



SPECIAL EVENT PERMIT APPLICATION

Per Chapter 12.04 Nekoosa Municipal Code

(Application must be submitted at least 45 days prior to event)

Applicant Information:

Event Name: _____ Event Sponsor/Organization: _____

Event Description: _____

Event Start Date & Time: _____ Event End Date & Time: _____

Event Location **if in a residential neighborhood, you are required to notify all adjacent property owners**

() Public: _____ or () Residential: _____

Event Coordinator Name: _____

Email: _____ Phone: _____

Event Coordinator 2 Name: _____

Email: _____ Phone: _____

Event Type:

- Carnival Festival Run/Walk/Bicycle Race Parade
 Public Entertainment Car Show Sporting Event
 Outdoor Market/Merchandise Sales Food/Beverage Sales Fireworks
 Other (please describe): _____

Attach any additional information as needed and a map of your event, including streets, parking lots, or property used, event routes, placement of tents, equipment, facilities, or other notable items.

Estimated # of Participants: _____

Event Staff: _____ Spectators: _____ Vendors: _____

1. Is there an outdoor bar that will serve alcohol? <i>If yes, a temporary Class B and operator (bartender) licenses are necessary under separate applications.</i>	() Yes () No
2. Please list the number of City of Nekoosa licensed bartenders that will be on site. _____ N/A	
3. Will you be selling/serving food? <i>If yes, you will need to contact the Wood County Health Department for proper permits.</i>	() Yes () No
4. Will your event need electricity? <i>If yes, the Fire Department will need to inspect prior to being energized.</i>	() Yes () No
5. Will you be setting up any lighting? <i>If yes, the Fire Department will need to inspect prior to being energized.</i>	() Yes () No
6. Will you require any fencing? <i>If yes, provide plans for location, gates and Diggers Hotline.</i> _____ Attached	() Yes () No

7. Does your event involve fireworks? <i>If yes, you will need to contact the Fire Department and complete the Fireworks Display Application.</i> _____ Attached	() Yes () No
8. Does your event involve amplified music? _____ Band _____ DJ Other? _____ Hours for Music: _____	() Yes () No
9. Will you be setting up any tents, canopies or other structures? <i>(in accordance with WI Dept. of Commerce code, 14.31 NFPA 1 41.4.1 Tents)</i>	() Yes () No
10. Will you provide portable restrooms for participants? <i>Provide a description of number, locations, and plan for waste disposal and pickup.</i> _____ Attached	() Yes () No
11. Will you provide parking? <i>Provide a plan describing where parking will be available.</i> _____ Attached	() Yes () No
12. Is a route map required? <i>Provide a map for run/walk/bike/parade events.</i> _____ Attached	() Yes () No
12. Will you provide clean-up services? <i>Provide a clean-up and refuse collection plan .</i> _____ Attached	() Yes () No
13. Does your event involve any of the following City Services? _____ Street Closure: Street name & portion: _____ Traffic Control _____ Barricades - How many? _____ (locate on map) _____ Trash Containers - How many? _____ (locate on map) _____ Picnic Tables - How many? _____ (locate on map) _____ Fencing - Type? _____ (locate on map) _____ Police Department Personnel — How many? _____ _____ Fire Department Personnel - How many? _____ _____ Public Works Personnel — How many? _____	
What other assistance do you need from the City (personnel, materials, equipment)?	
Any other additional information?	
<u>INSURANCE REQUIREMENTS</u>	
The Special Event Sponsor will obtain liability insurance for an event that includes fireworks, alcohol, estimated more than 150 in attendance, involves a road closure or is held on City property. Proof of this insurance with coverage of no less than \$1,000,000 which names and endorses the City, its officers, agents, employees and contractors as an additional insured party is due no later than 20 days before the event. _____ Attached	
<u>TERMINATION OF AN EVENT</u>	
The City reserves the right to shut down a special event that is in progress if it is deemed to be a public safety hazard by the Police Department, Fire Department, and/or there is a violation of City Ordinances, State Statutes or the terms of the applicants permit. The City Clerk or designee may revoke an approved Special Events Permit if the applicant fails to comply in good faith with the provisions of the permit prior to the event date.	

By signing this form, the applicant agrees to indemnify and save the City harmless from and against all liabilities, claims, demands, judgments, losses, and all suits of law or in equity, costs, and expenses, including reasonable attorney fees, for injury or death of any person, or damage to any property arising from the holding of such special event. The applicant agrees that during the use of the public area the sponsoring organization will not exclude any person from participation in, deny anyone the benefits of, or otherwise subject anyone to discrimination because of race, color, national origin, handicap, or sexual orientation.

Applicant Signature	Date
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Department Review (for City use only):

City Clerk:	Approval/Deny(Reason)	Date
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Police Chief:	Approval/Deny(Reason)	Date
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Public Works Director:	Approval/Deny(Reason)	Date
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Fire Chief:	Approval/Deny(Reason)	Date
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Administrative Review Fee:	<input type="checkbox"/> Waived	<input type="checkbox"/> \$50.00
Site Inspection Fee (one-time fee):	<input type="checkbox"/> Waived	<input type="checkbox"/> \$50.00
Police Dept. Assistance Fee (per officer):	<input type="checkbox"/> Waived	# of officers _____ @ \$ _____ /hr. = \$ _____ Equipment description: _____ _____ @ \$ _____ /hr. = \$ _____
Public Works Fee: (per employee) (equipment)	<input type="checkbox"/> Waived	# of employees _____ @ \$ _____ /hr. = \$ _____ Equipment description: _____ _____ @ \$ _____ /hr. = \$ _____ _____ @ \$ _____ /hr. = \$ _____
Fire Dept. Assistance Fee (per fireman)	<input type="checkbox"/> Waived	# of fireman _____ @ \$ _____ /hr. = \$ _____ Equipment description: _____ _____ @ \$ _____ /hr. = \$ _____ _____ @ \$ _____ /hr. = \$ _____
EMS Assistance Fee (per paramedic)	<input type="checkbox"/> Waived	# of EMT's _____ @ \$ _____ /hr. = \$ _____ Equipment description: _____ _____ @ \$ _____ /hr. = \$ _____
Fee Total \$	Receipt No.	Date Rec'd: