



Kathleen Ryan, Aitkin County Auditor

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APPLICATION FOR LARGE ASSEMBLY LICENSE

NAME OF ORGANIZATION: _____

ADDRESS OF ORGANIZATION: _____

PERSON MAKING APPLICATION: _____

ADDRESS & PHONE NUMBER: _____

INSURANCE COMPANY & POLICY NUMBER: _____

DATES/TIME OF EXHIBITION: _____

TYPE OF PROGRAM: _____

Applicant agrees to defend, hold harmless, and pay on behalf of the County of Aitkin and their officials and employees, any demands, claims or suits arising out of actions of applicant under the permit.

SIGNATURE OF APPLICANT: _____
Date

CITY OR TOWN RECOMMENDATION: _____
Authorized Signature Date

ENVIRONMENTAL RECOMMENDATION _____
Authorized Signature Date

COUNTY SHERIFF RECOMMENDATION: _____
Authorized Signature Date

COUNTY ATTORNEY RECOMMENDATION: _____
Authorized Signature Date

All applications for permit must be received a minimum of thirty (30) days prior to the event or placement of structure.