



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

*Required.*

License Fee (see chart)	\$ <del>60</del> <sup>75</sup>	(Acct. 11030.4313)	Date Rcvd: 8/6/18
Investigation Fee (REQUIRED)	+ \$7.00	(Acct. 100.2359)	Receipt No. 487465
Total Amount Paid	\$ <del>67</del> <sup>82</sup>		FEE'S ARE NON-REFUNDABLE

## SPECIAL EVENT APPLICATION FORM

Incomplete applications will not be accepted or will be returned to the applicant. Submitting an application does not guarantee the application will be approved – please speak to the City Clerk for more information. The application fee will be based on the date the City Clerk's Office receives the completed application. For more information please refer to the Special Event Policy or Manual.

**PLEASE PRINT CLEARLY!**

SECTION 1 – APPLICANT INFORMATION	
Information about the person applying to have a special event or applying on behalf of an organization	
Name: <small>First</small> Christopher <small>Middle Initial</small> F. <small>Last</small> Ray Ray	Date of Birth: _____
Address: 1500 E. Longview Dr. #30	
Phone Number: _____	Email Address: _____

SECTION 2 – ORGANIZATION INFORMATION	
Information about the organization having the special event, if applicable	
Organization's Name: Focused Culture LLC.	
Organization's Address: 1500 E Longview Dr # 30	
Organization's Phone Number: _____	Organization's Email/Website: _____
Applicant's Relationship to Organization: Founder	

SECTION 3 – EVENT INFORMATION		
Name of Event: Truth Music Jam		
Event Location: City Park		
Event Date (list each date if it's a multi-day event): Sept. 29 <sup>th</sup> 2018		
Event Start Time: noon	Event Set-Up Time: 10:45am	Event End Time: 3pm
Head of Security's Name and Phone Number: Christopher Ray (920) 378-4209		
Total Anticipated Attendance (Participants/Attendees): 60		
Event information (purpose, activity, who can participate, whether the event has occurred before, etc.): A day about truth, change + hope. This is a first event that is open to the public to experience praise + worship in the form of christian rap music + hear the gospel of Jesus Christ.		

**SECTION 4 – APPLICANT CHECKLIST**

The applicant is responsible for contacting all necessary City departments and for obtaining all necessary reservations, permits, licenses and variances.

**HEALTH DEPARTMENT-- (920) 832- 6429**

- |  |                                     |  |   |
|--|-------------------------------------|--|---|
| 1. Will food be prepared and/or served at the event? | Yes <input type="checkbox"/>        | No <input checked="" type="checkbox"/> | <b>Action to be taken by applicant:</b><br>If yes, contact the Health Department for permitting requirements and for safe food handling tips. |
| 2. Will there be a band or amplified music/noise?    | <input checked="" type="checkbox"/> | <input type="checkbox"/>               | If yes, contact the Health Department for a variance and more information.  |
| 3. Will there be portable restrooms?                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/>    | If yes, review guidelines on portable restrooms available in the Special Event Policy and Manual.   |

**FIRE DEPARTMENT-- (920) 832-5810**

- |   |                              |  |  |
|---|------------------------------|--|--|
| 1. Will the event be held indoors?                          | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | <b>Action to be taken by applicant:</b><br>If yes, contact the Fire Department for more information. |
| 2. Will a tent or any other temporary structure be erected? | <input type="checkbox"/>     | <input checked="" type="checkbox"/>    | If yes, contact the Fire Department for information about submitting a structure plan.               |
| 3. Will there be a tent larger than 200 square feet?        | <input type="checkbox"/>     | <input checked="" type="checkbox"/>    | If yes, contact the Fire Department for a permit.  |
| 4. Will fireworks/pyrotechnic be used during the event?     | <input type="checkbox"/>     | <input checked="" type="checkbox"/>    | If yes, contact the Fire Department for a permit.  |

**DEPARTMENT OF PUBLIC WORKS – (920) 832-5580**

- |  |                              |  |  |
|--|------------------------------|--|--|
| 1. Are you requesting street closure?  | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | <b>Action to be taken by applicant:</b><br>If yes, your barricading contract provider will be required to submit a Traffic Control Plan to the Department of Public Works. |
| 2. Did you include a detailed map/diagram of the event location and route (if applicable) with this application? | <input type="checkbox"/>     | <input checked="" type="checkbox"/>    | Be sure the event map/diagram is detailed, including showing all turns and the number of traffic lanes to be used.   |
- Barricade Company* \_\_\_\_\_

**PARKS, RECREATION & FACILITIES MANAGEMENT-- (920) 832-5905**

- |   |   |                                     |  |
|---|---|-------------------------------------|--|
| 1. If the event will be in a park have you reserved the park? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>         | <b>Action to be taken by applicant:</b><br>If no, contact Parks, Recreation and Facilities Management for a reservation. |
| 2. Will there be rides at the event?                          | <input type="checkbox"/>                | <input checked="" type="checkbox"/> | If yes, contact Parks, Recreation and Facilities Management for more information.  |

**POLICE DEPARTMENT – (920) 832-5500**

- |   |                              |  |   |
|---|------------------------------|--|---|
| 1. Do you have a plan for medical emergencies that may occur during your event? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | <b>Action to be taken by applicant:</b><br>If no, contact the Police Department for assistance. |
| 2. Is security needed for the event?  | <input type="checkbox"/>     | <input checked="" type="checkbox"/>    | If yes, contact the Police Department for assistance defining your safety/security plan.        |
| 3. Will your event need any special parking restrictions?                       | <input type="checkbox"/>     | <input checked="" type="checkbox"/>    | If yes, contact the Police Department for more information.                                     |
| 4. Are you requesting any special parking restrictions?                         | <input type="checkbox"/>     | <input checked="" type="checkbox"/>    | If yes, contact the Appleton Police Department for more information.                            |

**CITY CLERK'S OFFICE – (920) 832-6443**

- |  |                              |  |  |
|--|------------------------------|--|--|
| 1. Will alcoholic beverages be served/sold at the event? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | <b>Action to be taken by applicant:</b><br>If yes, contact the City Clerk to obtain a Special Class "B" license. |
| 2. Do you owe money for past events?                     | <input type="checkbox"/>     | <input checked="" type="checkbox"/>    | If yes, contact the City Clerk – your application may not be accepted.   |

**RISK MANAGEMENT – (920) 832-~~6380~~ 6458**

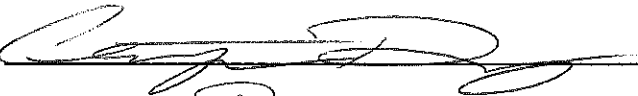
- |  |                              |  |  |
|--|------------------------------|--|--|
| 1. Do you have the proper insurance for your event and have you provided it to the City? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | <b>Action to be taken by applicant:</b><br>If no, contact the City's Risk Manager. |
|--|------------------------------|--|--|

## SECTION 5 – INDEMNIFICATION AND DISCLAIMER

Please read carefully before signing!

By signing below, I certify that I am at least 18 years of age, that I have read and understand the Special Event Policy, and that I agree to the terms and conditions contained in the Special Event Policy. My signature further confirms (i) that I understand the filing of this application does not ensure the issuance of a Special Event License, (ii) that the Special Event License Fee is non-refundable pursuant to the terms of the Special Event Policy, (iii) I will be responsible for ensuring the event and event participants comply with all applicable city ordinances, traffic rules, park rules, state health laws, fire codes and liquor licensing regulations and any other applicable laws, rules and regulations including the Special Event Policy, (iv) that fees for park facilities, food sales permits, tent and fireworks permits, etc., are in addition to the Special Event License Fee, (v) that I am authorized to apply for this Special Event Licensed on behalf of the organization holding the event (if applicable), and (vi) that the information contained in this Application is true to the best of my knowledge. I understand that intentionally providing false or misleading information in this Application may lead to civil or criminal penalties.

**INDEMNIFICATION:** BY SIGNING BELOW I ACKNOWLEDGE THAT FOR GOOD AND VALUABLE CONSIDERATION, I, THE APPLICANT, ON BEHALF OF MYSELF AND THE ORGANIZATION, IF APPLICABLE, AGREE 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 AND COSTS, INCLUDING ATTORNEY 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/ORGANIZATION, ANYONE DIRECTLY OR INDIRECTLY EMPLOYED BY ANY OF THEM OR ANYONE WHOSE ACTS ANY OF THEM MAY BE LIABLE, EXCEPT WHERE CAUSED BY THE SOLE NEGLIGENCE OR WILLFUL MISCONDUCT OF THE CITY.

Signature of Applicant:  Date: 08/6/2018  
 Print Name: Christopher Day

Submit completed application along with the total fee to:  
 Office of the City Clerk  
 100 N. Appleton Street  
 Appleton, WI 54911-4799

FOR OFFICE USE ONLY				
DEPARTMENT	APPROVE	DENY	BY	REASON (if denied)
Community & Economic Development	X		Rehbein Pastorsm Mirkes	
Fire	X			
Health	X			
Human Resources (Risk Management)				
Legal (Clerk)				
Parks, Recreation and Facility Management	X		Hanley Madersm Buetow Ericksm	
Police		X		
Public Works	X			
Valley Transit	X			
License Issue Date:		License Number:		
If License Is Denied, Date Applicant was Informed and Provided Appeal Information:				

## SINGLE DAY EVENT LICENSE FEE

NUMBER OF DAYS BEFORE THE EVENT	SMALL EVENTS <sup>2</sup> Without Street Closure	SMALL EVENTS <sup>2</sup> With Street Closure	LARGE EVENTS <sup>3</sup> Without Street Closure	LARGE EVENTS <sup>3</sup> With Street Closure	SIGNIFICANT EVENTS <sup>4</sup> Without Street Closure	SIGNIFICANT EVENTS <sup>4</sup> With Street Closure
90+ days	\$50	\$100	\$500	\$700	\$1,000	\$1,500
60-89 days	\$60 + 7	\$150	\$600	\$750	\$1,200	\$1,700
45-59 days	\$75	\$200	\$800	\$1,000	\$1,650	\$2,500
30-44 days	\$100	\$300	\$900	\$1,000 + Late Fee <sup>1</sup>	\$1,650 + Late Fee <sup>1</sup>	\$2,500 + Late Fee <sup>1</sup>
11-29 days	\$200	\$400	Application Not Accepted	Application Not Accepted	Application Not Accepted	Application Not Accepted
10 days	Application Not Accepted	Application Not Accepted	Application Not Accepted	Application Not Accepted	Application Not Accepted	Application Not Accepted
Late Fee <sup>1</sup>	N/A	N/A	N/A	\$800	\$800	\$1,500

<sup>1</sup> LATE FEE will be charged for late applications for Large and Significant Events that have been held for the last two consecutive years where nothing has changed, subject to the late fee and the application approval process. If the event has not been held the last two consecutive years or if there is a change to the event from the previous year the application will not be accepted.

<sup>2</sup> SMALL EVENT = Anticipated attendance of less than 1,000 people.

<sup>3</sup> LARGE EVENT = Anticipated attendance of between 1,000 and 4,999 people.

<sup>4</sup> SIGNIFICANT EVENT = Anticipated attendance of 5,000 people and over.