



Special Event Permit Application Form

CASH OR CHECK ONLY!

- Additional Documentation**
- Safety and Emergency Plan
 - Certificate of Insurance
 - Route/Map
 - Supplemental Parade Questionnaire

FEES ARE NON-REFUNDABLE

<input type="checkbox"/> Special Event Application Fee (CLLSPE) \$75.00	Date Recv'd ____/____/____
<input type="checkbox"/> Police Investigation Fee (CLLPIF) \$7.00	Total \$ _____
	Receipt #: _____

Applicants will be assessed the cost of 25% of City services rendered for the event. Invoices will be sent within 45 days after the event concludes.

Please Note: Incomplete applications will not be accepted and will be returned to applicant. Applications are forwarded for review once payment is received. Applying does not guarantee the application will be approved. For additional information, please refer to the Special Event Policy or Manual.

PLEASE PRINT CLEARLY!

SECTION 1 – EVENT ORGANIZER - Information about the person, entity or organization holding the special event.

Organization's Name:	
Organization's Address:	
Organization's Phone Number:	Organization's Email/Website:

SECTION 2 – APPLICANT INFORMATION - Information for person to contact before, during and after the event, if necessary.

Name :	Date of Birth:
Address:	
Phone Number:	Email Address:

SECTION 3 – EVENT INFORMATION -Application must be filed at least 45 days prior to the event.

Name of Event:		
Event Location:		
Event Date (list each date if it's a multi-day event):		
Event Set Up Time:	Event Start Time:	Event End Time:
Head of Security's Name:	Head of Security Phone Number:	
Anticipated Attendance (Participants/Attendees):		
Admission Requirements:		
Event information (<u>whether the event has occurred before</u> , purpose, activity, who can participate, etc.):		

SECTION 4 – APPLICANT CHECKLIST - *The applicant is responsible for contacting all necessary City departments and for obtaining all necessary reservations, permits, licenses and variances. Answer all questions regardless of size of event. Incomplete applications will not be processed.*

DEPARTMENT OF PUBLIC WORKS – (920) 832-5580

	Yes	No	Action to be taken by applicant:
1. Are you requesting street closure? Name of barricade company _____	<input type="checkbox"/>	<input type="checkbox"/>	If yes, your barricading contract provider will be required to submit a Traffic Control Plan to the Department of Public Works.
2. Did you include a <i>detailed map/diagram</i> of the event location and route (if applicable) with this application?	<input type="checkbox"/>	<input type="checkbox"/>	Be sure the event map/diagram is detailed, including showing all turns and the number of traffic lanes to be used.
3. Are you requesting parking meters to be bagged?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, a list of meters must be provided to the Department of Public Works.
4. Are you requesting use of the sidewalk or right of way?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the Department of Public Works for a Street Occupancy Permit.
5. Are you requesting use of City Electricity (on City street poles/planters)?	<input type="checkbox"/>	<input type="checkbox"/>	If, yes, please provide diagram specifying requested locations of outlets.

FIRE DEPARTMENT – (920) 832-5810

	Yes	No	Action to be taken by applicant:
1. Will the event be held indoors?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the Fire Department for more information.
2. Will a tent or any other temporary structure be erected?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the Fire Department for information about submitting a structure plan.
3. Will there be a tent larger than 200 square feet?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the Fire Department for a permit.
4. Will fireworks/pyrotechnic be used during the event?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the Fire Department for a permit.

HEALTH DEPARTMENT– (920) 832- 6429

	Yes	No	Action to be taken by applicant:
1. Will food be prepared and/or served at the event?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the Health Department for permitting requirements and for safe food handling tips.
2. Will there be a band or amplified music/noise?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the Health Department for a variance and more information.
3. Will there be portable restrooms?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, review guidelines on portable restrooms available in the Special Event Policy and Manual.

PARKS & RECREATION DEPARTMENT – (920) 832-5905

	Yes	No	Action to be taken by applicant:
1. If the event will be in a park have you reserved the park?	<input type="checkbox"/>	<input type="checkbox"/>	If no, contact Parks and Recreation to make a reservation.
2. Will there be rides and/or inflatables at the event?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact Parks and Recreation for more information.

POLICE DEPARTMENT – (920) 832-5500

	Yes	No	Action to be taken by applicant:
1. Do you have a plan for medical emergencies that may occur during your event?	<input type="checkbox"/>	<input type="checkbox"/>	If no, contact the Police Department for assistance.
2. Is security needed for the event?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the Police Department for assistance defining your safety/security plan.
3. Are you requesting any special parking restrictions?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the Appleton Police Department for more information.

RISK MANAGEMENT – (920) 832-6300

	Yes	No	Action to be taken by applicant:
1. Do you have the proper insurance for your event, and have you provided your certificate of insurance to the City?	<input type="checkbox"/>	<input type="checkbox"/>	If no, contact the City's Risk Manager.

CITY CLERK'S OFFICE – (920) 832-6443

	Yes	No	Action to be taken by applicant:
1. Will alcoholic beverages be served/sold at the event?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the City Clerk's Office to obtain a Temporary Class "B" license.
2. Does your event plan include a parade?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the City Clerk's office to fill out the required Supplemental Parade Questionnaire.
3. Does your event plan include shuttle services/rides?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the City Clerk's office for information on the licensing of taxicab/limousine/shuttle companies.
4. Do you owe money for past events?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the City Clerk – your application may not be accepted.

SECTION 5 – ADDITIONAL INSURED REQUIREMENT

For events that involve more than 250 people, if a street closure is requested or if structures are brought onto public premises; the event holder agrees to list the City of Appleton, and its officers, council members, agents, employees, and authorized volunteers as an additional insured on the event holder's general liability insurance policy. Certificates of insurance displaying this additional insured status must list the following as the certificate holder: City of Appleton, Attention: Risk Manager, 100 North Appleton Street, Appleton, WI 54911.

Signature of Applicant: _____ Date: _____

Print Name: _____

SECTION 6 – CERTIFICATION

By signing below, I certify that I am at least 18 years of age, that I have read and understand the Special Event Policy, and that I agree to the terms and conditions contained in the Special Event Policy. My signature further confirms (i) that I understand the filing of this application does not ensure the issuance of a Special Event Permit, (ii) that the Special Event Permit Fee is non-refundable pursuant to the terms of the Special Event Policy, (iii) I will be responsible for ensuring the event and event participants comply with all applicable city ordinances, traffic rules, park rules, state health laws, fire codes and liquor licensing regulations and any other applicable laws, rules and regulations including the Special Event Policy, (iv) that fees for park facilities, food sales permits, tent and fireworks permits, etc., are in addition to the Special Event Permit Fee, (v) that I am authorized to apply for this Special Event Permit on behalf of the organization holding the event (if applicable), and (vi) that the information contained in this Application is true to the best of my knowledge. I understand that intentionally providing false or misleading information in this Application may lead to civil or criminal penalties.

Signature of Applicant: _____ Date: _____

Print Name: _____

SECTION 7 – INDEMNIFICATION

Please read carefully before signing! This section affects your legal rights.

IF THERE IS ANYTHING IN THIS SECTION THAT YOU DO NOT UNDERSTAND OR IF YOU OBJECT TO ANY PROVISION CONTAINED IN THIS SECTION, YOU SHOULD NOT SIGN THIS SECTION AS IT IS DRAFTED, BUT RATHER SEEK ADVICE FROM YOUR LEGAL COUNSEL. REQUESTS FOR MODIFICATIONS MAY BE DIRECTED TO THE CITY ATTORNEY'S OFFICE AT 920-832-6423 WEEKDAYS BETWEEN 8:00 AM AND 4:00 PM.

INDEMNIFICATION: BY SIGNING BELOW I ACKNOWLEDGE THAT FOR GOOD AND VALUABLE CONSIDERATION, I, THE APPLICANT, ON BEHALF OF MYSELF AND THE ORGANIZATION, IF APPLICABLE, AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE CITY OF APPLETON AND ITS OFFICERS, OFFICIALS, EMPLOYEES AND AGENTS FROM AND AGAINST ANY AND ALL LIABILITY, LOSS, DAMAGE, EXPENSES AND COSTS, INCLUDING ATTORNEY FEES, ARISING OUT OF THE ACTIVITIES PERFORMED AS DESCRIBED HEREIN, CAUSED IN WHOLE OR IN PART BY ANY NEGLIGENT ACT OR OMISSION OF THE APPLICANT/ORGANIZATION, ANYONE DIRECTLY OR INDIRECTLY EMPLOYED BY ANY OF THEM OR ANYONE WHOSE ACTS ANY OF THEM MAY BE LIABLE, EXCEPT WHERE CAUSED BY THE SOLE NEGLIGENCE OR WILLFUL MISCONDUCT OF THE CITY.

Signature of Applicant: _____ Date: _____

Print Name: _____

Items on this page fall under the direction of the Appleton Fire Department

Crowd Managers	
<ul style="list-style-type: none"> • <i>For inside events with over 500 people, one certified crowd manager is required per 250 people. For outside events with over 1,000 people, one certified crowd manager is required per 250 people</i> • <i>Contact the Appleton Fire Department for crowd manager training</i> 	
Describe evacuation plan	
Describe shelter plan	
Total # of crowd managers for your event	
List crowd managers	

Fire Alarm / Fire Safety / Other Hazards	
<ul style="list-style-type: none"> • <i>The Appleton Fire Department is committed to a fire prevention program that places a high priority on the safety and welfare of the public while minimizing potential fire and life safety hazards.</i> • <i>Establishing fire prevention and life safety procedures at your special event is an essential component of the event planning process.</i> • <i>Contact the Appleton Fire Department at (920)832-3934 for additional information.</i> 	
Will the event be taking place in a building?	
How will staff respond to an indoor fire?	
Who is responsible for reporting a fire/alarm?	
Will the event be taking place outdoors?	
How will staff respond to an outdoor fire?	
Fire Extinguishers	
List locations for any additional extinguishers	
Have staff been trained on their use?	
Are staff expected to use extinguishers?	
Or, are staff expected to simply evacuate?	
Will a fire watch be provided for the event?	
If you answer YES to any of the following, complete Form SE-07	
Will there be chemicals / hazardous materials?	
Will there be pyrotechnics or explosives?	
Will there be tents at the event?	

Other	
List any additional Safety Planning Procedures	