

# Village • Bloomfield • Town

Village-PO Box 609 | Town-PO Box 704 | N1100 Town Hall Rd | Pell Lake, WI 53157  
 (262) 279-6039 Fax: (262) 279-3545

## Special Event Permit Application

**\*\*All applications must be submitted 2 months prior to event. Incomplete applications will be rejected\*\***

CHOOSE ONE	TIER	TIER DESCRIPTION <small>*Tiers can be combined for multiple day events.</small>	PRICE
<input type="checkbox"/>	Tier 1 Event	(Meet one or more criteria) Single day event use of Town/Village of Bloomfield public lands/roads with NO street parking, attendance under 75, NO serving of alcohol in public space.	\$ 50.00 <u>Non-profit</u> \$ 30.00
<input type="checkbox"/>	Tier 2 Event	(Meet one or more criteria) Single day event use of Town/Village of Bloomfield public lands/roads with street parking, attendance between 75-200, with 3 hours or less of alcoholic beverages being served <i>(additional licensing required)</i>	\$100.00 <u>Non-profit</u> \$ 60.00
<input type="checkbox"/>	Tier 3 Event	(Meet one or more criteria) Single day event use of Town/Village of Bloomfield public lands/roads with street parking, attendance 200+ or more than 3 hours of alcoholic beverages being served <i>(additional licensing required)</i>	\$250.00 <u>Non-profit</u> \$150.00

### APPLICANT INFORMATION

Name of Applicant:

Name of Event Organizer/Producer:

Production Company/Organization:

Federal Tax ID:

Address:

City:

State:

Zip:

Phone #:

Event Day Phone #:

Email:

Choose One

For Profit

Non-profit Organization

EIN# (Tax Exempt Number):

\*All non-profits must present a copy of their current Tax ID-EIN#

### EVENT MAP REQUIREMENTS

Attach a detailed description of the proposed event map with location of the event and/or route.

### INSURANCE REQUIREMENTS

- Required: Certificate of Comprehensive General Liability Insurance with the Town or Village of Bloomfield, its officers, agents, employees, and contractors as additional insured with coverage for contractual liability with minimum limits of \$1,000,000 per occurrence for bodily injury and property damage limits of \$1,000,000 per occurrence, due no later than 30 days before the event.
- This insurance must cover volunteers, organization employees and spectators for the minimum amounts stated above.

### EVENT INFORMATION

Event Title:

Event Date(s):

Event Description:

Event Hours:

*Note: Start Time & End Time*

Event Location:

Estimated Attendance:

<ul style="list-style-type: none"> <li>Will your event include the sale of beer and/or wine? <i>If yes, a Temporary Alcohol License and Temporary Operators are required.</i></li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Will you or any other vendors be selling food? <i>If yes, attach list of proposed vendors, including business name and type of food sold.</i></li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Will you or any other vendors be selling merchandise? <i>If yes, a Direct Sellers Permit is required.</i></li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Does your event involve amplified music? <i>If yes, an Outdoor Cabaret Event Permit is required.</i></li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Will you be erecting any tents, canopies, or other temporary structures? <i>If yes, you must call in locates through Diggers Hotline (800-242-8511) and provide proof of completion to the Clerk's Office.</i></li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ANTICIPATED SERVICES**

*Please indicate below any additional services you are requesting for your event. Estimated Fees or Deposits for these services may be required prior to issuance of permit(s).*

<input type="checkbox"/>	DPW, Explain: <i>Fees may apply</i>
<input type="checkbox"/>	Police Services, Explain: <i>Fees may apply</i>
<input type="checkbox"/>	Fire/EMS Services, Explain: <i>Fees may apply</i>
<input type="checkbox"/>	Other Services, Explain: <i>Fees may apply</i>

**INDEMNIFICATION AGREEMENT**

The applicant for her/himself and for other persons, organizations, firms and corporations, if any listed in this application, being of sound mind and body, do hereby freely, voluntarily and knowingly, now and for all times, fully save and hold harmless and defend, the Town and/or Village of Bloomfield, a Wisconsin Municipal Corporation located in Walworth County, and each and every of its elected and appointed officials, employees, representatives, agents, heirs, and assigns, jointly and severally from and against any and all claims, causes of action, actions, liabilities, demands, losses, damages, and/or expenses of whatsoever kind and nature including counsel or attorneys' fees, which I have or may, at any time, incur or sustain arising from, resulting from, incurred in consequence of, or pertaining to, any and all intentional and negligent acts, omissions, incidents, activities and transactions, of whatever kind of nature, direct or indirect, of mine own and those of or by the Town and/or Village of Bloomfield, and each and every of its elected and appointed officials, employees, representatives, and agents, regardless of when or where, occurring or arising from this event.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only:</b>		
<b>Date Filed:</b>	<b>Amount Paid:</b>	<b>Received by:</b>
<b>Reviewed by Police Department</b> Date: _____ Initial: _____	<b>Recommendations:</b>	
<b>Reviewed by Fire Department</b> Date: _____ Initial: _____	<b>Recommendations:</b>	
<b>Reviewed by Highway Department</b> Date: _____ Initial: _____	<b>Recommendations:</b>	
<b>Reviewed by Administrator</b>	<b>Approved / Denied</b>	<b>Administrator Signature:</b>