



City of La Crosse, Wisconsin

APPLICATION FOR *SPECIAL EVENT* PERMIT

New Event Repeat Event Repeat Event with Changes (explain in the description)

Date Received: _____ Fee: _____

***Deadline 60 days prior to event or a late fee is applied. Payment is due when application is submitted.**

Visit the Special Event [webpage](#) to confirm you are completing the most current application; it gets revised often.

EVENT ORGANIZER – Information about the person, entity or organization holding the special event.*

Legal/Real Name: _____

Address: Street _____ City _____ State _____ Zip Code _____

Phone: _____ **Email:** _____ **Website:** _____

Nonprofit Tax-Exempt Number
501(c)3, if applicable (include photocopy)

Wisconsin Seller Permit Number
Sales Tax, if applicable (include photocopy)
If the named organization is not required to hold a Wisconsin Seller's Permit pursuant to s. 77.54 (7m), Wis. Stats., check this box

EVENT COORDINATOR – Information for person to contact before, during and after event, if necessary.

Contact Name: First _____ Middle _____ Last _____

Address: Street _____ City _____ State _____ Zip Code _____

Phone: _____ **Email:** _____

***Personal Data Sheet MUST be completed for each Officer/Member of the Organization AND Event Coordinator.**

EVENT INFORMATION

Event Name: _____

Event Location: _____ **Is the location:** Park/Public Property ___ Street/Alley/Right-of-Way ___ Private Property ___
(Address or General Location/Route)

Event Date(s): _____
List each date of multi-day event

Event Time: Start Time _____ End Time _____

Set Up/Take Down: Set Up Begins _____ Take Down Ends _____

Total Anticipated Attendance: _____
Based off previous events if recurring, be as accurate as possible.

Daily Anticipated Attendance: _____
If a multi-day event, give estimated max attendance on any given day.
Be as accurate as possible as this will determine certain requirements.

Admission Requirements: _____
If applicable

Event Description (purpose, activity, who can participate, etc. Attach additional sheet if necessary.)

If you have multiple activities in your event that include closure or use of right-of-way i.e. two parades or a combination of parade and run/walk, etc., a separate activity summary describing each event is required and must be submitted with this application.

If you are using a City park or facility, you must make the reservation through the Parks, Recreation & Forestry Department prior to filing the Special Event Application. The Park Office phone number is 608-789-7533.

If said location is private property, and is not owned by organizer, a signed statement from property owner that applicant has permission to use said property for the special event is required.

Building & Inspections – Call 608-789-7530 with questions or for information.		
Will toilets be available? Permanent fixtures? If so, how many? ____ Portable toilets? If so, how many? ____ regular ____ accessible	<input type="checkbox"/> Yes <input type="checkbox"/> No	The number of toilets required is based on attendance as required by Ch.29 of International Business Code. (1 toilet for every 75 people) <i>Portable toilets are not provided by the City; you are responsible for contracting those services.</i>
Will you be running temporary water/plumbing? If yes, Licensed Contractor name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, contact B&I. An Inspection will be required.
Will you be running electrical services to the event site? If yes, Licensed Contractor name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, contact B&I. An Inspection will be required.
Will you be using temporary fencing for the site area? <i>Event organizer is responsible for calling Digger's Hotline and coordinating, as necessary.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, you must provide dimensions of fencing and size of exits on the site map.
Fire Department – Call 608-789-7260 with questions or for information.		
Will there be a tent/structure 400 sq feet or larger? <i>Event organizer is responsible for calling Digger's Hotline and coordinating, as necessary.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	An Application for Tent/Structure Permit is required and an inspection prior to occupancy.
Will fireworks or pyrotechnic special effects be used during event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	An Application for Display of Firework/ Pyrotechnic Special Effects must be filed directly with the Fire Dept.
Do you intend to have Fire/EMS vehicle access lanes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Required: emergency vehicle access lanes (min. 20').
Parking Utility – Call 608-789-4908 for questions or for information.		
Do you have a parking plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have handicap parking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parks, Recreation & Forestry Department – Call 608-789-7533 for questions or for information.		
Will the event be held in a City park or any park facility? Have you received Park Board approval? I acknowledge that a detailed map must be submitted.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Reservation needs to be confirmed before Special Event Application can be filed.
Police Department – Call 608-789-7238 (non-emergency) for questions or for information.		
Do you have a Safety and Emergency Response Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	A completed PLAN must be submitted with application.
Street Department – Call 608-789-7340 for questions or for information.		
Do you intend to use a street, alley or right-of- way? If yes, did you review the City Construction Projects Map, linked HERE . If construction is proposed along your route, provide an alternative route in addition. Are you proposing to close a highway - state or county?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe any use or closure request in event description and site plan. Yes, complete a Request for Highway Closure . <i>*this is provided to the Wisconsin DOT</i>
Do you need barricades or signage for your event? If yes, include barricade placement in the site plan. If no, provide a traffic control plan*. If yes, do you want to pick up __ or have delivered __ <i>Delivery by City required for larger events.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Barricades/signage can be provided by the city. A cost estimate based on needs will be provided with your permit; actual costs invoiced after the event. *If you are using equipment from a third party, you must provide a map showing placement
Do you have an established traffic control plan? If not using City barricades/signage, submit the proposed plan & pictures of equipment with application.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe your plan in the event map. See Plan examples HERE . The Police Dept and Traffic Engineer will assist with developing a plan i.e., barricades/signage and if Police assistance is needed.
Do you have a waste management plan? Acknowledge that garbage & recycling will be separated? Contact Recycling Supervisor with questions 608-789-7507	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes	A solid waste and recycling plan must be provided detailing receptacle quantities and layout – note location(s) of separate receptacles on event map.
Applicant understands that extraordinary service fees may be billed and will pay the actual costs for the use of equipment or services if the event requires more than the reasonable and necessary services provided by the city. If money is owed from a previous event, the permit may not be approved until paid. A fee will be charged for any damaged or missing traffic control materials.	<input type="checkbox"/> Yes <input type="checkbox"/> No	The City will invoice the event organizer after the conclusion of the event. Payment shall be made within thirty (30) days of the invoice. <i>Organizers must notify the city if the event is cancelled or altered for any reason. If notice isn't given until after traffic control materials have been delivered, organizers will still be billed cost of materials and labor.</i>

Special Event Checklist. All forms are to be turned into the City Clerk's Office unless otherwise noted. Incomplete applications will cause delay and/or be returned. Please call or email if you have questions.

- ___ Special Event Application (*complete and signed*). Include additional Activity Summaries or Highway Closure, if necessary.
- ___ Special Event Fee (*cash, check payable to City Treasurer or credit with a convenience fee*) *Due with application.
- ___ Certificate of Liability Insurance AND Additional Insured Endorsement. *Can be submitted at a later date but before event.
- ___ Photocopy of Tax-Exempt Number, if applicable. *Required to avoid sales tax if being billed for materials i.e. barricades.
- ___ Photocopy of Wisconsin Seller Permit, if applicable. *Required if selling anything unless exempt pursuant to s. 77.54 (7m).
- ___ Statement from property owner, if applicable.
- ___ Map of Special Event area (site plan); include any street, alley or right-of-way closed for the special event and placement of barricades. Site plan must include, as applicable, alcohol sales location(s), location of tents, stages, vendors, carnival, portable toilets, garbage/recycling receptacles/dumpsters, fencing and exits with size noted, accessible paths, handicap parking, access for emergency vehicles and personnel.
- ___ Map of Parade/Procession (and turn-by-turn list); also include assembly area, starting point and termination point.
- ___ Traffic Control Plan showing where barricades and signage will be placed, if necessary.
- ___ Event Safety and Emergency Response Plan – this information is reviewed by the Police and Fire Departments.
- ___ Waste Management Plan including quantity of receptacles for solid waste and recycling and their locations.
- ___ Merchandise/Food Vendor List, with all applicable information. *Due no less than fourteen (14) days before the event.

The following additional applications (and associated fee) if applicable:

- ___ Application for Temporary Class B Retail Alcohol License (*liquor liability insurance required*).
- ___ Application to Expand Alcohol Beverage License – public or private property (*liquor liability insurance required*)
- ___ Application for Carnival, Circus or Menagerie (*additional liability insurance required*).
- ___ Application for Tent/Structure Permit. (*additional \$50 fee required*)

Indemnification and Hold Harmless

(Read carefully before signing!)

Indemnification: By signing below, I acknowledge that for good and valuable consideration, I (applicant), on behalf of myself and the organization, if applicable, agree to indemnify, defend and hold harmless the City of La Crosse 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 of omission of the applicant/organization, anyone directly or indirectly employed by any of them or anyone whose acts may be liable, except where caused by the sole negligence or willful misconduct of the City.

Certification: 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) I understand the filing of this application does not ensure the issuance of a Special Event License. (ii) The special event permit 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 alcohol licensing regulations and any other applicable laws, rules and regulations including the Special Event Policy. (iv) Fees for park facilities, food vendor permits, tent and fireworks permits, other municipal services and equipment, etc., are in addition to the Special Event Permit fee. (v) I am authorized to apply for this Special Event Permit on behalf of the organization holding the event (if applicable). (vi) The information contained in this application is true and correct to the best of my knowledge. I understand that intentionally providing false or misleading information in this application will be basis for denial/revocation of the permit and may lead to civil or criminal penalties.

Signature of Applicant (required): _____ Date: _____

Printed Name of Applicant: _____

Submit Special Event Application and fee (including any other applicable license/permit applications and fees) to:

City Clerk
400 La Crosse Street
La Crosse WI 54601
Questions: 608-789-7510 or email licenses@cityoflacrosse.org

Personal Data Sheet

(Please PRINT LEGIBLY All Information)

Each Officer/Member of Event Organization **AND** Event Coordinator must complete all the information and must indicate if they have been convicted of any of the following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none".

This information is strictly confidential and is shared only with the La Crosse Police Department for background checks. False or misleading answers or omissions may result in the denial of the application.

EVENT COORDINATOR				
Name: First		Full Middle	Last	Alias
Home Address: Street		City	State	Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)		
Violations:				
ORGANIZER OFFICER/MEMBER				
Name: First		Full Middle	Last	Alias
Home Address: Street		City	State	Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)		
Violations:				
ORGANIZER OFFICER/MEMBER				
Name: First		Full Middle	Last	Alias
Home Address: Street		City	State	Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)		
Violations:				
ORGANIZER OFFICER/MEMBER				
Name: First		Full Middle	Last	Alias
Home Address: Street		City	State	Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)		
Violations:				

