entitled to hire its own attorney and Applicant shall pay the cost of City's entire defense. This paragraph shall not apply to any cause of action arising from the negligence of City.

SIGNATURE OF APPLICANT

DATE

PERMIT APPROVAL

Fee Paid	Amount	Date	Comm. Ed & Rec.	Date	Initials
Receipt No.	_____	_____	Police Chief	_____	_____
			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 interviews; 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 notice as private data.

Witness my signature that I fully understand the contents of this warning.

Date: _____

Signature of Applicant