

SPECIAL EVENT PERMIT APPLICATION

1. **EVENT TITLE:** _____

2. **EVENT DATE:** _____

3. **EVENT DESCRIPTION**

4. **APPLICANT**

Applicant's Name _____ Title _____

Address _____

Phone _____ Evening/cell phone _____

Affiliation _____

Are you an authorized applicant for this organization? Yes _____ No _____

Will this person be present at the event area or areas and in charge of the event at all times? Yes _____ No _____

5. **EVENT PRINCIPALS**

If applicable, submit a list of principals involved in the proposed special event, including professional organizers, promoters, financial underwriters, commercial sponsors, charitable agencies for whose benefit the event is being produced or advertised, etc. Attach additional pages if necessary.

Name _____

Organization/Business/Agency/Affiliation _____

Name _____

Organization/Business/Agency/Affiliation _____

Will this person(s) have authority to cancel or greatly modify event plans?

Yes _____ No _____

6. EVENT COMPONENTS

- A. Date requested _____
- B. Requested hours of operation, from _____AM / PM to _____AM / PM
- C. Set up - beginning date and time _____
Dismantle by - date and time _____
- D. Anticipated number of participants _____ spectators _____
- E. If there is a fee or donation required as a condition of attendance or participation of this event, please describe the amounts to be collected from various categories of participants or spectators: _____
- F. Rain date, if applicable _____

7. ENTERTAINMENT

Describe entertainment plans; if there will be music, sound amplification or any other noise impact, please describe, including the intended hours

The applicant hereby acknowledges that it is their responsibility to comply with all applicable copyright laws and obtain all necessary licenses for any music played for this event. Further, the applicant agrees to hold the Village of Osceola harmless and indemnify the Village for any action against the Village arising from failure to comply with all applicable copyright laws. Yes _____ No _____

8. FOOD AND BEVERAGES

- A. Will alcoholic beverages be served? Yes _____ No _____ *(Please note that a separate license is required for sale or serving of alcoholic beverages)*

Describe how, where, when and by whom the alcoholic beverages will be served

Describe what method will be used to ensure that alcoholic beverages will be consumed only by persons 21 years of age and older

If yes, describe what method will be used to ensure that alcoholic beverages will be restricted to the designated area.

B. Will food and/or non-alcoholic beverages be served? Yes _____ No _____

If yes, describe sanitation measures, food handling procedures and the nature of the food such as pre-packaged foods, hot dogs, pre-mixed soda, raw meats, fish, vegetables, unpeeled fruit, or peeled and cut fruit

Describe any plans you have for cooking food in the event area including fuel or electrical source to be used

C. Have you obtained the necessary permit from the Polk County Health Department
Yes _____ No _____

9. VENDORS OR CONCESSIONAIRES

A. Describe what vendors or concessionaires you will allow in conjunction with the event, and the purpose of these concessions

B. Describe how you intend to regulate, monitor, and control the type, number, and quality of vendors/concessionaires whom you may permit to operate in conjunction with the event

10. SECURITY AND SAFETY PROCEDURES

A. Describe your proposed procedures for set-up, operation, internal security, and crowd control

B. If the event is to occur at night, describe how you are going to light the event area in order to increase the safety of participants and spectators coming to and leaving the event

C. Describe plans to provide first aid, if needed

D. Describe the involvement of any vehicles or animals in the event

11. SANITATION PLAN

A. Describe your plan for clean up and material preservation. Include number, type, and location of trash and recycling containers to be provided for the event. Indicate who will be responsible for clean-up activities during and after the event

B. Describe the number, type, and location of portable and/or permanent toilets to be provided for the event and the maintenance throughout the event

12. VILLAGE FACILITIES, SERVICES AND EQUIPMENT

A. Describe location, timing, and requirements for any proposed street closure.

B. Describe number and location for all signs to be placed on Village property or road right-of-way. *Note that all signs may be erected 72 hours before an event and must be removed within 48 hours of the event*

C. Describe Village services and/or equipment requested for this event. This includes, but is not limited to, barricades, cones, signs, tables, and other equipment.

13. LOCATION MAP

Please attach a map or plans for your event land design. At minimum, the following items should be included. Please place a check mark (✓) by those included.

- A. If a route is involved, the beginning and finish area with arrows, and the places where buses, autos, or other motorized vehicles need to be considered
- B. Size and location of any tents or structures
- C. Entertainment or stage locations
- D. Alcoholic beverage concession area
- E. Non-alcoholic concession area
- F. Food concession area (cooking, serving, and consumption areas)
- G. General merchandise or concession areas
- H. Portable toilet facilities (indicate number) _____
- I. First aid facilities
- J. Event participant and/or spectator parking areas
- K. Event organizer's command post
- L. Fireworks or pyrotechnics site
- M. Fencing or others for securing event area
- N. Site of electrical wiring to be installed for the event
- O. Trash receptacles (indicate number) _____

14. INSURANCE

You must provide proof of insurance coverage for your. Attach to this application either an insurance policy or a certificate of insurance including the policy number, amount, and the

provision that the Village of Osceola is included as an additional insured. All sponsors of events at which alcoholic beverages are served must supply the Village with a Certificate of Insurance with coverage not less than \$1,000,000 combined single limit per event and naming the Village as an additionally insured party. The applicant shall hold the Village, its employees and agents, harmless against all claims, liability, loss, damage or expense (including but not limited to actual attorney's fees) incurred by the Village for any damage or injury to person or property caused by or resulting from the activities for which the permit is granted. The applicant shall also be required to notify the Village in the event there is a modification or termination of any of the terms of the insurance coverage. Such notification shall be provided not less than two weeks prior to the effective date of the modification or termination.

NOTE: The listed sponsor and responsible person 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-ways. The applicant agrees that during use of the public area, the sponsor 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, or handicap. The sponsor agrees to indemnify and save the Village 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 sponsor will be responsible for the reimbursement of all costs incurred by the Village in the repair of damages to Village property directly arising from during the conduct of the event and any additional costs incurred by the Village that are deemed necessary for the safe conduct of the event

ANY FALSIFICATION OF ANSWERS TO THE PROCEEDING QUESTIONS WILL RESULT IN DENIAL OF THE APPLICATION.

Signature of Applicant

Date

List emergency contact telephone numbers for applicant, event principals, and volunteer coordinator on the day of the event:

<u>NAME</u>	<u>ORGANIZATION</u>	<u>EMERGENCY CONTACT NUMBER</u>

FOR OFFICE USE ONLY

Police Chief Date Approved: Yes No

Of Police hours (Approximate): _____ Total Labor cost: _____

Comments: _____

Fire Chief Date Approved: Yes No

Of Fire hours (Approximate): _____ Total Labor cost: _____

Comments: _____

Public Works Director Date Approved: Yes No

Of Public Works hours (Approximate): _____ Total Labor cost: _____

Comments: _____

Village Administrator Date Approved: Yes No

Grand Total Labor cost: _____

Comments: _____

Village Board action: Approved: Yes No Date: _____

FINAL APPROVAL AND SIGN OFF

Signature

Title

Date

OFFICE USE ONLY

Check or use N/A (not applicable) where appropriate

- ____ 1. Final check has been made of application requirements
- ____ 2. Event is approved by Village Board
- ____ 3. All required permits are issued and on file
- ____ 4. Refundable clean up fee has been paid, if applicable
- ____ 5. Insurance Certificate and Hold Harmless Agreement is on file
- ____ 6. Application is complete
- ____ 7. Special conditions are attached

Power to Act, Modify, or Revoke. The Village Administrator, or designees, shall have all powers and authority necessary to enforce the terms and conditions of any Special Event Permit, which may be issued. The Village, through its Village Administrator, may modify or revoke a permit whenever the applicant fails to comply with any provisions of the permit or when it is determined to be in the best interest of the Village. The Village reserves the right to shut down a special event that is in progress if it is deemed a public safety hazard and /or there is a violation of Village ordinances or policy, State Statutes, or the terms of the Applicant's permit

Permit is hereby revoked.

Signature

Title

Date

Time

Reason(s) for revocation: _____



Polk County Recycling Center **Free Event Recycling Bins Available**

USE FOR INDOOR OR OUTDOOR EVENTS

Recycling Bins and Bags Available For Use at Any Event

Community Festivals * Wedding Receptions * Graduation
Parties * Family Reunions * Auctions *
Any gathering that generates plastic & aluminum containers

To Reserve:

Call 715-483-1088. Bins and bags can be picked up at Polk County Recycling Center after signing a Lease Agreement and leaving a security deposit. Deposits will be returned when the bins are brought back to Polk County Recycling Center.

Provides Convenient:

- * Bins & Bags
- * Easy Reduce Trash Costs
- * Keeps Plastic Bottles & Aluminum Cans out of Landfills

Using bins:

Place bin next to a trash can.

Replace bag when 2/3 full to help prevent overflow & recyclables from being thrown in with the trash or trash thrown in the recyclables.

Put up signs stating where the recycling bins and the trash bins can be found.



OFFICE HOURS
Monday-Thursday
6:30am - 4:30pm

POLK COUNTY RECYCLING CENTER

1302 208TH STREET • ST. CROIX FALLS, WI
715-483-1088

www.co.polk.wi.us/recycling