

TOWN OF IXONIA		
Special Event Application		
Fee: \$50.00		
Name of Business/Group Organizing Event:		
Contact Person for Event:		
Phone Number:		Email:
Day of Event Contact Person (if different from above):		Phone: Email:
Special Event Details		
Event Name:		
Event Date (mm/dd/yyyy):		
Event Location:		
Estimated Number of Attendees:		Hours of Event:
Event Setup Time:		Event Tear Down Time:
Event Description:		
Goal/Purpose of Event:		
Attach a map of the event including:  Designated parking areas and available number of spaces*, directional signage for events (i.e. parking guidance), pedestrian street crossing locations, location of any traffic control barricades or personnel to ensure safe coordination of vehicles and pedestrians  <i>* If limited parking available, provide proof of permission from neighboring businesses/property to utilize their parking</i>		
Check all applicable boxes:		
<input type="checkbox"/> I am renting a Town park, ballfield, or shelter	Attach copy of paid park rental from Parks & Recreation Department. Equipment rentals are reservable through the Parks & Recreation office 920-261-1588. You are responsible for picking up, setting up, tearing down, and return of equipment. Each park is equipped with picnic tables and garbage/recycling receptacles, and additional are available upon request. If additional cans are requested, the event coordinator will need to pick up additional can liners from Park & Recreation office. The event coordinator is responsible for trash and recycling disposal. If there is no dumpster on site, a dumpster may be required and is the responsibility of the event coordinator.	
<input type="checkbox"/> I require Town equipment	Please secure and submit payment for requested equipment prior to submitting Special Event Application. *Attach a map with a location for drop off of equipment with this application.  Additional Garbage/Recycling Can* Qty ____  Barricades* Qty ____  Traffic Cones* Qty ____	
<input type="checkbox"/> Electrical Access	The Town Electrician may reach out to you to address any needs/concerns.  Please specify if you have any requests or requirements beyond current access:	
continued		
<input type="checkbox"/> I will be having music	(Per Town Ordinance 17.03) no person shall cause or allow loud, excessive or unusual noise that will disturb the	

comfort and quiet repose of persons in the vicinity. All music shall terminate as of 10:00 p.m. Town noise ordinance must be followed

Start Time of Music: \_\_\_\_\_

End Time of Music: \_\_\_\_\_

<input type="checkbox"/> I will be closing a street(s)*	Street closure is determined by the Police and Fire Departments and dependent on traffic, parking, safety, and access concerns.  <i>* Provide proof of permission from neighboring businesses/properties if street closure impacts daily activity</i>
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<input type="checkbox"/> I will be selling beer and/or wine*	Alcohol license and licensed bartender(s) required. Contact Town Clerk (920) 397-9901 prior to submitting this application.  <i>*Restroom Plan also required with sales of beer and/or wine. Refer to the Special Event Guide.</i>
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<input type="checkbox"/> I will be erecting a tent, canopy or other temporary structure.*	  <i>*Event coordinator is responsible for ensuring that the temporary structure is safely installed. Event Coordinator is required to contact Diggers Hotline at least 4 business days prior to the event. Diggershotline.com, 1-800-242-8511</i>
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<input type="checkbox"/> I am having a walk/race*	<i>*See map instructions above. In addition to the previously listed map requirements, clearly mark your walk/race route on the map.</i>
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**By signing, I agree to the following statements:**

I understand I am responsible for a fire safety and medical plan. I understand it is my responsibility to read the Special Events Guide. I understand I may be required to provide Proof of Insurance. I understand that I may need to contact multiple Departments to arrange for assistance. I understand I am responsible for timely clean up after the event. I understand that additional charges may apply and that I can be billed after my event.

Responsible Party Signature: \_\_\_\_\_

Submission Date: \_\_\_\_\_

Cash or Check payment payable to: Town of Ixonia, PO Box 109, Ixonia, WI 53036

**For Office Use Only:**

Date Received: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Board Approval / Denial Date: \_\_\_\_\_

Date applicant notified of Board action and any event stipulations: \_\_\_\_\_

**Event Stipulations:**

COPIES TO:  
Sheriff Dept.  
Fire Chief  
Hwy Superintendent  
Applicant (Original on File)