

EVENT ORGANIZER INFORMATION

Organization/Group Name:			
Business Address:	City:	Zip:	
Applicant's Name:	Date of Birth:		
Applicant's Address:	City:	Zip:	
Email Address:	Phone #:		
EVENT INFORMATION:			
Event Type: (Check all that apply) Festival/Carr	nival 🔲 Parade/Run/W	/alk/Bike Ride/March	
Concert/Public Assembly Other			
Event/Activity Name:			
Purpose:			
Location of Event			
Event Date(s):Start/E			
Set-up Date/Time:	Clear	n-up Time:	
Estimated Attendance:or Nur	mber of Parade Units:		
Required Documents:			
Proposed Security Plan			
List of Vendors			
 Site Map including the following: 			
 Proposed Parking and Access includi 	ng disabled facilities		
 Proposed Temporary Construction (if 	applicable)		
 Proposed Utility and Sanitary Uses (if 	•• •		
 Proposed Vending Sites for Alcohol C 	••	able)	
Check as needed:		,	
Yes No	Yes No		
Certificate of Insurance Hold Harmless Agreement	Medical/Evacuati Fireworks <u>(reguire</u>	on Plan <u>(requires Fire/Police approval)</u> s special permit)	
Beer/Wine Sales (<u>requires special permit and license)</u>		Bon Fire (<u>requires Fire approval and protection)</u>	
Portable Toilets (not provided by Village)		Carnival/Amusement Rides <u>(requires state registration)</u>	
Tents (requires Fire inspection)	Amplification Equ	Amplification Equipment/Musical Bands (requires special permit)	
Street Closure (Requires permit;		nQuantity	
Electricity Needed	Surety Bond		
Security/Police Escort/Add'I Police Svcs (requires Police			
Concessions/Mobile/Food Prepared or Served (please s	see Racine County Health for the p	roper permits)	

~Please See Reverse Side~



SPECIAL EVENT APPLICATION

Jennifer Olsen Village Clerk/Treasurer Phone: 262-835-6414 jolsen@caledonia-wi.gov

Hold Harmless Agreement

The person/group named on this application will be responsible for the conduct of the special event and for facility condition. We will not deny anyone the benefits of, or otherwise subject anyone to discrimination because of race, color, creed, national origin, handicap or religion.

The applicant for her/himself and for other persons, organizations, firms and corporations, if any listed in this application, being of sound mind and body, do hereby freely, voluntarily and knowingly, now and for all times, fully save and hold harmless the VILLAGE OF CALEDONIA, a Wisconsin Municipal corporation located in Racine County, and each and every of its elected and appointed officials, employees, representatives, agents, heirs, and assigns, jointly and severally from and against any and all claims, causes of action, actions, liabilities, demands, losses, damages, and/ or expenses of whatsoever kind and nature including counsel and attorney fees, which I have or may, at any time incur or sustain arising from, resulting from, incurred in consequence of, or pertaining to, any and all intentional and negligent acts, omissions, incidents, activities and transactions, of whatever kind and nature, direct or indirect, of mine own and those of or by the VILLAGE OF CALEDONIA, and each and every of its elected and appointed officials, employees, and agents, regardless of when or where, occurring or arising from this event.

The undersigned acknowledges receipt of the Special Events Guidelines. It is the applicant's responsibility to read and determine the sections that apply to their event and comply with Chapter 12 Of Title 7 Licensing And Regulation Of Festivals, Amusement Parks, And Carnivals Of The Code Of Ordinances Of The Village Of Caledonia, Racine County, Wisconsin.

Date_____ Applicant's signature _____

SPECIAL EVENT APPLICATION FEES:

Larger Event (over 750 in attendance) **\$100* (non-refundable application fee)**

*Application fee will double if applications are not submitted within the required review time established in the Special Event Application. The Village reserves the right to deny a Special Event application if the application is submitted less than forty-five (45) days prior the event.

ADDITIONAL FEES/COSTS:

Events requiring police services exceeding the availability of on-duty personnel may be billed the actual costs incurred.

Events requiring fire services exceeding the availability of on-duty personnel may be billed the actual costs incurred.

FOR OFFICE USE ONLY:

Date Received:	Recommended Department Due Date:		
Application Fee:	Total amount paid:		
Date Inspected By Police D	epartment	Pass/Fail	
Date Inspected By Fire Dep	partment	Pass/Fail	
Date Inspected By Building Inspector and/or Public Services Director			Pass/Fail
Proof of Required State Ins	pections? Yes/No		