



Date Filed: _____
Application Fee Paid: _____

SPECIAL EVENT PERMIT APPLICATION

Application fees are \$25 for a single day event or \$35 for a multi-day event

GENERAL INFORMATION							
Official Name of Event: _____							
Start Date: _____				End Date: _____			
List times for each day:							
	MON	TUES	WED	THURS	FRI	SAT	SUN
SET UP TIME							
START TIME							
END TIME							
CLEAN UP TIME							
Brief Description/Purpose of Event: _____ _____ _____							
Location of the Event: <input type="checkbox"/> City Park _____ <input type="checkbox"/> Public Property (list street(s), building(s), etc.) _____ _____ <input type="checkbox"/> County Park / Property _____ <input type="checkbox"/> Other _____							
ORGANIZATION SPONSOR							
Name: _____							
Address: _____							
City: _____			State: _____			Zip: _____	
<input type="checkbox"/> Check this box if this organization is tax exempt (a copy of Wisconsin Sales & Use Tax Exempt form is required)							

CONTACT INFORMATION (One contact person must be on site at ALL times during the event)

Primary Contact Name:

Daytime Phone: Cell Phone:

Email:

Address:

City: State: Zip:

Secondary Contact Name:

Daytime Phone: Cell Phone:

Email:

Address:

City: State: Zip:

EVENT DETAILS

Type of event:

- Festival / Music Concert
- Fun Run / Walk / Roll
- March Utilizing Public Property
- Parade
- Public Assembly (for political purposes)
- Religious / Educational
- Rally / Memorial
- Run / Walk Greater than 5K
- Sport (fishing, soccer, etc.)
- Street / Block Party

Event will have:

- Alcoholic Beverages (*Special Class B License required*)
- Animals - list types of animals

- Amusement Rides (carnival/midway)
- Amplified Sound
- Bounce House
- Bungee Jump
- Camping – list camping location
(*camping/campgrounds must be licensed by Winnebago County Health Dept.*)

- Food
- Dunk Tank
- Marching Units
- Non Food Items for Sale / Display
- Rock Wall
- Tents / Canopies
- Vehicles (Cars, Trucks, ATV, Boats, etc.)
- Water Slides
- Other high-risk activity

****It is the organizer's responsibility to notify the City of Oshkosh and request approval of any changes a minimum of 30 days prior to the event.**

Estimated attendance per day:

50-250 250-500 500-1,000
 1,000-3,000 3,000-5,000 5,000+
 10,000+

Estimated attendance for duration of event:

50-250 250-500 500-1,000
 1,000-3,000 3,000-5,000 5,000+
 10,000+

Length of Route for Walk / Run / Roll events:

- Less than 1 Mile
 1 Mile
 2Mile
 5K
 Other _____

Number of Participating Booths / Boats / Cars / etc.

- 1-25
 25-50
 50-100
 100-200
 200-400
 400-600 +

List date & time of specific activities that occur during the event. (Ex: walk/run held day 2 of event)

Location of Event Parking:

(If city parking lots or turf areas in City Parks or on City property are needed for parking, a parking and/or turf agreement may be required.)

Advertising for your event will consist of:

- Pre-event advertising through yard or other signs
 Temporary directional / other signage during the event (no more than 24 hours in advance)

For more information regarding Special Event signage visit: City of Oshkosh, Municipal Code, Zoning Ordinance, Chapter 30, Article X: Signage

SERVICES / FACILITIES REQUESTED / REQUIRED

Oshkosh Police Department (list times of service requested/required)

List days & times requested / required below (circle AM or PM)

Monday _____ AM / PM to _____ AM/PM
 Tuesday _____ AM / PM to _____ AM / PM
 Wednesday _____ AM / PM to _____ AM/PM
 Thursday _____ AM / PM to _____ AM / PM
 Friday _____ AM / PM to _____ AM/PM
 Saturday _____ AM / PM to _____ AM / PM
 Sunday _____ AM / PM to _____ AM/PM

- Will the event requested /require temporary no parking areas? Yes No
 Will an additional Security Company be onsite? Yes No

Security Firm Contact: _____ Cell Phone: _____

Oshkosh Fire Department (list times of service requested/required)

Will the event require Paramedic Services and/or Fire Services? Paramedic Fire

List days & times requested / required below (circle AM or PM)

Monday _____ AM / PM to _____ AM/PM
 Tuesday _____ AM / PM to _____ AM / PM
 Wednesday _____ AM / PM to _____ AM/PM
 Thursday _____ AM / PM to _____ AM / PM
 Friday _____ AM / PM to _____ AM/PM
 Saturday _____ AM / PM to _____ AM / PM
 Sunday _____ AM / PM to _____ AM/PM

- Will fire, candles, fireworks or pyrotechnics be used? Yes No
 Will LP (propane) tanks be utilized? Yes No
 Will vendors be deep frying food? Yes No

(Only Commercial Deep Fryers will be permitted – no free standing units will be allowed.)

Public Works / Streets Department

- Are you requesting a full or partial street closure? Yes No
Will you be contracting with a licensed road sign company? Yes No
Will the event route cross over a railroad track or bridge? Yes No

Parks Department (if your event will be held in a City Park)

- Will additional dumpster(s) be brought onsite? Yes No
Will you be requesting a boat launch buy out (50 + boats)? Yes No
Will payment for the launch fee be paid by individual boaters? Yes No
Are you requesting turf parking? Yes No

List Shelter(s) to be Reserved: _____

Community Development

- Will mobile vendors have exclusivity at the event? Yes No
(If vendors are not contracted with the event organizer, they must have a mobile vending permit.)

Inspection Services

- Will large generators be utilized? Yes No
Will there be a need to utilize City electricity? Yes No

If additional electrical is required, the organizer is responsible to contract with a license electrician and an inspection is required.

Licensed Electrician Name: _____ Cell Phone: _____

If a City water source is necessary, a licensed plumber must install back flow valves and an inspection is required.

Licensed Plumber Name: _____ Cell Phone: _____

Winnebago County

- If the event is utilizing Winnebago County property or all or part of the waterways, have the proper agreements and requirements been completed? Yes No

Other

- Will drinking water be provided? Yes No

How will it be provided? _____

- Will portable restrooms or handwashing stations be brought in? Yes No

Vendor Contact: _____ Cell Phone: _____

- Will food be prepared and served? Yes No

(Event organizer is responsible to provide containers and removal of grey water/liquid waste and grease/oil.)

Food vendors/trucks must be licensed with the Winnebago County Health Department or the State of Wisconsin.

List vendors names: _____

OTHER REQUIREMENTS

Event Insurance

Certificate of Insurance is required for medium or high risk events; the **City of Oshkosh, and its officers, council members, agents, employees and authorized volunteers** must be listed as additional insured.

Business & Residential Notifications

Organizer is responsible to notify local businesses and residents that will be impacted by the event

EMERGENCY CONTACT INFORMATION

Identify who will cancel the event if necessary (name/title/phone number)

Name & Title: _____ Cell Phone: _____

Identify how the public will be notified of a cancellation before or during the event.

- I have reviewed the proposed location for the event and determined suitability for our proposed use.
- I have reviewed and have considered the Contingency Plan information provided by the City of Oshkosh (see website for details).
- I have reviewed and understand the City's Insurance Requirements for Special Events (see website for details).
- I have enclosed the event's Public Safety Site Plan.
- I have enclosed other information that we believe is necessary or helpful to describe the planned event.

If the event takes place on city property (Parks, Leach Amphitheater, City Streets, or other city owned facilities) in whole or in part:

- I understand and acknowledge that it is the event organizer's responsibility to inspect the area the event is to take place and notify the City's Safety & Risk Management Officer (920.236.5117) of any safety concerns.
 - There are no requested changes, upgrades or safety concerns identified.
- OR
- I am requesting the following changes or upgrades to be considered:

SIGNATURE

I am authorized to sign this application and act on behalf of the event sponsor in relation to this event. The information contained in this application for a Special Event permit is true, correct and complete to the best of my knowledge. If there are any changes to the Special Event, I agree that I will promptly notify the City of Oshkosh of these changes and request approval of them. I agree that I, or the sponsoring organization, will pay, or reimburse, the City for the actual reasonable cost of providing extraordinary services for the Special Event according to the current Special Events Extraordinary Fees Schedule.

Signature of Event Organizer

Title of Event Organizer

Print Name of Event Organizer

Date

Return completed Application and Application Fee to:
Oshkosh Seniors Center, Attn: Special Events Coordinator

SPECIAL EVENT
INDEMNIFICATION & HOLD HARMLESS AGREEMENT

EVENT NAME: _____

ORGANIZER NAME: _____

The event organizer agrees that it, not the City, will be solely responsible for all incidents at the event. This responsibility of the organizer to the City includes but is not limited to the actions of the event organizer, its officers, employees, agents, and volunteers, along with event vendors, contractors, subcontractors, participants, and visitors.

In consideration for the City's approval of the Special Event except to the extent such claims arise from the sole negligence or willful misconduct of the City, the organizer of this event agrees to indemnify and hold harmless the City of Oshkosh, and its officers, council members, agents, employees, and authorized volunteers, from, for, and against and agrees to defend the same from and against, any and all suits, claims, grievances, damages, costs, expenses, judgments, and/or liabilities, including costs of defense and reasonable attorney fees, and further agrees to pay any settlement entered into or on the behalf of, or judgment entered against, the foregoing individuals and/or entities.

The event organizer shall abide by the City's insurance requirements for the event, including the addition of the City of Oshkosh, and its officers, council members, agents, employees, and authorized volunteers as additional insureds for the event.

The individual(s) signing this agreement has the authority to enter into this agreement on behalf of the organizer(s) of the Special Event.

EVENT ORGANIZER(S)

Print Name of Event Organizer

Date

Signature of Event Organizer

Title of Event Organizer