

## CITY OF DODGEVILLE SPECIAL EVENT LICENSE

FEE: \$30.00

ORGANIZATION/ENTITY NAME: Military Ridge Veterinary Service

NAME OF EVENT. Customer Appreciation Cookout

PRIMARY EVENT CONTACT: Elizabeth Spink

PHONE: 608-935-1406

EMAIL: MRVS2004@gmail.com

ALT PHONE:

ADDRESS: 4788 County Road YZ

CITY: Dodgeville

STATE: WI

ZIP: 53533

<b>EVENT</b>	INFORM	IATION
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INAME OF EVERY					
START DATE/TIME: 8:00am	August	(3,200) DATE/TIME:	4:00pm	August	15,3093

(Include set-up and tear-down/clean-up time. A 48-hr notice is required if event time changes or is cancelled.

If notice is NOT given, costs may be assessed for loss of City Staff time)

GENERAL EVENT TYPE:				
Parade Blo	ock Party	Ехро	Other (Des	cribe): Cook Out
EXEPECTED NUMBER O	F ATTENDEES:	350		
USE OF STREETS:	Are Street Barric	ades Requir	<sub>ed?</sub> No	_
	State or County A			vays)

DESCRIPTION: Include a detailed description of all event activities such as vending, music, selling of food or alcohol beverages, location and use of tents, stages, sound amplification or other equipment, and attach a detailed plan for clean-up after the event, steps to be taken to prevent vehicular traffic from going through the area (if necessary), and steps that will be done to ensure underage people in are not served alcohol (if applicable). If using public streets, a detailed map MUST be provided with this application. Include additional pages if necessary.

Setting up tables in the Ley Pavilion. Providing our clients with a meal. Cattlemen cooking steak on a grill.



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## **ADDITIONAL MATERIALS**

With your application please include the following materials:

- A detailed map if street use is involved with the event.
- Certificate of Liability Insurance for general liability coverage (minimum of \$300,000 for the injury or death of any one person, \$50,000 for property damage, and \$1,000,000 aggregate coverage for the event).
- Additional applications as needed: Alcohol Licensing, Vending Permits, Facility Use or Pavilion rental agreements

	ACKNOWLEDGEMENT				
	If applicable, I understand that I may be required to set up barricades at the locations designated by the City and to take down the barricades after the event. Generally, barricades may be set in place no earlier than ½ hour before the start of the event and must be removed immediately following the event and returned to the location designated by the City no more than 1 hour after the conclusion of the event.				
<b>~</b>	I understand that pursuant to Chapter 12.05 of the municipal code, I may be charged for the cost of "Extraordinary Services" provided by the City that exceed \$500 as a result from the Special Event.				
<b>V</b>	I certify that I have read and understand Chapter 12.05 of the municipal code, and agree to adhere to all of the rules and requirements outlined in the ordinance.				
<b>V</b>	I certify that all information provided on this application is true and correct.				
	I, Elizabeth Spink , organizer of the event: Customer Appreciation Cookout (insert name/organization) (insert name of event)				
	shall indemnify, hold harmless, and defend City of Dodgeville, its officers, agents, and employees from and against all claims, damages, losses, and expenses, including attorneys' fees, which arise from or out of the above specified event.				
	Signature of Applicant Date				