

# APPLICATION FOR A SPECIAL EVENTS PERMIT

City of Altoona | 1303 Lynn Avenue | Altoona | WI | 54720  
ph 715-839-6092 | fax 715-839-1800 | e-mail [cityhall@ci.altoona.wi.us](mailto:cityhall@ci.altoona.wi.us)  
[www.ci.altoona.wi.us](http://www.ci.altoona.wi.us)

<b>Event Name:</b>
<b>Event Date(s) and Time(s):</b>
<b>Event Location:</b>
<b>Sponsor Name, Address and Telephone:</b>
<b>Secondary Contact Person, Address and Telephone</b>

- 1) If private property is to be used in conjunction with this event, are you the property owner?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_

***If NO, you must attach a letter or other written evidence that you have obtained permission for the special event from the property owner.***

- 2) Please provide a full and complete description of the special event including time, primary and associated activities, bathroom facilities if necessary etc. (attach a separate sheet if needed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3) Does your event include the use of any public areas for the event? (For example – Streets (including parking), sidewalks, parks, buildings, etc.). Describe as accurately as possible which streets or sidewalks and what blocks of city streets would be affected by your event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 4) If your event requires the closure or blockage of streets and/or sidewalks, have you contacted the business and/or property owners that would be affected?  
Yes \_\_\_\_\_ No \_\_\_\_\_

*Depending upon the nature of your event, this may not be a requirement to obtain a permit. However, if your event is likely to impact neighboring residents and/or businesses, evidence that you have made contact with those being impacted will be required prior to a permit being issued.*

5) To protect public health and welfare, will your special event require street barricades, police patrols, fire department or emergency aid stand-by, clean-up of streets, sidewalks or parks or any other city-related service during or following the event? (If so, applicant will be required to pay the cost of such services.)

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the requirement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Will your special event have any participating vendors (persons, groups, associations, partnerships, corporations or firms, selling, bartering, trading, exchanging or advertising goods or services)?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, you are required to comply with the rules regarding temporary vendor licensing. As the promoter for this event you must provide the City with a list of all participating vendors.*

7) Will you be serving alcohol at this event? Yes \_\_\_\_\_ No \_\_\_\_\_

8) Liability Insurance - Depending on the size and/or activity and risk level of your event, you may be required to obtain bodily injury and property damage liability insurance, naming the City as an additional insured on the policy. If required, your organization is responsible for obtaining such insurance. You will be notified within five (5) working days if liability insurance will be required.

By applying for this special event permit, the organization or entity obtaining such permit (Applicant) agrees to defend, indemnify and hold harmless the City, its officers, officials, employees and volunteers from all claims, injuries, damages, losses or suits including attorney fees, arising out of or in connection with the activities or operations performed by the Applicant or on the Applicant's behalf out of issuance of this Permit, except for injuries and damages caused by the sole negligence of the City.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Fees: \$50 plus direct costs for required services \_\_\_\_\_  
If recurring, charged once per year  
Fee waived for non-profit  
Ref. Ch. 5.50.060 A.

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Applicant, please do not write in the space below. Thank you.

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**Routed to Reviewers**

**Date** \_\_\_\_\_

**Due to City Clerk**

**Date** \_\_\_\_\_

**REVIEWERS:**

**City Administrator Mike Golat**

**Initials** \_\_\_\_\_

**Police Chief Kelly Bakken**

**Initials** \_\_\_\_\_

**Fire Chief Mark Renderman**

**Initials** \_\_\_\_\_

**Initials** \_\_\_\_\_

**CONDITIONS:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**Approved by:**

\_\_\_\_\_  
**Signature of City Official**

\_\_\_\_\_  
**Date**