

## 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 \_\_\_\_\_

### Building Operator 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. If contaminate levels exceed acceptable levels, how will this information be communicated to performers, event managers and other parties during the event?

## 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](mailto:health.indoorair@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

Updated 12/3/2025

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

### **FOR MDH USE ONLY:**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_