

**CITY OF JAMESTOWN
102 3RD AVENUE SE
JAMESTOWN, NORTH DAKOTA 58401
TELEPHONE 701-252-5900 FAX 701-252-5903
EMAIL: info@jamestownnd.gov**

**APPLICATION FOR LARGE GATHERING EVENT
COVID EMERGENCY PLANNING**

**Application must be submitted to allow for a 48 hour review excluding weekends & holidays.
The application is automatically approved unless denied within 48 hours of receipt.**

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1. CONTACT NAME: _____
 2. EMAIL: _____ PHONE: _____
 3. TYPE OF EVENT: _____
 4. LOCATION OF EVENT: _____
 5. DATE(S) OF EVENT: _____
 6. TIME(S) OF EVENT: _____
 7. NUMBER OF PEOPLE EXPECTED TO ATTEND: _____
 8. WILL ALCOHOLIC BEVERAGES BE SERVED AT THE EVENT: ____ YES ____ NO
(Approval of this Covid Plan does not waive any other requirements, such as the need for security if alcoholic beverages are dispensed.)
 9. HAVE YOU REVIEWED THE ND SMART RESTART GUIDELINES: ____ YES ____ NO
 10. PLEASE PROVIDE A WRITTEN NARRATIVE AND/OR DIAGRAM OF HOW YOU WILL COMPLY WITH THE RESTART GUIDELINES: _____

 11. WILL YOU KEEP A RECORD OF ATTENDANCE? ____ YES ____ NO
 12. PLEASE ADD ANYTHING FURTHER ON HOW YOU WILL TRY TO KEEP THE ATTENDEES IN COMPLIANCE: _____

NAME OF APPLICANT (please print): _____

SIGNATURE: _____ DATE: _____

IF DENIED, BY WHOM: _____ DATE: _____