

Event Permit Application Page 1 of 5

755 Fellows Rd ● PO Box 428 Genoa City, WI 53128 (262) 279-6472 Opt. 5 www.vi.genoacity.wi.gov

Revision Date: 1/5/2024

EVENTS PERMIT APPLICATION

Please fill in all blanks completely, as incomplete applications will be rejected.

Applications must be submitted **AT LEAST 60 DAYS** prior to the proposed event date(s).

Applic	ant Name	Companization Name:					
Se	ection I - W	hat type of Permit(s) will your event require?					
		de Permit. Required for any parade on public property.					
		Map or description of the requested route to be traveled.					
		Assembly Permit. Required for any public gathering on public or private property. Fee required	d.				
	Street Use Permit . Required for any event using a public street. Per Sec. 97-7 of the municipal code this application must include the following attachments:						
		Certificate of Comprehensive General Liability Insurance with the Village, its employees and agents as additional insured with coverage for contractual liability with minimum limits of \$500,000 per occurrence for bodily injury and property damage limits of \$250,000 per occurrence.	of				
		Petition signed by more than half of the residential dwelling units and/or commercial units residing along that portion of the street designated for the proposed use or whose property is denied access by virtue of the granting of the permit.					
	Park Pe day.	rmit. Required for reserving the use of a park facility or shelter for an event lasting more than o	ne				
		Veteran's Park/Memorial Park/Anders- Additional rental fees apply.					
		Certificate of Comprehensive General Liability Insurance with the Village, its employees and agents as additional insured with coverage for contractual liability with minimum limits of 1,000,000 per occurrence.					
		A Hold Harmless and Indemnity Agreement will be required of each applicant.					
	Please indicate which park facility						
<u>Secti</u>	ion II – Ap	olicant Information					
1. Appli	cant Name	:Date of Application:					
2. Orgai	nization Na	me:					
3. Orgai	nization Ty	pe: 🛘 For Profit 🗘 Non-Profit (501(c)) Tax ID:					
4. Mailir	ng Address	:					
5. City,	State, Zip:						
		E-mail:					
7. Applio	cant's Driv	er's License #:State license issued:					

Section III – Event Information

1. Title of E	vent:				
	of Event:				_
3. Location	(s) of Event:				
4. Hours: _	Start Time		Ford Time a		_
5. Event Cl	nair/Contact Person:		End Time	Phone:	
6. Day of E	Event Contact Name:			Phone:	
7. Is the ev	vent open to the public?	□ Yes	□ No		
8. Will you	charge an admission fee?	☐ Yes	□ No		
9. Estimate	ed Attendance Number:				
10. Basis f	or Estimate:				
	u be setting up a tent? ves, list the location, size, Rental Co	ompany, and pr			
_					
	ere be any animals? ves, what type and how many:	□ Yes			
13. Detaile	ed description of proposed event wi	th map of exact	location of the	event and/or route.	
14. Descri	otion of plan for handling refuse col	lection and afte	r-event clean-ui	o:	

15. D	escription of plan for pro	iding event security (ii applicable).	
16. W		sale of beer and/or wine? Wes completed Temporary Alcohol License & Operator Licen	□ No nse Application.
17. W	ill you or any other vend	ors be selling food or merchandise? Yes to of proposed vendors, including business name and type The proposed vendors in t	□ No
Secti	on IV – Street Use		
	heck if this section does	not apply.	
1. Desc	cription of the portion	s) of road(s) to be used:	
	-		
2. Des	cription of signage to	ve used during event:	
Pleas		litional services you are requesting for your event. Estim d prior to issuance of permit(s).	nated Fees or Deposits for
	Electricity	Explain:	
	Water	Explain:	
	Traffic Control	Explain:	
	Police Services	Explain:	
	Fire/EMS Services	Explain:	
	Other	Explain:	

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Section V– Signature of Applicant

"The information provided in this application is true and correct to the best of my knowledge and belief. I understand that cancellation of any event, for any reason, shall result in the forfeiture of permit fees. I understand that application fees are not refunded in the event the application is not approved. I understand that in addition to the schedule of fees, if any additional Village services are requested or determined to be impacted, an additional fee will be charged for those services. I agree to comply with all applicable state, federal and municipal regulations and ordinances."

APPLICANT SIGNATURE:			DATE:	
Off	ice Use Only			
Section VI – Fees				
Application and Permit Fees	Unit Fee		Applicable Fee	
Administrative Fee	\$25.00			
Parade Permit Application Fee	\$25.00 (nor	n-refundable)		
Street Use Permit Fee	\$50.00			
• Fireworks Events Permit Fee	\$150.00 <i>(pe</i>	er event)		
Police Services	TBD			
DPW Services	TBD			
• Fire/EMS Services	TBD			
Park Reservation Permit - Veteran's Park	Fee	Non-Profit Fee		
Large Pavilion with Serving Room	\$200.00	\$75		
Large Pavilion without Serving Room	\$150.00	\$60		
Small Pavilion	\$125.00	\$50		
Memorial Park/Anders	TBD			
	Total PA	AID with Application:	\$	

(cash or check only payable to: Village of Genoa City)

Office Use Only continued...

Date Filed with Clerk:	Payment with Application: \$ Additional Fees Collected: \$: \$Receipt #
				Receipt #
Departmental review (all that apply):			
□ Police Chief:	☐ Approved	□ Denied	Signed:	
	Additional serv	ices needed: _		
	Additional fees	or deposit:		
☐ Fire Chief:	☐ Approved	☐ Denied	Signed:	
	Additional serv	ices needed: _		
	Additional fees	or deposit:		
☐ Street Dept:	☐ Approved	☐ Denied	Signed:	
	Additional serv	ices needed: _		
	Additional fees	or deposit:		
Board review:				
□ Board: Meet	ing Date(s):			□Approved □ Denied
Reasons/Cor	nditions:			
Clerk's Office Comple	tion:			
Total a	dd'l fee/deposit	to be collected	I: \$	Receipt #
Permit((s) issued: 🚨 Pa	arade/PA □	Street Use	□Park Permit
Date of	fissue:	Deposit Ret	urned: \$	Deposit withheld: \$
Reason withheld:				