

**APPLICATION TO HOLD A WATERCRAFT EVENT/ICE EVENT
OR PLACE A TEMPORARY STRUCTURE IN THE WATER**

TOWNSHIP: _____ **COUNTY OF BELTRAMI**

FULL NAME AND DOB: _____

PERMITTEE ADDRESS: _____

PERMITTEE EMAIL ADDRESS: _____

PHONE: (H) _____ **(C)** _____

ORGANIZATION (if any): _____

**LIST ALL PERSON(S) THAT WILL FUNCTION IN AN OFFICIAL CAPACITY AT THIS
EVENT FULL NAME/DOB/ADDRESS/TELEPHONE:**

PERMIT TYPE (WATERCRAFT EVENT/ICE EVENT/TEMPORARY STRUCTURE)

ON LAKE/RIVER: _____

NEAREST PHYSICAL ADDRESS OR LAT/LON(structure distance from shore):

Return application:

**Records Division
Beltrami County Sheriff's Office
613 Minnesota Ave NW
Bemidji, MN 56601
218-333-9111
sheriff.records@co.beltrami.mn.us**



EVENT NAME:

EVENT CHAIR(S):

OPERATIONAL PERIOD (dates and times the event will be operating)

DATE/FROM:

DATE/TO:

TIME/FROM:

TIME/TO:

LOCATION:

LIST THREE (3) CONTACTS WHO WILL BE EITHER ON SITE DURING THE EVENT OR AVAILABLE FOR EMERGENCY NOTIFICATIONS. These contacts will be programmed into our Code RED system to receive emergency notifications during the event. This information is CONFIDENTIAL and will not be disseminated to anyone outside of Law Enforcement. Your cell phone provider (Verizon, AT&T, etc) is needed to complete the programming. Testing prior to the event will occur to assure that the contacts are receiving their notifications successfully.

NAME: _____ CELL PHONE: _____ CELL PHONE PROVIDER: _____

NAME: _____ CELL PHONE: _____ CELL PHONE PROVIDER: _____

NAME: _____ CELL PHONE: _____ CELL PHONE PROVIDER: _____

Will there be Security on scene? _____ Will there be First Aid available on scene? _____ Is there an evacuation plan? _____

Will there be portable radios used to communicate? _____ If yes, what frequency will they operate on? _____