

**City of Dodgeville
Ley Memorial Pavilion/Harris Park
600 Bennett Road, Dodgeville, WI 53533
Application for Use And Date of Reservation**

Organization or Business

Business/Organization: ALL AMERICAN CIRCUS
 Contact Person: OSCAR GARCIA
 Address: 935 N. BENEVA RD, SUITE 609, BOX 20, SARASOTA, FL 34232
 Email: garcia.oscaro30@gmail.com Phone: (941) 735-1344 OR 893-8720

FUNCTION DESCRIPTION

Type of Event: FAMILY CIRCUS

Period of Usage:	Date	Set up starts at about 9:00 am	Start Time	To	End Time
	<u>JULY 1, 2025</u>		<u>6:00 PM</u>		<u>8:30 PM</u>
	<u>JULY 2, 2025</u>		<u>6:00 PM</u>		<u>8:30 PM</u>

Estimated Attendance: 200 + - Park closes at 11 PM unless an extension is granted.

Take down &
clean
finishes at
about 10 pm

Time Limit Extension (Please fill out if requesting an extension of hours.)

am requesting an extension to the park hours from 7:00 AM to _____ for the following listed
 (Organization or Business) _____ (Time)
 event _____ being held at the Ley Memorial Pavilion on _____
 (List Event) _____ (Date of Event)

The reason for my extension request is _____

Requestor Signature _____

Date _____

Office Use Only: Approved Denied Meeting Date of Action: _____

FEE SCHEDULE			
Users	Deposit	Daily Rental Fee	Rental Hours
Non-Profit Organization	\$150.00	\$100.00	(Rental Hours: 7 a.m. - 11 p.m.)
Private Enterprise	\$150.00	\$600.00	(Rental Hours: 7 a.m. - 11 p.m.)
Stage Rental	\$0.00	\$50.00	(For duration of event.)

120' x 225; Arena Area & Kitchen	<u>Daily Rental</u> <u>\$600.00</u>	<u># Days</u> <u>2</u>	<u>Total Use Fee</u> <u>\$1,200.00</u>
Stage Rental	<u>\$50.00</u>		<u>\$150.00</u>
Deposit Clean-Up/Damage (Returned if no damage & property cleaned up.)			<u>\$1,350.00</u>
GRAND TOTAL DUE			



**PLEASE USE THE WORDING "LEY MEMORIAL PAVILION, HARRIS PARK"
IN YOUR ADVERTISING FOR EVENTS!**

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Special Needs

To Be Secured By User and Reason & Source of Supply

Liquor License: _____
Picnic Tables: _____
Ambulance Standby: _____
Fire Dept. Service: _____

OTHER CONDITIONS OF USAGE

STATEMENT OF UNDERSTANDING FOR THE DEPOSIT

STATEMENT OF UNDERSTANDING: It is understood and agreed by the applicant that the applicant is solely responsible for all clean-up, refuse collection and damage repair and that the deposit being made may not be sufficient to meet these costs and upon notification of any excess amount due to meet such costs applicant will promptly pay the same. It is further understood that by renting these facilities to the applicant for the event to be conducted, the City of Dodgeville and the Parks & Recreation Committee are not a sponsor, supervisor, manager, director or in any way responsible for such an event, for any loss or damage arising out of the conduct of such event, and that such event and any such loss or damage are solely the responsibility of the applicant.

DATE June 10, 2025 BY _____

Oscar Garcia Oscar Garcia

Person in charge of this activity

Julie Abing, Deputy Clerk-Treasurer, City of Dodgeville

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PARK USE RELEASE AND INDEMNIFICATION AGREEMENT

In consideration of permission granted to the undersigned by the City of Dodgeville to use the facilities at Harris Park for the

Oscar Garcia / All American Circus on July 1 & 2 2025

from the hours of 9:00 am July 1, 2025 to 10:00 pm July 2, 2025

the undersigned, for (himself/herself/itself) and (his/her/its) agents, servants, officers and employees represents that (he/she/it) has inspected said facilities and agrees to assume the risk of loss or damage arising out of the undersigned's use thereof; and hereby releases and discharges the City of Dodgeville, its agents, servants, officers and employees guests and invitees; and, upon the request of the City of Dodgeville, the undersigned's use of said Park facilities.

The Circus would usually stay overnight & leave July 3 at about 8:00 am for next location

INDEMNIFICATION

The undersigned further agrees to indemnify and hold the City of Dodgeville harmless from any and all claims, damage, loss, costs, including attorney fees, and causes of action, which may be brought against or sustained by the City of Dodgeville resulting from or arising out of the use of said facilities by the undersigned, its agents, servants, officers, employees, guests and invitees; and, upon the request of the City of Dodgeville, the undersigned will furnish a certificate of insurance certifying that the City of Dodgeville is insured against such risks and exposure under a policy of liability insurance issued by a liability insurance company authorized to do business in the State of Wisconsin with coverage limits of not less than:

OSCAR GARCIA

(Individuals of Organization and/or Business)

ALL AMERICAN CIRCUS

Corporation or Organization

Signed By: Oscar Garcia

Title OWNER

Date: JUNE 10, 2025

For Office Use Only:

Deposit : Check # _____ Cash Credit Card _____ Proof of Insurance Provided: _____

Rental Fee: Check # _____ Cash Credit Card _____ Verify all Signatures: _____

Stage Fee: Check # _____ Cash Credit Card _____ Verify Special Requests: _____