

Special Event Application for Indoor Motorsports Arena

This form, completed properly and filed with the Minnesota Department of Health, constitutes application for a Certificate of Approval for operation of an enclosed arena in accordance with Minnesota Rules, part 4620.5400. This application does not imply approval or disapproval. A Certificate of Approval will be issued upon approval by the commissioner or commissioner's designee. It must be displayed in a location within the arena building that is clearly visible to the public.

Event Information

Name of Special Event _____

Dates of Event _____

Arena Information

Name of Arena _____

Arena Address _____

City _____ State _____ Zip Code _____

Arena Building Operator (Organization) _____

Arena Manager Phone _____

Arena Manager Email _____

Event Management Information

Event Management Organization _____

Mailing Address _____

City _____ State _____ Zip Code _____

Event Manager _____

Event Manager Phone _____

Event Manager Email _____

Equipment Information

Type of vehicles used in event _____

Type of fuel used in event _____

Number of vehicles _____

Number of vehicles allowed on track at one time _____

Are the performers paid? Yes No

Monitoring Plan

Please **attach a written plan** that answers the following questions:

1. Describe where air samples will be taken in the arena building.
2. Describe what actions will be taken to reduce air contaminants if they exceed acceptable limits.
3. How will this information be communicated to performers, event managers and other parties?

Air Quality Measuring Devices

The following air quality measuring devices meet the requirements of Minnesota Rules, part 4620.4550 and will be used to meet the air testing requirements of part 4620.4510, 4620.4600 and 4620.4700 in the arena building.

Air Quality Measuring Devices

Instrument Make	Model	Monitored Contaminant (CO and/or NO2)	Range in ppm (eg: 0 - 100 ppm)	Resolution (eg: 1 ppm)	Manufacturer specified calibration frequency (for electric instruments)

Agreement between Event Manager and Arena Operator

Minnesota rules, part 4620.5400, subp. 3 item B (2) states that the event manager and arena operator must agree to the terms of the monitoring plan in writing. Please review the monitoring plan and sign below to signify agreement.

Event Manager _____ Date _____

Arena Operator _____ Date _____

Individual Completing Application

I have provided true and complete information and I understand MDH's Tennessen Warning which is available by calling 651-201-4601 or found at [Tennessen Warning \(PDF\)](https://www.health.state.mn.us/communities/environment/asbestos/docs/comtenwarn.pdf) (<https://www.health.state.mn.us/communities/environment/asbestos/docs/comtenwarn.pdf>).

I also understand that submitting false information allows MDH to deny, suspend, revoke or take other action against this certification.

Name _____

Signature _____ Date _____

Please send completed application to:

Minnesota Department of Health
Indoor Air Unit
PO Box 64975,
St. Paul, MN 55164-0975
651-201-4601
health.indoorair@state.mn.us
www.health.state.mn.us

06/2017

To obtain this information in a different format, call: 651-201-4601.

FOR MDH USE ONLY:

Approved _____ Denied _____ Date _____