



SPECIAL EVENT APPLICATION UNDER SEC. 7-20-1

Village of Caledonia - Clerk's Office
5043 Chester Lane, Racine, WI 53402
Email: jhoeffert@caledonia-wi.gov
Phone: (262) 835-6414
FAX: (262) 835-2388

EVENT ORGANIZER INFORMATION

Establishment Name: _____
Address: _____ City: _____ Zip: _____
Liquor License # _____
Applicant's Name: _____
D.O.B: _____ Social Security #: _____
Applicant's Address: _____ City: _____ Zip: _____
Email Address: _____ Phone #: _____
Does applicant own the property? _____ If no, attach a notarized letter of agency authorizing the applicant to apply for a special event permit.

EVENT INFORMATION: New Special Event Recurring Special Event

Event/Activity Name: _____
Purpose: _____
Event Date(s): _____ Start/End time: _____
Proposed Parking and Access (Attach Plan): _____
Proposed Security (Attach Plan): _____

Estimated Attendance: _____

****FOR MULTIPLE EVENTS Attach schedule of events, include the name, purpose, dates and times, proposed parking and access, and proposed security for each event.****

Check Yes or No for each item:

- | Yes | No | | Yes | No | |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Amplification Equipment/Musical Bands (circle) | <input type="checkbox"/> | <input type="checkbox"/> | Tents (<i>requires Fire approval</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Fireworks (<i>requires special permit</i>) | <input type="checkbox"/> | <input type="checkbox"/> | Security/Add'l Police Svcs (<i>requires Police approval</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Bon Fire (<i>requires Fire approval</i>) | <input type="checkbox"/> | <input type="checkbox"/> | Portable Toilets (not provided by Village) |
| <input type="checkbox"/> | <input type="checkbox"/> | Street Closure (<i>requires special permit</i> ; Quantity of barricades: _____) | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Concessions/Mobile/Food Prepared or Served (<i>please see Racine County Health for the proper permits</i>) | | | |

~Please See Reverse Side~

Applicant agrees to comply with all law, resolution, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine coolers and special events in the Village. The Chief of Police shall have the authority to suspend an event under a permit issued under this section when he or she believes such live music, loudspeaker or amplifying device has become a nuisance because of the volume, the method in which it is being used, or the location in which it is being operated. Any such suspension, shall bring the permit for review, within fifteen (15) days, before the Legislative and Licensing Committee prior to any additional outdoor events occurring at the establishment. A violation of the governing ordinance or other Village ordinance related to the use of the area for an event shall constitute sufficient grounds to revoke the special event permit. Three or more noise complaints filed against the permittee during the permit period, and verified by the Village Police Department, shall constitute sufficient grounds to revoke the use of an outdoor special event permit

The undersigned acknowledges the applicant's responsibility to read and determine the sections that apply to their event and comply with Chapter 7 Of Title 20—Special Event Permits

Date _____ Applicant's signature _____

Name of Establishment _____

FEES

SPECIAL EVENT APPLICATION FEES:

Application Fee: \$50.00 _____

Base Permit Fee: \$100.00 _____

Each Additional Event Fee: \$10.00 per event/\$300.00 maximum per permit year _____

**The Village reserves the right to deny a Special Event application if the application is submitted too close to 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: _____ Date issued: _____ Permit #: _____

Application Fee: _____ Date: _____ Base Permit Fee Paid Fee: _____ Date: _____

of Additional Events Approved: _____ Additional Events Fees: _____ Date: _____

Notarized letter of agency authorizing the applicant to apply for a special event permit Date: _____

Provided copy to Police Department Date: _____

Provided copy to Fire Department Date: _____