



SPECIAL EVENT PERMIT APPLICATION

For Office Use Only

Date of Application: _____ Application Fee (\$25): _____ Permit Number: _____

City Staff Review: _____ Park Board Review: _____ Issue Date: _____

*****Application must be received a minimum of 60-days prior to the special event*****

SUMMARY OF EVENT

Event Title: _____ Date(s) of Event: _____

Event Location: _____

Nature of Event: ☐ Festival ☐ Parade ☐ Bike Race/Ride ☐ Foot Race/Run ☐ March/Processional
☐ Rally ☐ Circus ☐ Demonstration ☐ Community Event ☐ Other: _____

ORGANIZATION INFORMATION

Name of Organization: _____

Event Contact Person: _____

Phone: _____ Email: _____

Mailing Address: _____ City: _____ State/Zip: _____

Billing Address: _____ City: _____ State/Zip: _____

DETAILED EVENT INFORMATION

Estimated # of participants: _____ Spectators: _____ Vendors: _____

Event Set Up Date: _____ Set Up Time: _____ a.m./p.m.

Event Start: _____ a.m./p.m. Event End: _____ a.m./p.m.

Street Closures: _____

DESCRIPTION OF EVENT: Describe what you are planning so that reviewing officials can determine whether city services will be needed (attach any additional information necessary).

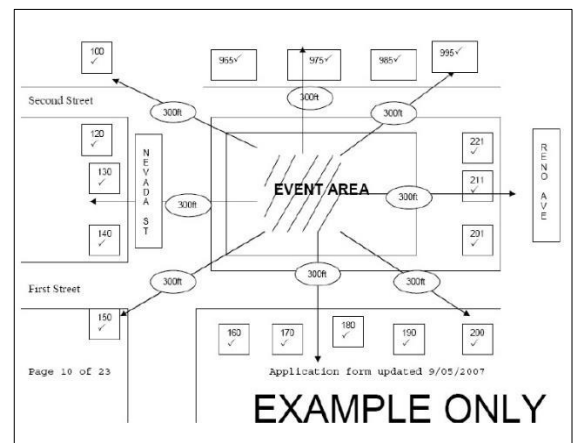
CITY SERVICES INFORMATION

- A. Will Beer and/or Wine be served? *(If yes, an application for a Temporary Class "B" /" Class B" Retailer's License must be submitted to the City Clerk and approved to serve alcohol, and licensed operator must be on premise at all times. Contact the City Clerk at 262.342.1171)* ☐ Yes ☐ No
- Licensed Operator: _____ Operator's License #: _____
(If necessary, a Temporary Operator's License is available for \$10.00. Contact the City Clerk at 262.342.1171)
- B. Will you be selling/serving food? *If yes, you will need to contact the Racine County Health Department for proper permits, 262.898.4460 (<https://crchd.com/license-applications>)* ☐ Yes ☐ No
- C. Will your Event have a Food Truck? Name of Vendor(s): _____ ☐ Yes ☐ No
 Racine County /State of Wisconsin Health Certificate #: _____
 Fire Inspection (Contact Fire Inspector) 262.342.1903: _____
- D. Person(s) Responsible for Clean Up After the Event: _____
- E. Police/Security Services Requested? *This may result in a fee. Call the Police Dept at 262.342.1100*
 Dates/Times Needed: _____ ☐ Yes ☐ No
- F. EMS/Fire Services Requested? *This may result in a fee. Call the Fire Dept at 262.763.7842*
 Dates/Times Needed: _____ ☐ Yes ☐ No
- G. Will your event need electricity? *If yes, Fire Dept and Bldg. Inspector will need to inspect prior to being energized. This may result in a fee. Call the Building Inspector at 262.342.1164.* ☐ Yes ☐ No
- H. Will you be setting up lighting? *If yes, Fire Dept and Bldg. Inspector will need to inspect prior to being energized. This may result in a fee. Call the Building Inspector at 262.342.1164.* ☐ Yes ☐ No
- I. Will you be erecting any tents, canopies, or other temporary structures? *If yes, please provide a plan for their proposed locations. The Fire Dept. and Bldg. Inspector will need to inspect these prior to the start of the event.* ☐ Yes ☐ No
- J. Will you be providing portable restrooms/wash stations? *If yes, please provide a description of how many restroom/wash stations will be provided, their locations, and the plan for how solid waste will be disposed of.* ☐ Yes ☐ No
- K. Will your Event involve live performances, loudspeakers, music, DJ, etc. ☐ Yes ☐ No
- L. Barricades/Cones: Amount & Locations _____ ☐ Yes ☐ No
- M. Trash Receptacles: Amount & Locations _____ ☐ Yes ☐ No
- N. Picnic Tables (\$5/each): Amount & Locations _____ ☐ Yes ☐ No
- O. Other Assistance: _____ ☐ Yes ☐ No

IMPACTED NEIGHBOR NOTIFICATION

The Event Organizer shall notify all residences and businesses within any street closure or lane restriction area of the upcoming event. Notification shall include the following information:

- Event name
- Dates and times of event
- A brief description of the event
- Any closure areas
- Where attendees will be parking



PROCEDURAL CHECKLIST FOR SPECIAL EVENT REVIEW AND APPROVAL

This form is designed to be a guide for submitting a complete application for a special event.

REQUIRED TO BE SUBMITTED WITH APPLICATION (application will not be considered without this information)

☐ **COMPLETED APPLICATION**

☐ **SITE PLAN REQUIREMENT:** All applicants are required to submit a detailed Site Plan/Map. Site plans/maps must include location, any street closures, barricades, race/parade routes, stages, alcohol sale location, tents, etc.

☐ **IMPACTED NEIGHBOR NOTIFICATION:** If applicable, please include a list of all residential and/or businesses impacted by your event, along with signatures.

☐ **CERTIFICATE OF INSURANCE:** The City of Burlington must be listed as the Certificate Holder and as additionally insured. If alcohol is being served, Liquor Liability coverage must also be included.

(Minimum Liability Limits, unless otherwise specified: General Liability: \$1,000,000 per Occurrence, \$2,000,000 Aggregate; Automobile: \$1,000,000 Combined Single limits; Umbrella Liability: \$1,000,000; Workers Compensation: State Minimum)

☐ Any additional information as determined by staff.

AFFIDAVIT OF APPLICANT

☐ I/We, the undersigned applicant, or authorized agent thereof, swear or affirm that the matters stated in the foregoing application are true and correct upon my personal knowledge and information for the purpose of requesting Experience Burlington to approve the Special Event and other permits herein applied for, that I am qualified and eligible to obtain the permit applied for and agree to pay all fees, to meet all requirements and any additional regulations, conditions, or restrictions set forth in the permit and to comply with the laws of the City of Burlington in the conduct of the Special Event described herein.

☐ I/We, the undersigned, agree to abide by all City Ordinances and the rules and regulations which are made part of this permit application and hereby release, discharge, hold harmless and agree to defend Experience Burlington, the City of Burlington, and its officers, agents, and employees from and against any and all loss that may arise out of or result from, in any way, in whole or in part, the scheduled event, the conduct or actions of any individual participating in or attending the scheduled event, the issuance of the Road Closing Permit or the closing of any road (whether or not a Permit has been issued) for the scheduled event.

Signature of Applicant

Date

Name (printed)



PARK USAGE / PAVILION RESERVATION FORM

Public Works Department

2200 S Pine St, Burlington, WI 53105 ~ Phone (262) 342-1181 ~ Fax (262) 539-3773 ~ www.burlington-wi.gov

PLEASE CHECK ALL THAT APPLY:

Event requires usage of: Park Usage Only ☐ Pavilion reservation Only: ☐ Both Park & Pavilion: ☐

FEES: Payable upon reservation request. Events are subject to approval of the Park Board, which meets on the 3rd Thursday of each month. *Security Deposits will be returned via check from the City of Burlington the week following your event if all rules and regulations have been followed.*

Pavilion reservation: ☐ Resident - \$100 + \$100 security deposit
☐ Non-Resident - \$200 + \$100 security deposit

Park Usage Permit: ☐ Resident - \$100 plus \$200 Security Deposit
☐ Non-Resident - \$200 plus \$200 Security Deposit

Both Pavilion reservation & Park Usage Permit ☐ Resident - \$200 plus \$300 Security Deposit
☐ Non-Resident - \$400 plus \$300 Security Deposit

ADDITIONAL ITEMS NEEDED (fees may apply)

Picnic Tables (**\$15/each**): ☐ Yes ☐ No Amount & Locations: _____

Benches (**available at Echo Park Only - \$5/each**): ☐ Yes ☐ No - Number of benches: _____

Kitchen area usage at Echo Park Only - (**\$25**): ☐ Yes ☐ No

Barricades/Cones: ☐ Yes ☐ No Amount & Locations: _____

Trash Receptacles: ☐ Yes ☐ No Amount & Locations: _____

Will A Temporary Structure (i.e., bounce house) or Tent Be On-Site? ☐ Yes (**see provisions below**) ☐ No

Will Your Event Involve Live Performances, Loudspeakers, or a DJ? ☐ Yes ☐ No

(Per Section 219-2A (7) of the Municipal Code, loudspeaker or sound-amplifying devices shall not be used between the hours of 10 PM to 8 AM and privileges may be revoked if the volume becomes a nuisance.)

Other Amenities: _____

SPECIAL PROVISIONS FOR USE OF THE PARK (all items below must be checked indicating acceptance & understanding of the provisions of this form):

- ☐ No vehicles are to be parked or driven on the grass of any park as it is a violation of Park Board Policy.
- ☐ Any persons wanting to place a bouncy house or tent in any City park must first obtain permission from the Director of Public Works (262-342-1181).
- ☐ All clean up after the event is the responsibility of the applicant / group. Security Deposit will be forfeited if the area is not left in a clean and orderly condition.

Acceptance of this park usage permit implies that the applicant and / or event coordinators, jointly and severally, agree to any special conditions listed here on, and agree to keep and save the City free and harmless from any damages or claims against it by reason of any failure, fault or neglect of the applicant, the applicant's agent, servants, or employees for which such permit is granted.

RECEIPT OF THE ABOVE CONDITIONS FOR PARK USAGE IS HEREBY ACCEPTED BY:

APPLICANT SIGNATURE: _____

DATE: _____

PARK BOARD REVIEW

PARK BOARD REVIEW

Park Board Meeting Date: _____

Approval Recommended: ☐ YES ☐ NO

Estimated Reservation Fee: _____

Other Events/Activities Scheduled on Site:

Comments and/or Stipulations for Event:

CITY OF BURLINGTON STAFF USE ONLY

POLICE DEPARTMENT REVIEW

Approval Recommended: ☐ YES ☐ NO

Police Hours Required: _____

Estimated Fee for Police Service: _____

Reviewed By: _____

Date: _____

Comments and/or Stipulations for Event:

PUBLIC WORKS DEPARTMENT REVIEW

Approval Recommended: ☐ YES ☐ NO

Hours Required: _____

Estimated Fee for DPW Service: _____

Reviewed By: _____

Date: _____

Comments and/or Stipulations for Event:

FIRE DEPARTMENT REVIEW

Approval Recommended: ☐ YES ☐ NO

Hours Required: _____

Estimated Fee for BFD Service: _____

Reviewed By: _____

Date: _____

Comments and/or Stipulations for Event:

BUILDING INSPECTION REVIEW

Approval Recommended: ☐ YES ☐ NO

Hours Required: _____

Estimated Fee for BFD Service: _____

Reviewed By: _____

Date: _____

Comments and/or Stipulations for Event:

HEALTH DEPARTMENT REVIEW

Approval Recommended: ☐ YES ☐ NO

Hours Required: _____

Estimated Fee for BFD Service: _____

Reviewed By: _____

Date: _____

Comments and/or Stipulations for Event:

SPECIAL EVENT PERMIT APPLICATION

CONTACT INFORMATION AND FEE SHEET

DEPARTMENT CONTACTS:

Experience Burlington (Chamber of Commerce)	262.763.6044
Police Department	262.342.1100 (in an Emergency, please call 911)
Fire Department	262.763.7842 (in an Emergency, please call 911)
Public Works	262.342.1181
Building Inspection	262.342.1164
City Clerk	262.342.1171
Racine County Health Department	262.898.4460

ExB SPECIAL EVENT PERMIT FEE AND OTHER CITY FEES

Please Check the Services Requested. Fees are subject to change.

	Description	Fee	# of Items Requested (where applicable)	Contact
<input type="checkbox"/>	Special Event Permit Fee (*Required) - Non-refundable	\$25 per event		Experience Burlington
<input type="checkbox"/>	Alcohol – Temporary 1-day Class B License (if applicable)	\$10		City Clerk
<input type="checkbox"/>	Temporary Operator's License (if applicable)	\$10		City Clerk
<input type="checkbox"/>	Park/Pavilion Permit	Fee determined upon usage (see Park/Pavilion Reservation Form)		Public Works
<input type="checkbox"/>	Picnic Tables	\$15/ea – delivery and removal		Public Works
<input type="checkbox"/>	Trash Cans	\$10/ea – delivery, placement and removal		Public Works
<input type="checkbox"/>	No Parking Signs (per event)	\$10/block – includes install and removal		Public Works
<input type="checkbox"/>	Traffic Cones (per event)	\$2/ea – delivery and removal		Public Works
<input type="checkbox"/>	Barricades-delivery & pickup (mark drop off sites on your map)	\$5/ea – delivery and removal		Public Works
<input type="checkbox"/>	Police Department Staff Services (Determined by Police Chief)	Actual equipment and labor costs		Police Department
<input type="checkbox"/>	Pre-Event Safety Inspection	Actual equipment and labor costs		Fire Inspector / Bldg Inspector
<input type="checkbox"/>	Lighting / Electrical Inspection	Actual equipment and labor costs		Fire Inspector / Bldg Inspector
<input type="checkbox"/>	Tent Inspection	Actual equipment and labor costs		Fire Inspector / Bldg Inspector
<input type="checkbox"/>	Transient Retail Food License (https://crchd.com/license-applications)	Determined by and payable to the Racine County Health Dept.		Racine County Health Dept

*Due with the application. All other fees will be billed to the organizer after reviewing the application.