

**TOWN OF DEKORRA
SPECIAL EVENTS APPLICATION**

Date: _____

Organization Name: _____

Address: _____

Street City Zip Code County
Phone No. Fax No. E-Mail

Organizational Contacts

Name of ON SITE person in overall charge of the event: _____

Organization Chief Representative Name: _____

Address: _____

Street City Zip Code County

Phone No.: Fax No.: E-Mail:

Direct Contact Name: _____

Address: _____

Street City Zip Code County

Phone No.: Fax No.: E-Mail:

Type of structure of organization (affiliations, profit or non-profit tax status, goal or mission, etc.):

Event Details

Event Name: _____

Date: Time (start/end): _____

Explanation of event: _____

Number of individuals anticipated to participate in the event and age range: _____

Number of anticipated spectators or other non-participants: _____

Are admission/participation fees required? Please explain:

Event Location

Specific site where event will take place: (Including staging area, legal description, township section & range). Please attach a map showing the specific location of all activities including event route.

Any private lands to be crossed or used? _____ If so, attach permission forms and explain:

Health, Safety and Security

Name of person(s) in charge of safety/security for the event:

List number of dedicated safety/security personnel on station throughout the event: _____
How will safety/security personnel or other officials be identified? (distinctive uniforms, vests, badges, etc.)

Identify the nearest medical facility available in event of an injury:

List number and rating of emergency medical staff on station throughout the event:

List emergency equipment available on station throughout the event (include all medical and firefighting equipment and any other emergency/rescue equipment appropriate for the event):

List all forms of safety equipment to be used by the participants (if none explain):

List means of communication and type during the event (radio type, cell phone, land line, etc.):

List name of ambulance service on station throughout the event or nearest ambulance and emergency services in event of medical or other emergency:

Health, Safety and Security continued

List CONTACT METHOD and location of centralized command post for the event (cell phone no., back up no., nearest land line no., etc.):

List and explain means by which spectators or other persons in the area of the event will be protected from potential hazards during the event and how control zones will be maintained (include type of safety barriers, number of personnel controlling access, type of spectator seating, etc.):

ATTACH diagram of event area showing all zones of activity, control barriers, centralized command post, emergency personnel and equipment locations, parking and any other pertinent to the event. ATTACH a complete set of safety rules and procedures maintained by the event organizers.

List sanitary facilities, trash collection and water/food facilities provided for the event:

Will the event include vendor sales? _____ List type of sales: _____

Will alcohol be sold, served, consumed or allowed within the event area? _____

If yes explain: _____

(*Please also note that a license is required to serve or sell alcohol)

Post Event Maintenance

Who will be responsible for and in charge of cleaning up the area after the event? How will trash be disposed of?:

Public Access and Use

Will areas normally open to the public for other activities be restricted or denied for those activities during the event? _____ Explain: _____

Local Impact

Will the events activity have any potential adverse effects on nearby residences or commercial enterprises (safety, noise, parking, congestion, blocked access, etc.)? _____

Explain: _____

A Public Hearing may be required, before approval, if deemed appropriate by the Town of Dekorra.

Environmental Impact

Will the events activities have any potential adverse effects on the local environment (air, water, noise pollution, damage to vegetation or wet lands, effects on wildlife or other potential problems)?:

An Environmental Impact Study, done at the expense of the organization and it's sponsors, may be required at the discretion of the Town of Dekorra before a permit is granted.

Spectator Status

Is the event open to any member of the public? ___ If access is restricted in any way explain:

Is handicap access provided? _____ If not explain: _____

Sponsorship

Supply a complete list of private, commercial, organizational or other sponsors of the event (financial, equipment, personnel, advertising, etc.) A separate attachment can be used.

Event Promotion/Recognition

Promotion or advertisement planned (newspaper, radio, TV, flyer, mailing, newsletter, etc):

List any anticipated media coverage:

Town/Local Government Services and Facilities

List any Town or other governmental services or facilities that may be required before, during or after the event related to event activities (police, fire, EMS, parks or road personnel, shelters, public toilets, campgrounds, public access roads, parking areas, etc.):

Explain how these services/resources or facilities will be utilized:

Are you willing to pay for these services? _____ Yes _____ No

Other Considerations

Outline any other special considerations relevant to the event:

Authorization and Certification

I hereby certify that the information provided in this application form is true and correct to the best of my knowledge.

I understand that if this application is approved, all information contained herein, will become a part of the public record and part of the event permit entered into by the authority and the requesting organization.

Application must be completed and returned with a fee of \$ 100.00 to the Town of Dekorra at the following location: **Clerk's Office, Town of Dekorra, P.O. Box 536 106 S. Main St. Poynette, WI 53955**

a minimum of six weeks prior to the event. This time frame may be modified, by the Town of Dekorra, as deemed appropriate for certain types of events; notice to be given by publication or posting of said modifications.

The organization/sponsors will be required to cover all of the workers, employees, agents and client's liability issues and maintain a current Certificate of Insurance registered with the Town of Dekorra. Liability insurance must be maintained at a minimum of \$1,000,000. The Organization/sponsors may be required to provide Certificate of Insurance made out to and naming the Town as an additional insured, under special provision or circumstances as deemed appropriate by the Town of Dekorra. Certificate of Insurance must be on file with the Town of Dekorra no later than 10 days prior to the events scheduled start date. Insurance requirements may be modified in total or modified for certain events as deemed appropriate by the Town of Dekorra.

The organization/sponsors and it's employees, agents or clients agree to protect, indemnify and save harmless the Town of Dekorra from and against any and all causes of action, claims, demands, suits, liability or expense by reason of loss or damage to any property or bodily injury to any person, including death, as direct or indirect result of operations or event activity. I further agree to **HOLD HARMLESS** THE Town of Dekorra from any claim, damages, injuries or losses caused by my own or any of my organization's member's or employee's negligence while participating in or involved in event activities. I understand and intend that this assumption of risk and release is binding upon my heirs, executors, administrators and assigns, and includes any minors accompanying me, other organization members, participants, or employees during said event.

Full reimbursement may be required to the Town of Dekorra and/or other agencies for public resources used during the event which are outside the scope of normal activity. This may include, EMS, Fire, Police, Highway or other services, that are requested for the event, or are deemed required for the event by the Town of Dekorra or other local or county agencies, or where the likelihood for the need for such services should be anticipated.

The sponsors, the people involved and all activities during the event will be required to comply with all Town, County and State laws, ordinances and regulations.

Type or print name and title of person empowered by the organization to apply for this permit.

Signature

Date

Application is hereby: _____ Approved _____ Denied

TOWN OF DEKORRA

Date:

Town of Dekorra Chairperson

Date:

Town of Dekorra Clerk

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Office Use Only, Do Not Write Below This Line

_____ **Application mailed to Applicant**

_____ **Completed Application received by Clerk**

_____ **Fee Paid (Amount \$ _____, Check # _____)**

_____ **Notices sent to Adjacent Property Owners**

_____ **Application presented to Town Board Chairperson**

_____ **Permit Issued to Applicant**

_____ **Copy of Permit to Constable and County Sheriff (at least 2 days
before event)**

_____ **Copy of Permit to Fire Department (at least 2 days before event)**