

# City of Reedsburg Special Event/Parade Application

*(Per Chapter 34 of the Reedsburg City Code) \$61.00 – Non-Refundable*

Date of Application: \_\_\_\_\_ *(Application must be submitted 45 days prior to event/parade)*

Event Name: _____	Organization: _____
Date(s) of Event _____	
Time(s) of Event _____	Contact Person: _____
Event Location: _____	Mailing Address: _____
Name of Event _____	
Coordinator: _____	Email: _____
Address: _____	Phone Number: _____

Description, including approximate number of attendees and list vendors (please attach additional page(s) if needed):  Check for Food Vendors: \_\_\_\_\_

<b>Type of Event</b>	<input type="checkbox"/> Carnival	<input type="checkbox"/> Run/Walk	<input type="checkbox"/> Parade (Identify Route/Map)
	<input type="checkbox"/> Festival	<input type="checkbox"/> Marathon	<input type="checkbox"/> Public Entertainment

	<input type="checkbox"/> Street Closure Location: _____
	<input type="checkbox"/> Traffic Control: Location: _____
	<input type="checkbox"/> Barricades Location: _____
<b>City Services</b>	<input type="checkbox"/> Trash Containers Location: _____
	<input type="checkbox"/> Picnic Tables Location: _____
	<input type="checkbox"/> Fencing Location: _____
	<input type="checkbox"/> Banners Location: _____

*Attach any additional information as needed or requested, such as a map of your Special Event/Parade, streets/property to be used, event route, placements of tents, equipment or facilities.*

The City **HIGHLY RECOMMENDS** the use of a Tenant User Liability Insurance Protection (TULIP) for Special Events.

Insurance Carrier: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

The applicant warrants that all information contained on this application is accurate and it is understood and agreed that the applicant/organization shall hold the City of Reedsburg, its officers, agents, employees and volunteers harmless from all damages, costs, or expenses in law or equity that may arise or occur as a result of damages to property or personal injury received by reason of or in the course of using or occupying a City owned facility. Further, the applicant/organization shall be responsible for any damage or loss sustained to the grounds, building, furnishings or equipment occurring or clean-up required as a result of the applicant/organization's use of the City owned facility. **YOU MUST CALL ONE-WEEK PRIOR TO CONFIRM YOUR EQUIPMENT NEEDS.**

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

\_\_\_\_\_  
Date

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**Departmental Review**  
*(For City Use Only)*

<b>City Clerk</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied Reason for Denial: _____	
			Initials: _____
<b>Police Chief</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied Reason for Denial: _____	
	<input type="checkbox"/> Assistance Required	<input type="checkbox"/> Equipment Deposit \$100	
			Initials: _____
<b>DPW</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied Reason for Denial: _____	
<b>Director</b>	<input type="checkbox"/> Assistance Required	<input type="checkbox"/> Equipment Deposit \$100	
			Initials: _____
<b>Parks &amp; Rec</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied Reason for Denial: _____	
<b>Director</b>	<input type="checkbox"/> Assistance Required	<input type="checkbox"/> Equipment Deposit \$100	
			Initials: _____
<b>Building/Zoning</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied Reason for Denial: _____	
<b>Director</b>	<input type="checkbox"/> Assistance Required	<input type="checkbox"/> Equipment Deposit \$100	
			Initials: _____
<b>Other</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied Reason for Denial: _____	
_____	<input type="checkbox"/> Assistance Required	<input type="checkbox"/> Equipment Deposit \$100	
			Initials: _____

Global Email: Fire Chief, EMS Director, Sauk County Public Health, and Sauk County Environmental  
\*\*Attach a copy of the email to the original Special Events/Parade Application

**Special Event/Parade Fees – Minimum Permit Fee: \$61**

Special Event/Parade Fee with no City Assistance (prepay non-refundable)	<input type="checkbox"/> \$61.00
Special Event/Parade Deposit (refundable)	<input type="checkbox"/> \$100.00
1 – 10 Hours of City Assistance	<input type="checkbox"/> \$ _____ (\$150 Max)
11 – 20 Hours of City Assistance	<input type="checkbox"/> \$ _____ (\$300 Max)
21 – 60 Hours of City Assistance	<input type="checkbox"/> \$ _____ (\$600 Max)
60 Plus Hours of City Assistance	<input type="checkbox"/> \$ _____ (By Agreement)
Refundable Deposit (Equipment Deposit Total – Separate Check)	<input type="checkbox"/> \$ _____ (Total from Above)
<b>Total Permit Cost:</b>	<b>\$ _____</b>
Receipt: _____ (prepay)	