



City of Nekoosa
 951 Market Street
 Nekoosa, WI 54457
 715.886.7877 - City Clerk
 715.886.7901 - Fax

SPECIAL EVENT PERMIT APPLICATION

Per §12.04 Nekoosa Municipal Code

(Application must be submitted at least 45 days prior to event)

Event Name:		
Event Sponsor/Organization:		
Event Description:*		
Event Start Date & Time:		Event End Date & Time:
Event Location <i>(if in a residential neighborhood, you will be required to notify all adjacent property owners of the event:</i>		
<input type="checkbox"/> Public:		
<input type="checkbox"/> Residential:		
Event Coordinator 1 Name:		
Phone:		Email:
Event Coordinator 2 Name:		
Phone:		Email:
Event Type*: <input type="checkbox"/> Carnival <input type="checkbox"/> Festival <input type="checkbox"/> Run/Walk/Bicycle Race <input type="checkbox"/> Parade <input type="checkbox"/> Public Entertainment		
<input type="checkbox"/> Car show <input type="checkbox"/> Sporting Event <input type="checkbox"/> Outdoor Market/Merchandise Sales		
<input type="checkbox"/> Food/Beverage Sales <input type="checkbox"/> Fireworks		
<input type="checkbox"/> Other:		
<i>*Attach any additional information as needed and a map of your event, including streets, parking lots or property used, event routes, placement of tents, equipment, facilities or other notable items</i>		
Estimated # of participants:		
Event Staff:	Spectators:	Vendors:

1. Is there an outdoor bar that will serve alcohol? <i>If yes, temporary Class B beer and/or wine (picnic) and operator (bartender) licenses are necessary under separate application.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Please list the number of City of Nekoosa licensed bartenders will be on site . <input type="checkbox"/> N/A	
3. Will you be selling/serving food? <i>If yes, you will need to contact the Wood County Health Department for proper permits.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Will your event need electricity? <i>If yes, the Fire Department will need to inspect prior to being energized.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Will you be setting up any lighting? <i>If yes, the Fire Department will need to inspect prior to being energized.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Will you require any fencing? <i>If yes, provide plans for location, gates and Diggers Hotline.</i> <input type="checkbox"/> Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does your event involve fireworks? <i>If yes, you will need to contact the Fire Department and complete the Fireworks Display Application.</i> <input type="checkbox"/> Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your event involve amplified music? <input type="checkbox"/> Band <input type="checkbox"/> DJ <input type="checkbox"/> Other: Hours:	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Will you be erecting any tents, canopies or other structures <i>(in accordance with WI Dept. of Commerce Code, 14.31 NFPA 1 41.4.1 Tents)?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Will you provide portable restrooms for participants? <i>Provide a description of number, locations and plan for waste disposal and pickup.</i> <input type="checkbox"/> Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Will you provide parking? <i>Provide a plan describing where parking will be available.</i> <input type="checkbox"/> Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Is a route map required? <i>Provide a map for run/walk/bike/parade events.</i> <input type="checkbox"/> Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Will you provide dumpster/clean-up services? <i>Provide a clean-up and refuse collection plan.</i> <input type="checkbox"/> Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Does your event involve any of the following City Services? <input type="checkbox"/> Street Closure: Street name & portion: <input type="checkbox"/> Traffic Control <input type="checkbox"/> Barricades – How many? _____ (locate on map) <input type="checkbox"/> Trash Containers – How many? _____ (locate on map) <input type="checkbox"/> Picnic Tables – How many? _____ (locate on map) <input type="checkbox"/> Fencing – Type? _____ (locate on map) <input type="checkbox"/> Police Department Personnel – How many? _____ <input type="checkbox"/> Fire Department Personnel – How many? _____ <input type="checkbox"/> Public Works Personnel – How many? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
What other assistance do you need from the City (personnel, materials, equipment)?	
Any other additional information?	

INSURANCE REQUIREMENTS

The Special Event Sponsor will obtain liability insurance for an event that includes fireworks, alcohol, estimated more than 150 in attendance, involves a road closure or is held on City property. Proof of this insurance with coverage no less than \$1,000,000 which names and endorses the City, its officers, agents, employees and contractors as an additional insured party is due no later than 20 days before the event. Attached

TERMINATION OF AN EVENT

The City reserves the right to shut down a special event that is in progress if it is deemed to be a public safety hazard by the Police Department, Fire Department and/or there is a violation of City Ordinances, State Statutes or the terms of the applicants permit. The City Clerk or designee may revoke an approved Special Events Permit if the applicant fails to comply in good faith with the provisions of the permit prior to the event date.

By signing this form, 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. The applicant agrees that during the use of the public area the sponsoring organization will not exclude any person from participation in, deny anyone the benefits of, or otherwise subject anyone to discrimination because of race, color, national origin, handicap, or sexual orientation.

Applicant Signature	Date
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Department Review (for City use only)

City Clerk:	<input type="checkbox"/> Approval <input type="checkbox"/> Denial, Reason:
Police Chief:	<input type="checkbox"/> Approval <input type="checkbox"/> Requires Assistance from the Police Department <input type="checkbox"/> Denial, Reason:
Public Works Director:	<input type="checkbox"/> Approval <input type="checkbox"/> Requires Assistance from Public Works <input type="checkbox"/> Denial, Reason:
Fire Chief:	<input type="checkbox"/> Approval <input type="checkbox"/> Requires Assistance from the Fire Department <input type="checkbox"/> Denial, Reason:

Special Event Fees

Administrative Review Fee:	<input type="checkbox"/> Waived	<input type="checkbox"/> \$50.00	
Site Inspection Fee (one-time fee):	<input type="checkbox"/> Waived	<input type="checkbox"/> \$50.00	
Police Dept. Assistance Fee (per officer):	<input type="checkbox"/> Waived	# of officers _____ @ \$ _____/hr. = \$ _____	Equipment description: _____ _____ @ \$ _____/hr. = \$ _____
Public Works Fee: (per employee) (equipment)	<input type="checkbox"/> Waived	# of employees _____ @ \$ _____/hr. = \$ _____	Equipment description: _____ _____ @ \$ _____/hr. = \$ _____ _____ @ \$ _____/hr. = \$ _____
Fire Dept. Assistance Fee (per fireman)	<input type="checkbox"/> Waived	# of fireman _____ @ \$ _____/hr. = \$ _____	Equipment description: _____ _____ @ \$ _____/hr. = \$ _____ _____ @ \$ _____/hr. = \$ _____
EMS Assistance Fee (per paramedic)	<input type="checkbox"/> Waived	# of EMT's _____ @ \$ _____/hr. = \$ _____	Equipment description: _____ _____ @ \$ _____/hr. = \$ _____
Fee Total \$	Receipt No.	Date Rec'd:	