

DODGEVILLE

At the heart of it all!

CITY OF DODGEVILLE
SPECIAL EVENT LICENSE
FEE: \$30.00

APPLICANT INFORMATION

ORGANIZATION/ENTITY NAME: GOMER LEWIS POST 97, AMERICAN LEGION
PRIMARY EVENT CONTACT: DAVID E. BELL PHONE: 608 574 3265
EMAIL: dgba f@mhtc.net ALT PHONE: 608 935 5090
ADDRESS: 608 N LEVEL ST CITY: DODGEVILLE STATE: WI ZIP: 53533

EVENT INFORMATION

NAME OF EVENT: MEMORIAL DAY PARADE
START DATE/TIME: 05/25/26 10AM END DATE/TIME: 05/25/26 1115
*(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):

EXEPECTED NUMBER OF ATTENDEES: 200

USE OF STREETS: Are Street Barricades Required? Yes

State or County Approval Required? Yes

(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.*

START AT DIVISION AND MAIN, GO TO TDWA
TURN NORTH (LEFT) TO CHAPEL (TURN LEFT)
AND PROGRAM AT COURTHOUSE,

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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, DAVID E. BELL, organizer of the event: MEMORIAL DAY
(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.

David E. Bell
Signature of Applicant

April 28, 2026
Date