



"meeting community needs
.....enhancing quality of life"

License Fees (See Section 5) \$	480	Acct #	1030.4309	Date Rec'd	4,15,19
Investigation Fee - REQUIRED	+\$7.00	Acct #	106.2359	Receipt No.	8118
Total Amount Paid	\$487				

CLLFAX
CLLP1+

FEES ARE NON-REFUNDABLE

FARM MARKET APPLICATION

SECTION 1 - ORGANIZATION INFORMATION - Answer all questions completely. Please PRINT clearly

Name of Organization Festival Foods				
Street Address 1200 W. Northland Ave.		City Appleton	State WI	Zip 54942
Telephone Number 920-968-2212	Contact Person Kyle Nelson	Contact Telephone No. XXXXXXXXXX	Date of Birth XXXXXXXXXX	

SECTION 2 - EVENT INFORMATION

Location/Site where Farm Market will be held (Please be Specific) South West Corner of parking lot along Northland Ave. at 1200 W. Northland Ave.	
List ALL dates the market will be held Wednesdays- June 5,12,19,26, July 3,10,17,24 August 7,14,21,28, September 4,11,18,25, October 2,9,16,23,30	
Number of Vendors 40	Estimated number of persons attending the event 500

SECTION 3 - ADDITIONAL INFORMATION

	NO	YES	Action to be taken
Are you requesting any street closures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If Yes, please indicate which street and from what point to what point?

NOTE: A permit cannot be issued for a major thoroughfare (arterial or collector streets; federal, state and county highways; bus routes) unless traffic flow can, in the opinion of the Traffic Section, be reasonably accommodated on adjacent streets.

Are you requesting any special parking restrictions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If Yes, please contact the Appleton Police Department Operations Coordinator to discuss this request. (920.832.5500)
Will portable restrooms be used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Describe toilet facilities available to participants:
Will the event be held in an Appleton Park or utilize any park facilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If Yes, please explain. What Park? Contact the Appleton Parks and Recreation to reserve this park. (920.832.5905)
Will the event be held indoors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If Yes, what building (Provide street address)
Will a tent or any other temporary structure be erected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The Appleton Fire Department will need to review your structure plans (920.832.5810)
Will food be prepared and/or served at the event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If Yes, please explain: Contact the Appleton Health Department (920.832.6429)
Will alcoholic beverages be served/sold?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If Yes, contact the City Clerk to obtain a "Special Class B" license to sell/serve beer and/or wine. (920.832.6443)

SECTION 3 – ADDITIONAL INFORMATION (CONTINUED)

	NO	YES	Action to be taken
Do you have the correct level of insurance for this event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A license WILL NOT be issued without an approved Certificate of Insurance on file. For further questions you may contact the City's Risk Manager. (920.832.6300)

SPECIAL NOTE: Dumpsters and barricading of streets will NOT be provided by the City. You will be responsible to contract these services with an outside provider. For additional information, please contact the City of Appleton's Traffic Section (920.832.5580)

SECTION 4 – INSURANCE NOTICE

Insurance Coverage:

Insurance Carrier: Zurich American Insurance Company

Insurance Agent Name and Phone Number: Arthur J. Gallagher Risk Management Services, Inc. 952-358-7500

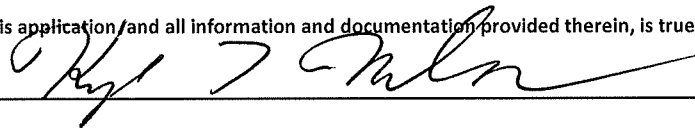
Policy Number: GLO9801393 01

Policy Period: 01/01/2019 Through 03/01/2020

I confirm that I have the authority to sign and certify the information contained herein as the permittee/licensee, or duly authorized representative of the entity obtaining this permit/license. I have reviewed and understand the insurance requirements of the City of Appleton. I hereby certify that I, or the company I represent, have insurance in the amounts required to obtain this permit/license, have named the City of Appleton as an additional insured for purposes of this permit/license and have provided the name of my insurance carrier, the policy number, and policy period above. Further, I agree to maintain appropriate insurance coverage for the duration of this permit/license and to indemnify, defend and hold harmless the City of Appleton and its officers, officials, employees and agents from and against any and all liability, loss, damage, expenses, costs, including attorneys fees arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant, anyone directly or indirectly employed by any of them, which may arise from the use of city right-of-way or property under this permit or license.

I certify that this application and all information and documentation provided therein, is true and accurate.

Signature _____



SECTION 5 – FEE STRUCTURE

2 to 10 Vendors	\$120.00
11 or more Vendors	\$12.00 each (40 _____ X \$12.00) = \$ 480.00

Date sent for approvals: 4/17/19

FOR OFFICE USE ONLY

Department	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
Community Development				
City Sealer				

Public Works				
Parks and Rec				
Safety & Licensing date		Common Council		
Date Issued		Expiration Date		License Number

8-10-12

Reasonable accommodations for persons with disabilities will be made upon request and if feasible.

Return application to: City Clerk, 100 North Appleton Street, Appleton, WI 54911-4799

