

# CITY OF WISCONSIN DELLS APPLICATION FOR SPECIAL EVENT and /or STREET CLOSING PERMIT

Date Application Submitted: \_\_\_\_\_\_

\_\_\_\_\_ Application Fee <u>\$200</u> Receipt No. \_\_\_\_\_

- Application must be submitted to City Clerk no less than 10 days before the next Common Council meeting.
- Applications may not be amended after approval, unless done so by the Police Chief or designee.

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Applicant's Name								
Organization/Business (if any)								
Address (include city/zip)								
Contact Phone NumberEmail								
2. Event Purpose								
Event Name or Title:	Repeat Event? □Yes □No							
Organization Associated with Event (if applicable)	Non-profit Event? □Yes □No							
Purpose of Event (Include detailed description of event/activities)								
3 Event Informati	on & Assembly							
3. Event Information & Assembly								
Date(s) of the Actual Event								
Date/Time event will assembleDate/Time event will begin								
Time event will end	_Time event will disband							

Event website (if any)\_\_\_\_\_

Name of contact person on day of event\_\_\_\_\_

LIST STREETS/AREA TO BE CLOSED - ATTACH MAP OF PROPOSED CLOSURES & INDICATE PROPOSED USES:

Number of Barricades Needed & Locations (if applicable)

Will tl	his event	include:	Fireworks?	Į

 $\Box$  Yes  $\Box$  No If yes, a Fireworks Display Permit is needed.

**Beer/Wine Sales?**  $\Box$  Yes  $\Box$  No If yes, a Temporary Class B Beer/Wine License is needed.

If yes, please list who will be obtaining those permits/licenses:

\*Approximate maximum number in attendance at one time \_\_\_\_\_

Attendance estimate based on?\_\_\_\_\_

Traffic Assistance Needed: 
Yes 
No If yes, location and time(s):

\_\_\_\_\_

Cell

### 4. Entertainment/Amplified Music or Announcing

Any amplified music or announcing:  $\Box$  Yes  $\Box$ No

Describe entertainment area/location (if applicable) \_

# 5. Public Safety

Traffic Assistance Needed: □Yes □No If yes, location and time(s): \_\_\_\_\_

Police/Security Needed (may be assigned based on event details) DNo DYes, location & purpose\_

EMS / Fire Dept. Needed (may be assigned based on event details) DNo DYes, location & purpose\_\_\_\_

## 6. Sanitation & Utilities

Temporary Electric Service needed: □Yes □No

Number of bathroom stall accommodations, if required: \_\_\_\_Men \_\_\_\_Women \_\_\_\_Unisex \_\_\_\_Handicapped Accessible

### 7. Vendors

Merchandise and/ or Food Vendors: \_\_\_\_\_ no \_\_\_\_\_ yes, approximate number: \_\_\_\_\_

## 8. Parking Impact

List the number of parking stalls, and/or what parking lot(s) that will be affected and during what time:

# Municipal Code Chapter 24 Special Events Regulations

#### 24.04 WHEN APPLICATION MUST BE MADE

A written application for a permit for any parade or special event shall be made by one of the organizers to the City Clerk on a form provided by the Clerk no less than 10 days in advance of the last regularly scheduled council meeting prior to the proposed event.

#### 24.06 RECOMMENDATIONS OF GOVERNMENTAL AGENCIES

The Clerk shall submit a copy of the application to the Chief of Police and the Director of Public Works as well as any other affected departments. These departments shall report their findings to the Council at the next regularly scheduled Council meeting.

#### 24.11 FEE

There shall be paid at the time of filing the application for a parade or special event permit a fee as established by resolution adopted pursuant to section 2.05.

#### 24.12 CHARGE FOR INCREASED COSTS

Where the Police Chief and/or the Director of Public Works determines that the cost of municipal services incident to the staging of the parade or special event will be increased, the Council may require the permittee to pay an additional fee in the amount equal to the increased cost for the municipal services.

### Applicant Signature

I hereby make an application for a Special Event and/or Street Closing Permit as detailed above. I agree to abide by the requirements of

all City Ordinances and State Laws.

#### Print Name\_\_\_\_\_

Signature\_\_\_\_\_

FOR OFFICE USE ONLY:						
Date Application Received by City Clerk:	Clerk's Initials					
Map provided Amount Due	Date Paid:					
Department Routing:						
Police   Fire   DPW   EMS						
Common Council Meeting Date:						