	CI	TY OF FORT ATKINSON	
	Spe	ecial Event Application	
FORT•ATKINSON		Fee: \$25.00	
Name of Business/Group Organizing Eve	ent:		
Contact Person for Event:			
Phone Number:		Email:	
Day of Event Contact Person (if different	t from above):	Phone:	Email:
		Special Event Details	
Event Name:			
Event Date (mm/dd/yyyy):			
Event Location:			
Estimated Number of Attendees:		Hours of Event:	
Event Setup Time:		Event Tear Down Time:	
Event Description:			
Goal/Purpose of Event:			
Attach a map of the event including:	Designated parking a	roas and available number of spaces* direct	ional signage for events (i.e. parking guidance),
	pedestrian street cros	sing locations, location of any traffic control	
	coordination of vehicl		
	* If limited parking av parking	ailable, provide proof of permission from ne	ighboring businesses/property to utilize their
Check all applicable boxes:	pannig		
I am renting a city park			
		•	ent. Equipment rentals are reservable through
		n office 920-397-9910. You are responsible f Each park is equipped with picnic tables and	or picking up, setting up, tearing down, and I garbage/recycling receptacles, and additional
			event coordinator will need to pick up additional
		Recreation office. The event coordinator is on site, a dumpster may be required and is t	responsible for trash and recycling disposal. If
I am renting city equipment		omit payment for requested equipment prior location for drop off of equipment with this	
		(43 available; \$4.50/each)	Qty
	Metal folding chair (19	90 available; \$0.75/each)	Qty
	Additional Picnic Tabl	e (\$15/each; includes delivery & pick up)*	Qty

		Q(y	
	Additional Garbage/Recycling Can*	Qty	
	Barricades*	Qty	
	Traffic Cones*	Qty	
Electrical Access	The City Electrican may reach out to you to address any needs/concer	ns.	
	Please specify if you have any requests or requirements beyond curre	nt access:	

Continued

I will be having music	(Per City Ordinance 17.03) no person shall cause or allow loud, excessive or unusual noise that will disturb the comfort and quiet repose of persons in the vicinity. All music shall terminate as of 10:00 p.m. City noise ordinance must be followed
	Start Time of Music: End Time of Music:
I will be closing a street(s)*	Barricades can be provided by Public Works upon request
	* Provide proof of permission from neighboring businesses/properties if street closure impacts daily activity
I will be selling beer and/or wine*	Alcohol license and licensed bartender(s) required. Contact City Clerk (920) 397-9901 prior to submitting this application.
	*Restroom Plan also required with sales of beer and/or wine. Refer to the Special Event Guide.
I will be erecting a tent, canopy or o	other temporary structure.*
	*Event coordinator is responsible for ensuring that the temporary structure is safely installed. Event Coordinator is required to contact Diggers Hotline at least 4 business days prior to the event. Diggershotline.com, 1-800-242-8511
I am having a walk/race*	*See map instructions above. In addition to the previously listed map requirements, clearly mark your walk/race route on the map.
	By signing, I agree to the following statements:
for timely clean up after the event. I unc	derstand that additional charges may apply and that I can be billed after my event.
for timely clean up after the event. I unc Responsible Party Signature:	derstand that additional charges may apply and that I can be billed after my event.
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Responsible Party Signature:	derstand that additional charges may apply and that I can be billed after my event.
Responsible Party Signature: Submission Date:	derstand that additional charges may apply and that I can be billed after my event.
Responsible Party Signature: Submission Date: For Office Use Only:	derstand that additional charges may apply and that I can be billed after my event.
Responsible Party Signature: Submission Date: For Office Use Only: Date Received:	derstand that additional charges may apply and that I can be billed after my event.
Responsible Party Signature: <u>Submission Date:</u> <b>For Office Use Only:</b> Date Received: Date Paid:	
Responsible Party Signature: <u>Submission Date:</u> <b>For Office Use Only:</b> Date Received: Date Paid: Council Approval / Denial Date:	
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