



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

License Fee (see chart)	\$ <u>700</u> (Acct. CLLSPE)	Date Rcvd: <u>2/26/2020</u>
Investigation Fee (REQUIRED)	+ \$7.00 (Acct. CLCPIF)	Receipt No. <u>614-0005</u>
Total Amount Paid	\$ <u>707-</u>	

FEES ARE NON-REFUNDABLE  
FILED  
FEB 26 2020  
APPLETON, WISCONSIN

## 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: First <u>Ross</u> Middle Initial <u>J</u> Last <u>McDowell</u>	Date of Birth: <u>2/21/1981</u>
Address: <del>www.runawayshoes.net</del> <u>3108 Huckleberry Ln Appleton, WI 54915</u>	
Phone Number: <u>920-203-2904</u>	Email Address: <u>DOA@runawayshoes.net</u>

### SECTION 2 – ORGANIZATION INFORMATION

Information about the organization having the special event, if applicable

Organization’s Name: <u>Run Away Events</u>	
Organization’s Address: <u>W3192 County Rd KK Suite C Appleton, WI 54915</u>	
Organization’s Phone Number: <u>920-955-7463</u>	Organization’s Email/Website: <u>www.runawayshoes.net/houdini10k</u>
Applicant’s Relationship to Organization: <u>Owner</u>	

### SECTION 3 – EVENT INFORMATION

Name of Event: <u>Appleton Houdini 10k</u>		
Event Location: <u>Start: Houdini Plaza on S. Appleton st. Finish: Houdini's Escape Gastro Pub</u>		
Event Date (list each date if it’s a multi-day event): <u>Sat. Nov 7, 2020</u>		
Event Set Up Time: <u>6:30AM</u>	Event Start Time: <u>9:00AM</u>	Event End Time: <u>12:00 pm</u>
Head of Security’s Name and Phone Number: <u>Ross McDowell, Race Director 920-203-2904</u>		
Total Anticipated Attendance (Participants/Attendees): <u>1000</u>		
Event information (purpose, activity, who can participate, whether the event has occurred before, etc.): <u>A Houdini-themed 10k run/walk that supports local non-profits</u> <u>both year of this event.</u>		

## SECTION 5 – INDEMNIFICATION AND DISCLAIMER

Please read carefully before signing!

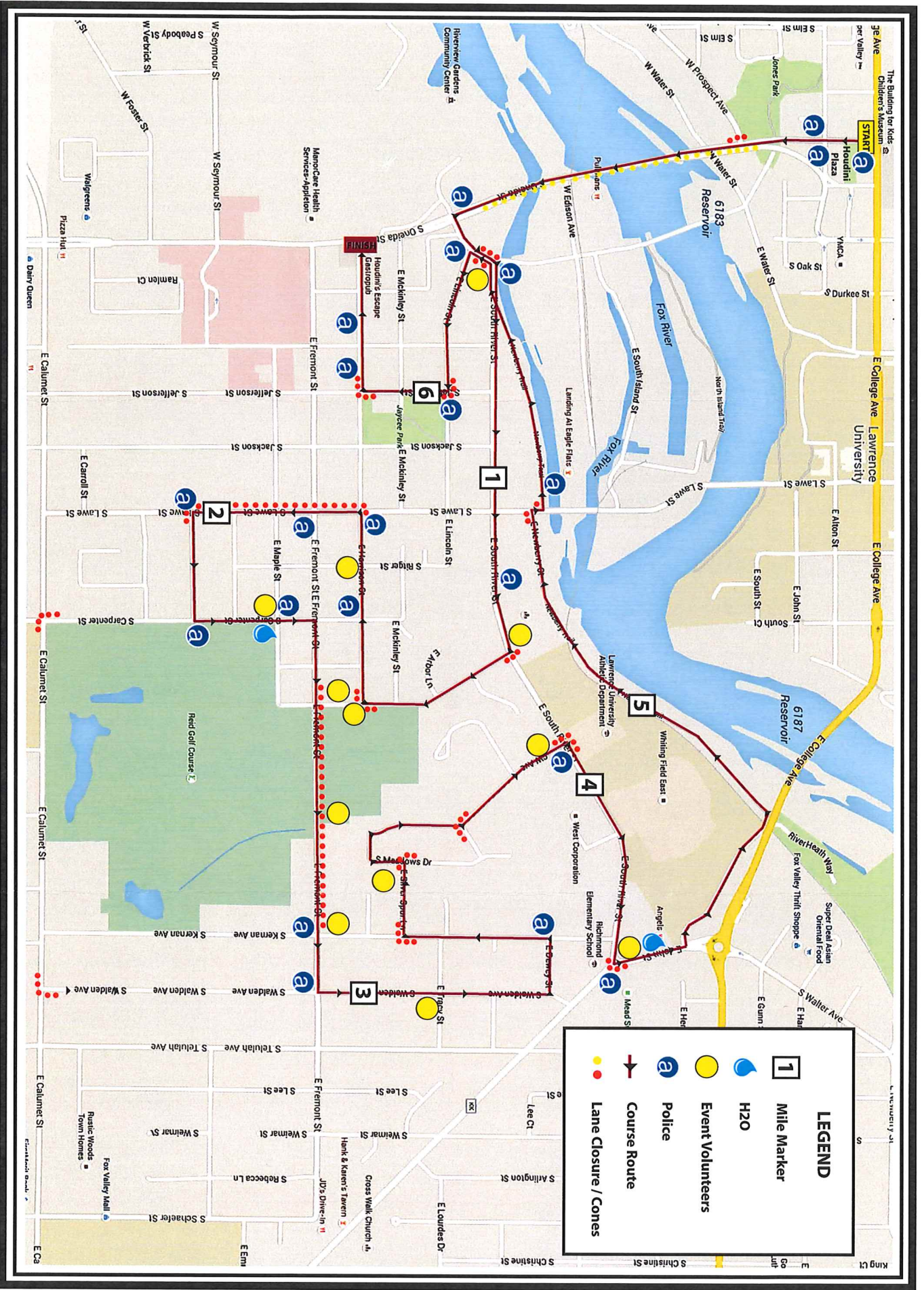
By signing below, I certify that I am at least 18 years of age, that I have read and understand the Special Event Policy, and that I agree to the terms and conditions contained in the Special Event Policy. My signature further confirms (i) that I understand the filing of this application does not ensure 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: 2/24/2020  
 Print Name: Ross McDowell

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				
Fire				
Health				
Human Resources (Risk Management)				
Legal (Clerk)				
Parks, Recreation and Facility Management				
Police				
Public Works				
Valley Transit				
License Issue Date: _____ License Number: _____				
If License is Denied, Date Applicant was Informed and Provided Appeal Information: _____				



**LEGEND**

- 1 Mile Marker
- H<sub>2</sub>O
- Event Volunteers
- Police
- Course Route
- Lane Closure / Cones

# Houdini 10K