

Community Event Application



Primary Responsible Contact _____

Phone Number _____

Email Address _____

Secondary Contact Person _____ Phone Number _____

Email Address _____

Event Name _____

Event Dates & Times _____

Location of Event _____

Description of Event

Name of the organization responsible for the event? _____

Is this a fundraiser event? If yes, please specify what organization this supports. Please provide organizations Non-Profit designation and Tax ID _____

What activities are involved in this Event? _____

Does Alcohol plan to be Served? (Y/N) _____. If Yes, Must apply for temporary alcohol event license. Has the permit been applied for (Y/N) _____ **Must apply for temporary alcohol event license**


Organization's Name _____ Address _____

Organization's Type _____ Organization's Tax ID _____

(Organization must include copy of Organization Registration and Copy of Tax ID)

Has a certificate of insurance coverage for this type of event included in the application? Yes No

If the organization does not have insurance coverage, is there a joint organization that is providing insurance coverage for this event? _____

 Signature by Organization's primary contact for event _____ Date _____

Will special accommodations, such as moving in of tables, a temporary stage, or other items, need to be made for the event? Yes No

If yes, what are those requirements, who will attend to those issues, and when do they have to be done?

Street Closure Information

Will a Street or Alley need to be closed? Yes No

Address/Route of Event _____

Hours of the Event (to include setup and clean up) _____ to _____

Closure Timeframe _____ to _____

Approximate # of Participants & Vehicles _____

Will you need traffic control from Police Department? Yes No

Address/Route of Event _____

Hours of the Event (to include setup and clean up) _____ to _____

Closure Timeframe _____ to _____

Approximate # of Participants & Vehicles _____

Applicant's Statement

I hereby certify that the information in the foregoing statement is true and accurate to the best of my knowledge.

The person(s) or sponsor will be responsible for the conduct of the group and for the condition of the public area. The permit is subject to all municipal codes in addition to all rules governing street right-of-way's. 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.

It is understood by the Permittee and anyone either as individuals or a representative of the organization taking out the permit that it is their responsibility to man critical intersections as a control only for those participating in the event. General traffic control will not be allowed by those NON-Law enforcement personnel. Individual safety will be the responsibility of those involved in or taking part in the event so noted in this permit.

Information

Road barricades will be dropped off by a member of the public works crew prior to the event start time. They will be left at the address of the street closure listed above. If the event concludes outside of business hours, the barricades will be picked up the following morning. The business hours for the Department of Public Works are from 7:00 a.m. to 3:00 p.m.

Please remember that alcohol is not allowed within the road and road right-of-way.

The following permits and licenses are required

Insurance Certificate: Provide a certificate of insurance coverage including in the application. This needs to be provided for application to be considered.

Business Registration: Provide a copy of business Registration

★ Signature by Organization's primary contact for event _____

OFFICE USE ONLY

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Application screened by Oconto Falls Police Department on (date): _____

By: _____ Chief of Police.

Approve: Yes or No

Concerens _____

Municipal Deputy Clerk Signature / Date _____

Street Department Signature / Date _____

Administrator Signature/Date _____

Mayor Signature/Date _____

Fire Chief (if needed) Signature/Date _____

Approved by which City Committee and date _____

Date Common Council Approved _____