



Special Event Permit Application Form

CASH OR CHECK ONLY!

Additional Documentation	
<input type="checkbox"/>	Safety and Emergency Plan
<input type="checkbox"/>	Certificate of Insurance
<input type="checkbox"/>	Route/Map
<input type="checkbox"/>	Supplemental Parade Questionnaire

FEES ARE NON-REFUNDABLE	
<input type="checkbox"/> Special Event Application Fee	Date Recv'd ____/____/____
(CLLMS) \$75.00	Total \$_____
<input type="checkbox"/> Police Investigation Fee	Receipt #:_____
(CLLPIF) \$7.00	

Please Note: Incomplete applications will not be accepted and will be returned to applicant. Applications are forwarded for review once payment is received. Applying does not guarantee the application will be approved – please speak to the City Clerk for more information. For additional information, please refer to the Special Event Policy or Manual.

PLEASE PRINT CLEARLY!

SECTION 1 – EVENT ORGANIZER - Information about the person, entity or organization holding the special event.	
Organization's Name:	
Organization's Address:	
Organization's Phone Number:	Organization's Email/Website:

SECTION 2 – APPLICANT INFORMATION - Information for person to contact before, during and after the event, if necessary.	
Name :	Date of Birth:
Address:	
Phone Number:	Email Address:

SECTION 3 – EVENT INFORMATION -Application must be filed at least 45 days prior to the event.		
Name of Event:		
Event Location:		
Event Date (list each date if it's a multi-day event):		
Event Set Up Time:	Event Start Time:	Event End Time:
Head of Security's Name:		Head of Security Phone Number:
Anticipated Attendance (Participants/Attendees):		
Admission Requirements:		
Event information (whether the event has occurred before, purpose, activity, who can participate, etc.):		

SECTION 4 – APPLICANT CHECKLIST - *The applicant is responsible for contacting all necessary City departments and for obtaining all necessary reservations, permits, licenses and variances. Answer all questions regardless of size of event. Incomplete applications will not be processed.*

DEPARTMENT OF PUBLIC WORKS – (920) 832-5580

	Yes	No	Action to be taken by applicant:
1. Are you requesting street closure? Name of barricade company _____	<input type="checkbox"/>	<input type="checkbox"/>	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 <i>detailed map/diagram</i> of the event location and route (if applicable) with this application?	<input type="checkbox"/>	<input type="checkbox"/>	Be sure the event map/diagram is detailed, including showing all turns and the number of traffic lanes to be used.
3. Are you requesting parking meters to be bagged?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, a list of meters must be provided to the Department of Public Works.
4. Are you requesting use of the sidewalk or right of way?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the Department of Public Works for a Street Occupancy Permit.
5. Are you requesting use of City Electricity (on City street poles/planters)?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please provide diagram specifying requested locations of outlets.

FIRE DEPARTMENT – (920) 832-5810

	Yes	No	Action to be taken by applicant:
1. Will the event be held indoors?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the Fire Department for more information.
2. Will a tent or any other temporary structure be erected?	<input type="checkbox"/>	<input 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 type="checkbox"/>	If yes, contact the Fire Department for a permit.
4. Will fireworks/pyrotechnic be used during the event?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the Fire Department for a permit.

HEALTH DEPARTMENT– (920) 832- 6429

	Yes	No	Action to be taken by applicant:
1. Will food be prepared and/or served at the event?	<input type="checkbox"/>	<input type="checkbox"/>	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 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 type="checkbox"/>	If yes, review guidelines on portable restrooms available in the Special Event Policy and Manual.

PARKS & RECREATION DEPARTMENT – (920) 832-5905

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

POLICE DEPARTMENT – (920) 832-5500

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

RISK MANAGEMENT – (920) 832-6300

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

CITY CLERK'S OFFICE – (920) 832-6443

	Yes	No	Action to be taken by applicant:
1. Will alcoholic beverages be served/sold at the event?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the City Clerk's Office to obtain a Temporary Class "B" license.
2. Does your event plan include a parade?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the City Clerk's office to fill out the required Supplemental Parade Questionnaire.
3. Does your event plan include shuttle services/rides?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the City Clerk's office for information on the licensing of taxicab/limousine/shuttle companies.
4. Do you owe money for past events?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the City Clerk – your application may not be accepted.

SECTION 5 – ADDITIONAL INSURED REQUIREMENT

For events that involve more than 250 people, if a street closure is requested or if structures are brought onto public premises; the event holder agrees to list the City of Appleton, and its officers, council members, agents, employees, and authorized volunteers as an additional insured on the event holder's general liability insurance policy. Certificates of insurance displaying this additional insured status must list the following as the certificate holder: City of Appleton, Attention: Risk Manager, 100 North Appleton Street, Appleton, WI 54911.

Signature of Applicant: _____ Date: _____

Print Name: _____

SECTION 6 – 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) 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.

Signature of Applicant: _____ Date: _____

Print Name: _____

SECTION 7 – INDEMNIFICATION

Please read carefully before signing! This section affects your legal rights.

IF THERE IS ANYTHING IN THIS SECTION THAT YOU DO NOT UNDERSTAND OR IF YOU OBJECT TO ANY PROVISION CONTAINED IN THIS SECTION, YOU SHOULD NOT SIGN THIS SECTION AS IT IS DRAFTED, BUT RATHER SEEK ADVICE FROM YOUR LEGAL COUNSEL. REQUESTS FOR MODIFICATIONS MAY BE DIRECTED TO THE CITY ATTORNEY'S OFFICE AT 920-832-6423 WEEKDAYS BETWEEN 8:00 AM AND 4:00 PM.

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: _____

Print Name: _____



City of Appleton Special Event Safety and Emergency Response Plan

A special event safety plan is crucial for ensuring the well-being and security of all staff and attendees. By proactively identifying risks and implementing measures to mitigate them, event organizers can create a safe and secure environment that fosters enjoyment and minimizes the likelihood of accidents, injuries, or emergencies. The safety plan serves as a comprehensive framework of procedures, protocols, and resources for managing various scenarios, from medical emergencies and crowd control to weather-related incidents and security threats. Through careful planning, the safety plan helps to instill confidence among stakeholders, enhance emergency preparedness, and ultimately, ensures that everyone can participate in the event without compromising their safety.

Please describe in detail the following aspects of your proposed event. Use additional sheets if necessary.

Event Name:

Primary Event Contact:

Contact Phone Number:

Contact Email Address:

Event Location:

1. General Information

a. What is the purpose of this event?

b. Describe the layout of the event and provide a map in addition to this document:

c. Will you be partnering with any organizations to put on this event?

2. Emergency Telephone Numbers

Emergency/Police/Fire/Medical - 911

Appleton Police Department Non-Emergency – 920-832-5500

Appleton Fire Department Non-Emergency - 920-832-5810

Gold Cross Paramedics Non-Emergency - 920-727-3034

3. Volunteers/Event Staff Communications

Volunteers are often critical to a successful event. They should be briefed prior to the event on what they may and may not do and it is often a good idea to provide them with job descriptions. Tell them who is in charge and who to contact if a problem develops. Make sure they are familiar with the building or event area so they can direct people to restrooms, fire exits, or other key locations. Remember, the volunteer’s task may seem clear to you, but they may not be as familiar with all of the plans you have made.

a. What is the hierarchy of command for event staff?

b. What are their roles, responsibilities, and areas of oversight?

c. What type of training will you provide your volunteers?

d. How will volunteers be identifiable?

e. What will the communication method be for event staff?

f. How will announcements pertaining to emergencies be made?

4. Event Security

a. How many people are expected over the total duration of the event?

b. How many people will be present at the busiest time?

c. Are there any requirements for admission?

d. Who is the main security contact?

e. How many staff members do you have designated as event security?

f. Do you have contracted private security?

If YES, please provide the agency and contact information:

g. How will security staff be identifiable?

h. Where will security be located during the event?

i. Will City of Appleton Police staff be onsite for the event?

j. Will alcohol be present at the event?

k. Will minors be present at the event?

Note: Designated event security is required at the rate of 1 security person per 600 people for events that do not serve alcohol, or 1 security person per 300 people for events that do serve alcohol.

Below list of all event staff, including their phone numbers and approximate locations during the event.

Staff Name	Title	Cell Phone	Location During Event
	Event Organizer		

5. Event timeline/logistics

a. When will event set up begin?

b. What will the setup of this event entail?

b. When will event clean-up begin?

c. What are your plans for clean-up/tear down following the event?

d. Will any streets be closed?

e. How will traffic be disrupted by the closure?

f. How do you plan to notify any affected businesses and community members of the closure?

Below please provide a timeline of your proposed event:

Day 1 Event Timeline: Date ____ / ____ / ____

a.m.	
a.m.	
a.m.	
a.m.	
a.m.	
a.m.	
p.m.	
p.m.	
p.m.	

p.m.	
p.m.	
p.m.	
p.m.	
p.m.	
p.m.	
p.m.	
p.m.	

Day 2 Event Timeline: Date ____ / ____ / ____ (if applicable)

a.m.	
a.m.	
a.m.	
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a.m.	
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p.m.	

6. Emergency Protocol

- a. Determine if the situation poses an immediate safety hazard.
- b. Determine if there is an immediate threat. If yes, call 911.**
 - o After calling 911 or if no immediate threat, call event organizer: _____
- c. Take appropriate action to stabilize or correct the situation while waiting for emergency personnel.
- d. Obtain facts regarding the situation and names and number of witnesses.
- e. Stay involved until relieved by emergency personnel. When necessary complete an incident report form.
- f. Determine the next steps based on information from security and witnesses.

7. Medical Services/Emergencies

- a. Will EMS staff be onsite?

- b. Will there be a First Aid tent or designated First Aid area?
Where will this be located?

How will you advertise its location to event attendees?

c. Do any of the event staff/volunteers have EMS training?

d. Does your event include athletic or strenuous activity?

e. In a medical emergency who is responsible for activating EMS?

f. Will event staff have cell phones for calling 9-1-1 or radios to contact the event coordinator?

g. Will Emergency Vehicles/ATVs be on site?

h. Will alcohol be served at the event?

i. Will food be served at the event?

Common medical emergencies during special events:

Type of Emergency	Possible Symptoms
Heat exhaustion	Heavy sweating, weakness, dizziness, nausea, and headache
Heat stroke	High body temperature (often above 104°F or 40°C), altered mental state, confusion, rapid pulse, and loss of consciousness
Dehydration	Excessive thirst, dry mouth, weakness, dizziness, and dark-colored urine
Slip and falls, trips	Injuries ranging from minor cuts and bruises to fractures or head injuries.
Cuts and lacerations	
Sprains and strains	
Anaphylaxis	Severe allergic reactions to insect stings or bites, food, medications, or environmental allergens can result in symptoms such as difficulty breathing, swelling of the face or throat, hives, and a rapid drop in blood pressure.
Asthma attacks	Outdoor allergens or exercise-induced asthma can trigger asthma attacks characterized by wheezing, coughing, chest tightness, and shortness of breath.
Heart attacks	Factors such as stress, physical exertion, or pre-existing heart conditions can trigger heart attacks characterized by chest pain or discomfort, shortness of breath, nausea, and sweating.
Insect bites or stings	Swelling, itching, redness, pain, or, in severe cases, anaphylaxis
Sunburn	Prolonged exposure to the sun without adequate protection can result in sunburns characterized by redness, pain, blistering, and peeling of the skin.
Intoxication	Excessive alcohol consumption or substance abuse can lead to intoxication, impaired judgment, coordination difficulties, nausea, vomiting, and dehydration.

8. Severe Weather Protocol

a. Prior to the event who is responsible for monitoring the forecast?

b. Who is responsible for monitoring the weather the day of the event?

c. Who has the authority to cancel the event due to unfavorable forecast or rapidly worsening conditions?

d. Do you have pre-determined criteria for cancelling?

e. How will announcements for emergencies be made?

f. Should the weather rapidly worsen, what is the plan to communicate that to event staff and volunteers?

g. What are your plans for evacuation for participants if the weather rapidly worsens during the event?

9. **Vehicle Threat Mitigation**

Vehicles driving into crowded events pose one of the greatest threats of mass casualties. This can be the result of a malicious act, or an unintended act by a driver with a medical situation, or an impaired driver.

a. Is your event strategically located to mitigate this threat?

b. If your event includes road closure with barricades are you planning on placing vehicles inside the barricades in the roadway to act as barriers?

c. Are vendor vehicles being positioned to block incoming vehicles?

Where will they be located?

d. Please provide a diagram for road closure and barricade placement.

Note: Any vehicles used as hard barricades blocking the roadway must have a driver immediately available to move the vehicle to allow emergency vehicle access.

10. **Mass Casualty Event / Crowd Managers**

a. Have event staff/volunteers been trained and certified on crowd management?

Note: For inside events with over 500 people, one certified crowd manager is required per 250 people. For outside events with over 1,000 people, one certified crowd manager is required per 250 people

b. Who is responsible for calling 9-1-1?

c. How will a mass casualty event be communicated to event staff?

d. Can the event be modified to avoid the affected area if necessary?

If so, how?

11. Fire Alarm/Fire Safety

The Appleton Fire Department is committed to a fire prevention program that places a high priority on the safety and welfare of the public while minimizing potential fire and life safety hazards. Establishing fire prevention and life safety procedures at your special event is an essential component of the event planning process. Provide and verify the following:

a. Will the event be taking place in a building?

b. How will you respond if there is a fire in the building?

c. Who is responsible for reporting a fire/fire alarm in the building?

How will they communicate?

d. Will the event be taking place outside?

d. How will staff and volunteers respond to fire at an outside event?

e. Will additional fire extinguishers be available at the event?

Where will they be located?

f. Have any event staff/volunteers been trained on fire extinguisher use?

g. Are event staff expected to use extinguishers to fight the fire or simply facilitate an evacuation?

h. Will a fire watch be provided for the event?

For additional information on fire prevention and procedures contact the Fire Appleton Department at (920) 832-3934.

12. Lost and Found Property

a. Who is the primary person in charge of lost and found property?

b. Where is the designated collection point?

c. Do you have a plan to verify identities to those recovering property, and a plan to document the incident?

13. Lost Children / Vulnerable Adults

All special events must have clear procedures for handling and reuniting lost children with their guardians, and a copy of these protocol must be provided as part of the safety planning process. Each event is unique and must develop procedures that will work best for their location, size, and attendance. Provide and verify the following:

a. **Staff Training: All event staff must be trained on the lost child protocols.**

b. **Primary Contact:** Provide contact information for the events primary point of contact for lost children:

Who will call 911?

Determine when 911 will be called:

c. **Meeting Points:** Establish designated meeting points where lost children will be taken.

d. **Communication:** You must have a pre-established and effective communication method to alert all event staff, security personnel, and volunteers about the missing child.

Describe the communication method below:

e. **Search Procedures:** Staff members must have pre-assigned search locations to ensure efficiency and avoid redundancy. Provide a list of staff members, contact method, and their search locations. A map may be helpful.

f. **Documentation:** Create a checklist including the time the child was reported missing, actions taken during the search, the time the child was found and re-united, and how the child and guardian's identities were verified. Who will document any lost child/vulnerable adult situations?

14. Additional Hazards

a. Will there be any chemicals or hazardous materials involved in the event?

b. Will there be any pyrotechnics or explosives involved in the event?

c. Will there be tents at the event?

If the answer to any of the above questions in this category is yes, please complete Form SE-07.

15. Protestors / Demonstrators

Demonstrators often take advantage of the crowds at special events to voice their cause. It is important for all event staff to have a clear understanding of protestor rights and protocols.

a. Are certain areas of your event restricted to staff/volunteers only?

b. Do you have criteria for cancelling due to large demonstrations or concerns over unlawfulness?

The Appleton Police Department and Appleton Fire Department will require an appropriate and detailed safety plan for all special events. The pre-planning of safety protocols is critical to the safety of events and the surrounding community, and all officers and firefighters must have detailed information readily available to aid in our responses. The event safety plan must be submitted prior to the special event applications approval. An inadequate safety plan may result in application denial.

For questions regarding the Special Event Emergency Plan, contact the Appleton Police Department at (920) 832-5836, or the Appleton Fire Department at (920) 832-5810.

Please return this form in addition to the completed special event permit application and the appropriate fee to the Office of the City Clerk at 100 N Appleton St, Appleton WI, 54911

Additional Event Day Timelines (only use if applicable)

Day 3 Event Timeline: Date ____ / ____ / ____ (if applicable)

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Day 4 Event Timeline: Date ____ / ____ / ____ (if applicable)

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