



CITY OF DODGEVILLE  
SPECIAL EVENT LICENSE  
FEE: \$30.00

#### APPLICANT INFORMATION

ORGANIZATION/ENTITY NAME: Upland Hills Health Home Care & Hospice

PRIMARY EVENT CONTACT: Michelle Esser

PHONE: (608) 930-7210

EMAIL: esserm@uplandhillshealth.org

ALT PHONE: (608) 930-7169

ADDRESS: 109 W Fountain St

CITY: Dodgeville

STATE: WI

ZIP: 53533

#### EVENT INFORMATION

NAME OF EVENT: UHH Home Care & Hospice Community Open House

START DATE/TIME: 9/3/2025 16:00

END DATE/TIME: 9/3/2025 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): Open House

EXEPECTED NUMBER OF ATTENDEES: 300

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.*

This community event celebrates the opening of our new Home Health and Hospice unit location. The gathering will include a ribbon-cutting ceremony, facility tours, informational booths, and light refreshments. Local residents, healthcare professionals, and community leaders are invited to attend. The event is designed to foster awareness of our services and strengthen community relationships in a welcoming and educational environment.

## 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, Angela Turpin & Michelle Esser, organizer of the event: Home Health & Hospice Open House  
(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.

Angela Turpin

Signature of Applicant

Digitally signed by Angela Turpin  
Date: 2025.08.18 11:33:46  
-05'00'

09/03/2025

Date