



Fee _____

VILLAGE OF WHITEFISH BAY

SPECIAL EVENTS PERMIT

Name of Event _____ Date of Event _____

Organization or Sponsor _____

Name of Contact Person _____

Address _____ City _____ State _____ Zip _____

Email of Contact Person _____

Phone Number(s) of Primary Contact Person _____

Name of Alternate Contact person _____

Email of Alternate Contact Person _____

Phone Number(s) of Alternate Contact Person _____

Address _____ City _____ State _____ Zip _____

Route of Event: Indicate the route of the event on the map on the following page. Use arrows to indicate the direction of travel. Attach a map of the entire route if not limited to Whitefish Bay.

Please provide a brief summary of this event (please include the following items which are not expressly allowed by this permit (1) amplified music, (2) alcohol licensing, (3) fireworks or pyrotechnic displays, (4) animals). Attach an additional page if needed:

Please fill out the following information:

General

<p>What does your organization need from Whitefish Bay Staff?</p> <ul style="list-style-type: none"> • Personnel for setup • Direct traffic • # of picnic tables • garbage pick-up • # of barricades 	<p>Please outline where any street will be shut down and when, including set-up requirements. Display on map.</p>
<p>Hours of Event.</p>	<p>Hours of clean up.</p>
<p>Approximate # of Participants & Vehicles.</p>	<p>Hours of set up.</p>
<p>Do any meters need to be “hooded” before or during the event? Display on map.</p>	<p>Where will the signage for this event be placed? Display on map.</p>
<p>Number and location of rest/refreshment areas. Display on map.</p>	<p>What type of emergency medical care will be available? Has a private ambulance service been contracted?</p>
<p>Is this a rain or shine event?</p>	<p>When is the rain date?</p>
<p>Are there parking restrictions associated with this event? Where? Display on map.</p>	<p>Will alcohol be sold at this event? If so, has a permit been taken out?</p>
<p>Will this event use fireworks or other pyrotechnic or explosive devices?</p>	<p>Has proof of Liability Insurance naming the Village of Whitefish Bay as an additional protected person been given? For larger events,</p>

Volunteers

How will volunteers be recognized (t-shirts, etc.)?	What times will the signage be placed and removed?
Number and location of volunteers who will be staffing the refreshment areas.	Number and location of volunteers who will be assisting with routing and traffic direction.
Number and location of volunteers who will be responsible for placement and removal of signage.	Number and location of volunteers who will be providing security assistance.
Number of volunteers who will be assisting with clean up of the event.	Number and location of portable toilets. Display on map.

Publicity

How will your event be advertised?	Do you have an event website, facebook, etc?
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Emergency Contact Information

Please list emergency contact telephone numbers for the organizers and volunteers on the day of the event:

NOTE: The person(s) or sponsor 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 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, or handicap. The applicant 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.

Applicant Signature

Date

For office use only:

Police Chief Date Approved: Yes No

Of Police hours (Approximate): _____

Total Labor cost: _____

Comments: _____

Bus Company notified? _____

NSFD notified? _____

Dispatch notified? _____

Emergency vehicle access okay? _____

DPW Director Date Approved: Yes No

Of DPW hours (Approximate): _____

Total Labor cost: _____

Comments: _____

Assistant Village Manager Date Approved: Yes No

Grand Total Labor cost: _____

Comments: _____

Has proof of liability insurance been obtained?

Amount: