



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

Winter FM 2019-2020

9/19/19

License Fees (See Section 5) \$ <u>540</u>	Acct 11030.4309	Date Rec'd <u>9/19/19</u>
Investigation Fee - REQUIRED + \$7.00	Acct 100.2359	Receipt No. <u>14165</u>
Total Amount Paid \$ <u>547</u>	FEES ARE NON-REFUNDABLE	

## FARM MARKET APPLICATION

CK# 17634  
9.18.19

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

Name of Organization <u>Downtown Appleton Indoor Market</u>			
Street Address <u>40 ADI - 333 W. College Ave.</u>	City <u>Appleton</u>	State <u>Wi</u>	Zip <u>54911</u>
Telephone Number <u>920.954.9112</u>	Contact Person <u>Dinanna Hugsdahl</u>	Contact Telephone No. <u>920.205.9508</u>	Date of Birth <del>000000</del>

### SECTION 2 - EVENT INFORMATION

Location/Site where Farm Market will be held (Please be Specific) <u>City Center Plaza - 10 College Ave., Appleton, 54911</u>	
List ALL dates the market will be held <u>13 Saturdays - November - January, see attached letter for Feb thru Apr.</u>	
Number of Vendors <u>45</u>	Estimated number of persons attending the event <u>Up to 500</u>

### 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 type="checkbox"/>	<input checked="" type="checkbox"/>	If Yes, what building (Provide street address) <u>10 College Ave.</u>
Will a tent or any other temporary structure be erected?	<input checked="" type="checkbox"/>	<input 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: <u>Only licensed &amp; approved vendors</u> 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: \_\_\_\_\_

Insurance Agent Name and Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Period: \_\_\_\_\_

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 Wynona Hagedahl

**SECTION 5 - FEE STRUCTURE**

2 to 10 Vendors	\$120.00
11 or more Vendors	\$12.00 each ( <u>45</u> X \$12.00 ) = \$ 0.00 <u>540</u>

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Department	Approve	Deny	By	Reason
Police	X		S. Miller	10/11/19
Fire	X		S. Petersen	10/21/19
Health	X		Steve Kihl	9/23/19
Inspection	X		Dale V.	9/20/19
Community Development	X		Don Hamp	9/20/19
City Sealer	X		E. Maggib	9/23/19
DPW	X		Ross Buetan	9/23/19
P+R				

Date Issued \_\_\_\_\_

Lic # \_\_\_\_\_

Common Council \_\_\_\_\_

exp date \_\_\_\_\_

S+L \_\_\_\_\_

September 19, 2019

To: City of Appleton, City Clerk

Re: Additional information on Indoor Market

In addition to hosting the Downtown Appleton Indoor Market inside City Center, November through January, we also have selected three additional dates to feature market, as well.

*Date: February 8, 2020      March 21, 2020      April 11, 2020*

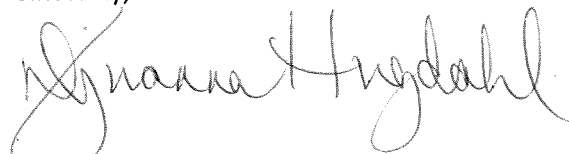
*Time: 9 a.m. to 3 p.m.*

*Place: Fox Cities Exhibition Center*

*What: Public Market*

To clarify, the indoor market will run every Saturday, November through end of January, 2020; for a total of thirteen weeks. Then, in February, March and April, market will be held in conjunction with the Public Market; inside the Fox Cities Exhibition Center, on the above listed dates. The public market will include downtown businesses, food, music, children activities and non-profits, bringing the community and new and refreshed indoor market opportunity.

Sincerely,



Djuanna Hugdahl  
Community Partnership Director  
Appleton Downtown Inc.





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

License Fees (See Section 5) \$ _____	ChargeCode: CLLFAR
Investigation Fee - REQUIRED + \$7.00	ChargeCode: CLCPIF
Total Amount Paid \$ _____	Date Rec'd ____/____/____
<b>FEEES ARE NON-REFUNDABLE</b>	
	Receipt # _____

## FARM MARKET APPLICATION

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

Name of Organization <b>AD1 / Creative Downtown Appleton</b>			
Street Address <b>355 W. college Ave</b>	City <b>Appleton</b>	State <b>WI</b>	Zip <b>54911</b>
Telephone Number <b>920-951-9112</b>	Contact Person <b>Divanna Huguah</b>	Contact Telephone No. <b>920-200-9508</b>	Date of Birth <b>11/14/1988</b>

### SECTION 2 - EVENT INFORMATION

Location/Site where Farm Market will be held (Please be Specific) <b>Fox Cities Exhibition Center</b>	
List ALL dates the market will be held <b>2/8/20, 3/21/20, 4/11/20</b>	
Number of Vendors <b>45</b>	Estimated number of persons attending the event <b>up to 500</b>

### SECTION 3 - ADDITIONAL INFORMATION

	NO	YES	Action to be taken
Are you requesting any street closures?	<input checked="" 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"/>		If Yes, please contact the Appleton Police Department Operations Coordinator to discuss this request. (920.832.5500)
Will portable restrooms be used?			Describe toilet facilities available to participants:
Is this event on private property?	<input checked="" type="checkbox"/>		If Yes, please contact Community Development at (920-832-6468)
Will the event be held in an Appleton Park or utilize any park facilities?	<input checked="" 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"/>	If Yes, what building (Provide street address) <b>355 W. Lawrence St</b>
Will a tent or any other temporary structure be erected?		<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 checked="" type="checkbox"/>	If Yes, please explain: <b>Only approved vendors.</b> Contact the Appleton Health Department (920.832.6429)



Will alcoholic beverages be served/sold?	NO X	If Yes, contact the City Clerk to obtain a "Special Class B" license to sell/serve beer and/or wine. (920.832.6443)
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**SECTION 3 – ADDITIONAL INFORMATION (CONTINUED)**

	NO	YES	Action to be taken
Do you have the correct level of insurance for this event?		X	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) <i>on file</i>

**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: \_\_\_\_\_

Insurance Agent Name and Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Period: \_\_\_\_\_

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 *Kyanna Hugdahl* 9-30-19

**SECTION 5 – FEE STRUCTURE**

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

**FOR OFFICE USE ONLY**

Department	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
Community				

