

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.

General Information

Name of Special Event:	Dates of Event:
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Arena

Name of Arena:	
Arena Address:	City, State, Zip:
Arena Building Operator (Organization):	Arena Manager Phone:
Arena Manager Email:	

Event Management

Event Management Organization:	
Mailing Address:	City, State, Zip:
Event Manager:	Manager Phone:
Manager Email:	

For MDH Use Only

Approved _____

Denied _____

Date _____

Equipment Information

Type of Vehicles Used in Event:	
Fuel Type Used:	
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:

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: _____

APPLICATION FOR MOTORSPORTS ARENA CERTIFICATE APPROVAL

I have provided true and complete information and I understand MDH's Tennesen Warning which is available by calling 651-201-4601 or see [Tennesen Warning \(PDF\)](#) (<https://www.health.state.mn.us/communities/environment/air/docs/arenas/tennessen.pdf>).

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

Name _____ Date _____
(Individual Completing Application)

Signature _____

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

Updated 06/07/2017

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