



Dakota County License Application Temporary Cannabis Event

Applicant Information

Cannabis Event Organizer's Name

MN OCM Event Organizer License Number

Business Trade Name (doing business as)

Website

Address

Phone Number

Email

City

State

ZIP

Event Information

Name of Event

Maximum Number of Attendees or Tickets Sold

Nature or Purpose of Event

Name of Township

Address of Event Location

City

State

ZIP

Exact Date(s) of Event (MM/DD/YY)

Hours of Event

Statement of Understanding

Applicants are encouraged to read Ordinance 133, Section 18 in its entirety as part of preparing this application. Temporary cannabis events shall:

1. Not be held on Dakota County property or within 1,000 feet from the boundaries of County property.
2. Obtain written consent of the property owner and the local jurisdiction or town.
3. Last no more than two days.
4. Not allow on-site consumption of cannabis products or lower-potency hemp edibles.
5. Only allow attendance of adults aged twenty-one (21) or older.
6. Only be held between the hours of 9:00 a.m. and 9:00 p.m. on Sunday through Thursday, and between the hours of 9:00 a.m. and 10:00 p.m. on Friday and Saturday.
7. Obtain commercial general liability insurance covering all injuries or damage caused by or as a result of the event in the sum of \$1,000,000 per occurrence for bodily injury or death or property damage naming Dakota County as an additional insured.
8. Obtain a separate Assemblage of Large Numbers of People license if over 300 attendees are expected.
9. The license shall be posted in a conspicuous place at all times.
10. The applicant agrees to abide by all provisions of Dakota County Ordinance 133, Section 18 in its entirety.

Approvals

Applicant

I have included the requested information to accompany my application, including:

- ☐ Copy of MN Cannabis Event Organizer License
- ☐ Copy of Approved MN OCM Cannabis Event License Application
- ☐ Certificate of Liability Insurance for \$1,000,000 naming Dakota County as additional insured
- ☐ Site Map
- ☐ Security Agreement
- ☐ Traffic Management Plan, if applicable
- ☐ Property Lease Agreement, if applicable

I attest that all the information included in the application is accurate and true to the best of my knowledge.

Applicant's Signature

Date

Landowner of Assemblage Location

The Applicant must obtain approval and signature from Landowner or provide copy of lease authoring use of property for this event.

If the Temporary Cannabis Event is held on property that belongs to someone other than the Applicant, this application must include the signature of the landowner or copy of the lease authorizing use of the property for this event.

Landowner's Name

Name of Business or Location used for Event, if applicable

Landowner's Address

City

State

ZIP

Landowner's Signature

Date

Township

The Applicant is to obtain approval and signature from the Township where event will be located.

I have reviewed the application for an Assemblage of Large Numbers of People. By signing below, I attest that the township has reviewed the application and approve that it be brought before the Dakota County Board of Commissioners for approval or denial.

Township Representative's Name (Printed)

Name of Township

Township Representative's Signature

Date

Event Requirements

Applicant: For the following sections, type N/A if a situation does not apply to this event.

1. Attendance

Ordinance plan requirement

Maximum number of people to be assembled or admitted to the location and the method to be used to track the number of attendees and limit the number of attendees to those authorized in the permit.

Guidance

- A. Applicant should make a best estimate of the expected attendance. Permits are required for any event with over 300 persons in attendance. Note that Ordinance requires that the event be limited to the number of people listed in the plan; applicants may wish to add in a cushion to their estimate if more people than estimated could be expected.
- B. Applicant should describe the method that will be used to track attendance. For example: Wrist bands will be provided for all attendees upon entering the event site. The number of assigned wrist bands will be limited to the total attendance of the permit application.

ApplicantsResponse

2. Site Map

Ordinance plan requirement

A fence or barrier completely enclosing the proposed location of sufficient height and strength to prevent people gaining access to the assembly grounds and having sufficient entrances and exits to allow easy movement into and out of the assembly grounds.

Guidance

Marked on the site sketch.

Applicants Response

3. Restrooms

Ordinance plan requirement

Separately enclosed toilets and hand washing or hand sanitizing stations conveniently located throughout the property sufficient to provide for the maximum number of attendees authorized by the license. Separate enclosed toilets and hand washing stations, conveniently located throughout the grounds, as recommended by the Dakota County Public Health Department.

Guidance

- A. Describe any permanent toilet facilities and any portable rental units that will be used during the event.
- B. Describe how portable toilets will be cleaned and serviced and provide the name of the vendor, vendor contact, vendor phone number.

Applicants Response

4. Food

Ordinance plan requirement

Special event food and beverage stands operated in compliance with the Minnesota Food Code, as evidenced by a current license issued by the Minnesota Department of Health.

Guidance

- A. Describe the types and numbers of food and beverage stands that will be at the event.
- B. Provide a statement that all food and beverage stands will be licensed by the Minnesota Department of Health (if required) and that each vendor will display the license prominently.

Applicants Response

5. Lighting

Ordinance plan requirement

If the assembly is to continue during hours of darkness, illumination sufficient to light the entire area of the assembly at the rate of at least five-foot candles at ground level, but not to shine unreasonably beyond the boundaries of the enclosed location of the assembly.

Applicants Response

6. Security

Ordinance plan requirement

Security and traffic controls which will meet the requirements of local authorities and the Minnesota Department of Public Safety. Such controls shall include, but not be limited to, Minnesota law enforcement officers having jurisdiction in Dakota County or protective agents licensed in Minnesota physically present, as follows:

1 officer per 250 attendees

The written plan shall include the number of officers to be provided, their credentials and hours of availability.

The Dakota County Sheriff may recommend that security staffing requirements be reduced based upon the applicant's temporary cannabis event or assemblage of large numbers of people license history.

If security is provided by the Dakota County Sheriff's Office, cost of security for on-duty personnel will be billed by the Sheriff's Office at a rate established annually by the Board.

Guidance

Security Agreement on page 8 **MUST** be completed and submitted along with this application.

Applicants Response

7. Fire Safety

Ordinance plan requirement

Fire protection sufficient to meet all applicable state and local laws and regulations which shall include, but not be limited to, extinguishing devices, fire lanes and escapes, and sufficient emergency personnel to efficiently operate the required equipment.

Guidance

Applicant should describe fire protection provided for the event.

ApplicantsResponse

8. Parking

Ordinance plan requirement

A parking area inside the assembly grounds sufficient to provide parking space for the maximum number of people to be assembled, at the rate of at least one parking space for every four persons per day. Adequate handicapped designated parking spaces shall be provided in accordance with applicable Minnesota Rules governing the provision of such.

Guidance

Describe and mark these areas on the site sketch provided under item 2.

Other Ordinance Requirements

Applicants are encouraged to read Ordinance 133 in its entirety as part of preparing a permit application. There are four additional conditions of particular note for event planning. The following items are not part of the plan requirements but rather general ordinance requirements.

9. General Liability Insurance

Additional ordinance requirement

Evidence of commercial general liability insurance covering all injuries or damage caused by or as a result of the conduct of the assembly in the sum of \$1,000,000 per occurrence for bodily injury or death or property damage naming Dakota County as an additional insured. Proof of such coverage must be submitted to the Public Services and Revenue Division to obtain the license.

Guidance

Applicant must provide documentation in conformance with the requirements prior to staff approval of the permit application. An example insurance certificate can be found on page 10.

10. Animals/Pets

Additional ordinance requirement

No animals or household pets, not directly involved in the show or exhibition or the policing thereof, shall be permitted on any of the grounds or facilities, and no animals or pets shall be permitted to run loose. This requirement does not apply to service animals.

Guidance

Applicant should instruct event security staff to screen for any pets that attendees might try to bring into the event.

11. Fires

Additional ordinance requirement

No fire of any kind shall be permitted on the premises or facilities except in grills or at locations designated for that purpose.

Guidance

Applicant should assure that security staff is aware of this requirement.

12. Transportation

Please fill out the below section if your event involves a County Road or Highway with:

- A. The closure of a traffic lane, turn lane or shoulder.
- B. The placement of any directional signs. (Advertising signs are not allowed)
- C. The Dakota County Sheriff's Office or someone else would need to direct traffic on a County Road or Highway.

The applicant is requesting to temporarily occupy a portion of the right-of-way for the following reason:

Starting Date: _____ Ending Date: _____

Starting Time: _____ Ending Time: _____

Location (Road Name): _____

Traffic Management Plan Description

If the event will require closure of the traveled portion of the roadway or shoulder, the permittee must submit a traffic management plan along with this permit form. The plan shall specify what signs and/or flagmen will be used. A minimum of seven days prior public notification may be required if a road is closed and a detour is needed. The permittee must also notify the local police and fire departments of any road closures. Only local police or Dakota County Deputies can stop traffic.

No lane closures are permitted during rush hour times, from: 6:00 a.m. to 8:30 a.m. and from 3:30 p.m. to 6:00 p.m. without prior approval from the City and/or County.

If you have any questions about Special Events Permits from our Transportation Department, please visit:

<https://www.co.dakota.mn.us/Permits/HighwayPermits/SpecialEvent/Pages/default.aspx>

Dakota County Security Agreement

Ordinance Number 133 requires security staffing at all events. Staffing shall be determined using the following criteria:

Minnesota law enforcement officers having jurisdiction in Dakota County or protective agents licensed in Minnesota physically present, as follows:

Up to 300 people One officer per 250 attendees

The written plan shall include the number of officers to be provided, their credentials, and hours of availability.

Final staffing numbers will be determined by a representative of the Dakota county Sheriff's Office based on, but not limited to:

Type of Event:	_____
Anticipated Number of Attendees:	_____
Previous Track Record of Event:	_____
Recommended Number of Security Staffing:	_____
Actual Number of Security Staffing:	_____

Cancellation

Cancellation after the event has started will result in security deputies being paid either the minimum of _____ hours (to be determined by Sheriff's Office), or their actual hours worked, if greater than the minimum.

Sheriff's Office Contact: Commander Richard Schroeder

Office Phone: 651-438-4704

Approvals

Applicant Signature: _____ Date: _____

Sheriff's Office Signature: _____ Date: _____

Contacts

If you have any questions regarding this application, please contact the following staff:

Application Section	Contact	Department
Application Submission / Status / Approval	Sarah Kidwell	Public Services & Revenue Division Phone: 651-438-4372 Fax: 651-438-8260 Email: sarah.kidwell@co.dakota.mn.us
Sections 1, 2, 5, 6, 7, 8, 10, 11	Richard Schroeder	Sheriff's Office 651-438-4704
Sections 3 & 4	Coral Ripplinger	Public Health 952-891-7166
Section 9	Jenny Groskopf	Risk Management 651-438-4532
Section 12	Todd Bentley	Transportation 952-891-7115

Any documents submitted by the applicant after the initial permit application is submitted will be included in the application packet and become part of the permit.

Sample Certificate of Liability Insurance

ACORD™ CERTIFICATE OF LIABILITY INSURANCE				DATE (MM/DD/YYYY) 05/01/2010	
PRODUCER Insurance Agent Name Address City, State, Zip			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
INSURED Contractor Name Address City, State, Zip			INSURERS AFFORDING COVERAGE		NAIC #
			INSURER A: Insurance Company X		
			INSURER B:		
			INSURER C:		
			INSURER D:		
			INSURER E:		
COVERAGES					
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
INSR <small>ADD'L LTR INSRD</small>	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Policy No. xxx-yyy	05/14/10	05/15/10	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 50,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
OTHER					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS					
Dakota County, its officers, employees and agents are named as additional insured's respects general liability for the event on 5/14/2010 at the Dakota County Fairgrounds.					
CERTIFICATE HOLDER			CANCELLATION		
Dakota County Public Service and Revenue Division Attn: XXXXXXXXXX 1590 Highway 55 Hastings, MN 55033			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Representative's Signature		