

City of Washburn

119 Washington Avenue P.O. Box 638
 Washburn, Wisconsin 54891
 715-373-6160 www.cityofwashburn.org



Application must be submitted a minimum of 30 days prior to date of use.
 Special Event Permits may need approval by the Common Council in some instances.

****** Reservations are not deemed valid until the fee of \$25.00 - usage and \$25.00 - security deposit has been paid at City Hall. The security deposit is refundable upon inspection. The applicant must pick up the security deposit or indicate to staff to destroy.**

Pickup _____ Destroy _____

Did you remember to mark Pickup or Destroy? The City Will Not Mail Security Deposits.

Special Event Application / Permit

■ **Copy of Permit Must Be In Possession During Use** ■

Name of Event: _____

Event Sponsor/Promoter: _____

Nature of applicant: (i.e. charitable organization, corporation, association, individual, etc.) _____

If charitable organization, tax exempt number: _____ Is the public invited to this event? _____

Description of Event: _____

Facility Use Requested: (Check all that apply)

Memorial Park			Thompson's West End Park		
<input type="checkbox"/>	Waterfront	<input type="checkbox"/>	<input type="checkbox"/>	Beach	<input type="checkbox"/>
<input type="checkbox"/>	East Campground *	<input type="checkbox"/>	<input type="checkbox"/>	Campground *	<input type="checkbox"/>
<input type="checkbox"/>	West campground *	<input type="checkbox"/>	<input type="checkbox"/>	Open area south of campground	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Fishing Pier	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

* Campground use will not include seasonal sites

Athletic Fields		Jackie's Field	
<input type="checkbox"/>	Baseball Field	<input type="checkbox"/>	
<input type="checkbox"/>	Softball Field	<input type="checkbox"/>	Hillside Park
<input type="checkbox"/>	Little League Field	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Wikdahl Park
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	(Other)	<input type="checkbox"/>	Event Lawn of Marina
<input type="checkbox"/>		<input type="checkbox"/>	

If City streets or trails are to be used, describe the streets & trails:

Dates of Use:

Date(s) of Use: _____

Time of Use: From: _____ AM/PM To: _____ AM/PM

Set Up Date: _____ Clean Up-Date: _____

Will there be an admission charge, sale, solicitation, donation, or collection involved with your use? _____

What will the money raised be used for? _____

Will there be vendors and/or concession booths at event provided by individuals not associated with sponsor?

Yes ___ No ___ Will there be a charge to vendors/concession booths? _____ If yes, amount of charge: \$ _____

Will paid performers, speakers, etc., be used during the event? _____

Will there be a separate charge to attend the speaker's program? _____ If yes, the amount of the charge \$ _____

Planned Activities: _____			Estimated Attendance: _____		
Yes	No	Check all Planned Activities	Yes	No	Check All Planned Activities
		Is food to be served by applicant?			Will a caterer be used?
		Will alcohol be served? Sold? _____	Alcohol Beverage License: _____		
		Will Fireworks be displayed?	Fireworks Display Permit: _____		
		Will Porta-Toilets be provided?	Number of Porta-Toilets Planned: _____		
		Will a dance be held?			Bonfire (Special Permit Only)
		Tents, canopies to be placed?			Amplified sound equipment to be used?
		Stages to be placed?			Generators to be used?
		Electricity to be used?			
		On-site signs/banners to be placed?			Off site signs/banners to be placed?

If off site signs/banners are to be placed, note types and dimensions: _____

Provide locations for off-site signs & banners: _____

Applicant's Certificate of Insurance Must Be Received by the City at Least 10 Days Prior to the Event			
Who is providing Insurance Coverage? Applicant? _____ Chamber? _____ Other: _____			
Type of Insurance	Name of Insurance Co.	Per Occurrence Limit	Aggregate Limit
General Liability		\$	\$
Alcohol Liability		\$	\$
Spectator Liability		\$	\$

APPLICANT'S RESPONSIBLE PARTY WHO IS TO BE ON-SITE ON THE DAY OF THE EVENT.

Name: _____

Cell Phone: _____ Home Phone: _____

Any change, alteration or modification of intended use must be approved by the Common Council. Change of intended use, change in charges and fees, or change in disposition of funds raised may result in cancellation of this permit or a change in municipal fees. Any misrepresentation of your group or use, or failure to comply with municipal rules may result in expulsion from the park, forfeiture of future use and/or forfeiture of all fees & deposits.

IT IS EXPRESSLY UNDERSTOOD AND AGREED THAT APPLICANT/ORGANIZATION SHALL HOLD THE CITY OF WASHBURN, ITS OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS HARMLESS FROM ALL DAMAGES, COSTS, OR EXPENSES IN LAW OR EQUITY THAT MAY AT ANY TIME ARISE OR BE SET UP BECAUSE OF DAMAGES TO PROPERTY OR PERSONAL INJURY RECEIVED BY REASON OF OR IN THE COURSE OF USING OR OCCUPYING THE FACILITY.

I and/or my organization, further expressly certify that I and/or my organization will be responsible for any damage or loss sustained to the grounds, building furnishings or equipment occurring, or clean-up required as the result of my and/or my organization=s occupancy of the municipal facility.

****** Reservations are not deemed valid until the fee of \$25.00 - usage and \$25.00 - security deposit has been paid at City Hall. The security deposit is refundable upon inspection. The applicant must pick up the security deposit or indicate to staff to destroy.**

Pickup_____ Destroy_____

Print Name _____

WI Driver's License: _____

Title or Position: _____

Home Phone: _____

Address: _____

Work Phone: _____

City & Zip: _____

Fax: _____

e-mail: _____

Signature: _____

Date: _____

Did you remember to mark Pickup or Destroy? The City Will Not Mail Security Deposits.

FOR OFFICIAL USE ONLY

PERMIT NO: _____

Application Reviewed by Common Council (Date): _____ Approved _____ Denied _____

Authorized Signature: _____ Date: _____

Fee	Amount	Date Paid	Receipt No.	Waived By Council?	YES	NO
Facility Deposit	\$			Waived By Council?		
Cleanup Deposit	\$			Waived By Council?		
Pavilion Fee	\$			Waived By Council?		
Campsite Fee Charged	\$			Waived By Council?		
Park Use Fee	\$			Waived By Council?		
	\$					