DODGEVILLE
At the heart of it all!

CITY OF DODGEVILLE
SPECIAL EVENT LICENSE
FEE: $30.00

APPLICANT INFORMATION

ORGANIZATION/ENTITY NAME: Alan McCormick

PRIMARY EVENT CONTACT: Alan McCormick PHONE: (608) 391-1455

EMAIL: alanmcc@live.com ALT PHONE: (608) 391-1455

ADDRESS: 14429 Millville Hollow Rd CITY: Mount Hope STATE: WI ZIP: 53816

EVENT INFORMATION

NAME OF EVENT: September Relay

START DATE/TIME: 9/12/2026 07:00 END DATE/TIME: 9/12/2026 18:00

(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 ☐ Block Party ☐ Expo ☑ Other (Describe): public interactive awareness & support

EXEPECTED NUMBER OF ATTENDEES: 200

USE OF STREETS: Are Street Barricades Required? No

State or County Approval Required? No

(For Events involving or crossing State or County Highways)

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.*

We will use the tennis court, basketball court, batting cage, ball diamond & out field - each for a different part of the PRT (Physical Readiness Test) Relay; involving push-ups, sit-ups, pull-ups, and 1.5 mi run/walk. What we are doing as a 4 person relay is what each service member must complete as an individual annually. The outfield and infield will contain a few tents/designated areas for various "counsilors" to be stationed in an effort to provide help to those who have considered suicide, those who may know someone who is considering suicide, or the victims left behind from a suicide event. The "councilors" will include County Service Veterans Officers, Chaplains of the Legion Family, members of Clergy, licensed Therapists, and alike. Because a sense of belonging is an important factor in preventing suicide, I expect there to be "recruitment" stations for The American Legion, Sons of The American Legion, American Legion Auxiliary, The American Legion Riders, VFW, Disabled American Veterans; and hopefully Boy/Girl scouts, 4-H, and any community minded organization I can contact. I anticipate the Dodgeville American Legion Post to open their doors to sell food and drink (no alcohol I hope) as they see fit. The shelter and playground will be utilized by families who come to support but still have littles to take care of. This event is open to ALL people, and their official service animals as applicable. I will be asking the Dodgeville Rescue Squad to be on scene "just in case", with the understanding that they may be paged out. I intend to use the park electricity for my speakers so that I can play music throughout the day but more importantly to use as a PA system; I can speak pretty loud, but in the event of an urgent or emergent message, I want all to adequately informed. There will be a

The American Legion members of the Third District and anyone else who volunteers.

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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.*

☑ *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.*

☐ *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.*

☑ *I certify that all information provided on this application is true and correct.*

☑ *I,* Alan McCormick *, organizer of the event:* September Relay
(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.

Alan McCormick 07/22/2026
Signature of Applicant *Date*