

City of Hudson
505 Third Street
Hudson, WI 54016



FEE IS NON-REFUNDABLE

Application Fee
\$100.00

Date Received ____/____/____

Review Deposit
\$250.00

Date Received ____/____/____

Receipt #: _____

**SPECIAL EVENT PERMIT
APPLICATION**

SECTION 1 – APPLICANT INFORMATION

| | | | |
|---|--------------|-----------------------------|--|
| Organization Name: | | Address: | |
| City: | State: | Zip: | |
| Authorized Representative's Name (First, Last, MI): | | | |
| Address | | Position with Organization: | |
| City: | State: | Zip: | |
| Cell Phone: | Other Phone: | | |

SECTION 2 – ADDITIONAL PERSONS REQUIRED TO SIGN THE APPLICANT

*If a corporation, a certified copy of the Articles of Incorporation with the name, age, residence, and mailing address of the primary officers are needed)

| | | | |
|-------|----------|------|------|
| Name: | Address: | | |
| City: | State: | Zip: | Age: |
| Name: | Address: | | |
| City: | State: | Zip: | Age: |
| Name: | Address: | | |
| City: | State: | Zip: | Age: |

SECTION 3 –EVENT INFORMATION

| | | | |
|---|-------------------------------|-----------------------|--|
| Site Address: | Legal Description: | | |
| Name of property owner (s): | Address: | | |
| City: | State: | Zip: | |
| Cell Phone: | Other Phone: | | |
| Description of Event: | | | |
| | | | |
| Date(s) of Event: | Hours: | | |
| Estimated number of persons attending: | Number of tickets to be sold: | | |
| Plans to limit the maximum number of persons permitted to assemble: | | | |
| Plans for fencing the location with gates: | | | |
| | | | |
| Plans for supplying potable water: | | Source: | |
| Number and Location: | Type: | Waste Disposal Using: | |
| Additional Information: | | | |
| Plans for lavatory facilities: | | Source: | |

| | | |
|--|--|--------------------------|
| Number and Location: | Type: | Means of Waste Disposal: |
| Additional Information: | | |
| Plans for holding, collection and disposal refuse: (Include vendor contracts): | | |
| | | |
| Hauler Name/License Number: | Vendor Contract Received: Yes <input type="checkbox"/> | |
| Plans for illumination: | Source: | |
| Amount of power: | Location of Lamps: | |
| Plans for parking vehicles: | Size and location of lots: | |
| Points of highway access | Interior Roads: | |
| Routes: | Shuttle Service: | |
| Plans for Telephone Service: | Source: | |
| Number and Location of Telephones: | Available for public use: Yes <input type="checkbox"/> | |
| Plans for Security: | Vendor contract Received: Yes <input type="checkbox"/> | |
| Number of guards: | *Include a list with their deployment, names, addresses, credentials and hours they are available. | |
| Plans for Fire Protection: | Number: | |
| Type and Location of protective devices: | Alarms: | |
| Extinguishers: | Number of emergency fire personnel available: | |
| Plans for emergency medical service: | | |
| | | |
| Plans for sound control/amplification: | Number: | |
| Location: | Power of amplifiers and speakers, if any: | |
| Plans for food and beverages: | | |
| *Include list of vendors or providers allowed to operate on the grounds and their names, addresses and license/permit numbers. | | |
| Plans for amusement/entertainment | | |
| *Include list of specific vendors or providers to operate on the grounds, and their names, addresses, and license/permit numbers. | | |
| <p>INSURANCE Each applicant for a special event permit shall furnish to the City, no later than ten (10) days before the special event, a certificate of insurance and any necessary Endorsements written by a company licensed in the State of Wisconsin, approved by the City Attorney and covering any and all liability, obligations, or claims which may result from the operations by the applicant's employees, agents, contractors or subcontractors, and including workers compensation coverage in accordance with CH. 101, Wis. Stat. The certificate shall provide that the insurance company will furnish the City with a ten-day prior written notice of cancellation, nonrenewal, or material change. The insurance shall be written in comprehensive form and shall protect the applicant and the City against all claims arising from injuries to members of the public or damage to property of others arising out of any act or omission of the applicant, its employees, agents, contractors, and subcontractors. The insurance policy shall name the City of Hudson, its officers, agents, and employees as additional insured's under the policy on a primary and noncontributory basis. The applicant shall be required to provide bodily injury and property damage coverage of at least \$1,000,000 plus an umbrella of \$3,000,000. The Council may increase the minimum requirement for bodily injury and property damage coverage up to \$3,000,000, considering risk factors involved in the proposed special event. Such risk factors may include, but shall not be limited to, events involving large numbers of people, use of live animals, competitive physical events, fireworks, amusement rides, inflatables, and other similar type risk factors, or as further described in a policy adopted by the Council relating to insurance requirements.</p> <p>INDEMNITY I/we agree to indemnify and hold the City of Hudson, its agents, officers, servants and employees harmless from and against any and all liabilities, damages, claims and expenses, including reasonable attorney fees, for injury or death of any person or loss or damage to the property of any person, firm, organization or corporation, arising in any way as a consequence of the granting of a permit for a special event.</p> <p>The undersigned applicant acknowledges receipt of a copy of the City's Large Assembly Ordinance and affirms and agrees that all aspects of the special event described in this application shall comply with all applicable federal, state, county, and city laws and ordinances.</p> | | |

SECTION 4 – PENALTY NOTICE

I/we affirm that the statements contained herein are true and correct to my/our best knowledge. I agree to provide the above insurance and insurance certificates and endorsements evidencing such insurance.

Signature: _____ Date: _____

Corporation, Partnership, Society, Association ,or Group _____ Date: _____

Signature: _____ Print: _____

FOR OFFICE USE ONLY

Special Permit Fees Collected: \$100.00/ Deposit \$250.00 Yes No

Date sent to Public Works: ____/____/____

Date sent to Public Safety: ____/____/____

Signature: _____

Signature: _____

Date sent to Plan Commission: ____/____/____

Date sent to St. Croix EMS: ____/____/____

Signature: _____

Signature: _____

Council Approved: Yes No

Date Issued/Denied: ____/____/____

License Number:

Received Vendor Contracts:

Security Yes No

Refuse Yes No