Village of HARRISON
WHERE OPPORTUNITY LIVES

Village of Harrison
W5298 State Rd 114
Harrison, WI 54952

Special Event Permit Application

Allow 60 days for review

Event Information

Event Name: Block Party
Date(s): 8/22/26
Type of Event: " "
Organization (if any): neighbors
Hours: 3pm - 8pm
Estimated Attendance #: 150

Event Organizer Information

Contact Name: Chelsea Hartmann
Secondary Contact): _____
Address: W6434 Cherrybark Cir Menasha WI 54952
Phone: 715-897-1201
Email: chelsea.hartmann20@gmail.com

Do you intend to have the following: *"Yes" answers may require special approval.*

1. Serving Alcohol	No X	Yes ___	If yes, a liquor license may be required
2. Food Sales	No X	Yes ___	If yes, contact Calumet Co. Health Dept.
3. Amplified Sound	No ___	Yes X	If yes, purpose/type portable speaker for music
4. Tents or Stage	No X	Yes ___	If yes, a Temporary Use Permit may be required
5. Village Park Rental	No X	Yes ___	If yes, a separate application is required
6. Mechanical Rides	No X	Yes ___	If yes, Certificate of Insurance is required
7. Bounce House	No ___	Yes X	If yes, Certificate of Insurance is required - still TBD but if we have through Jump Around, will have a certificate
8. Fireworks	No X	Yes ___	If yes, contact the Community Risk Reduction Officer
9. Public Event	No X	Yes ___	If yes, Certificate of Insurance may be required
10. Street Closures	No ~~X~~	Yes X	If yes, Street Names: Dogwood - barricades for safety
11. Rental Barricades	No ___	Yes X	If yes, contact Harrison Public Works Department
12. Emergency Action Plan	No ___	Yes X	A plan is required for all events

*I have read and understand the **Special Event Guidelines & Requirements** attached to the application. I also understand this application does not ensure the issuance of a permit and that all event organizers and participants must comply with all applicable village ordinances, traffic rules, park rules, state health laws, fire codes, and liquor licensing regulations. Fees for park facilities and fireworks permits are in addition to the fees submitted for this application. I further understand that an incomplete application may be cause for denial of the event.*

Chelsea Hartmann
Event Organizer Signature

7/14/26
Date

FOR OFFICE USE

Village Board: Approved ___ Denied ___ Date: ___/___/____

Reason(s) for denial: _____

_____ ___/___/____
Clerk Signature **Date**

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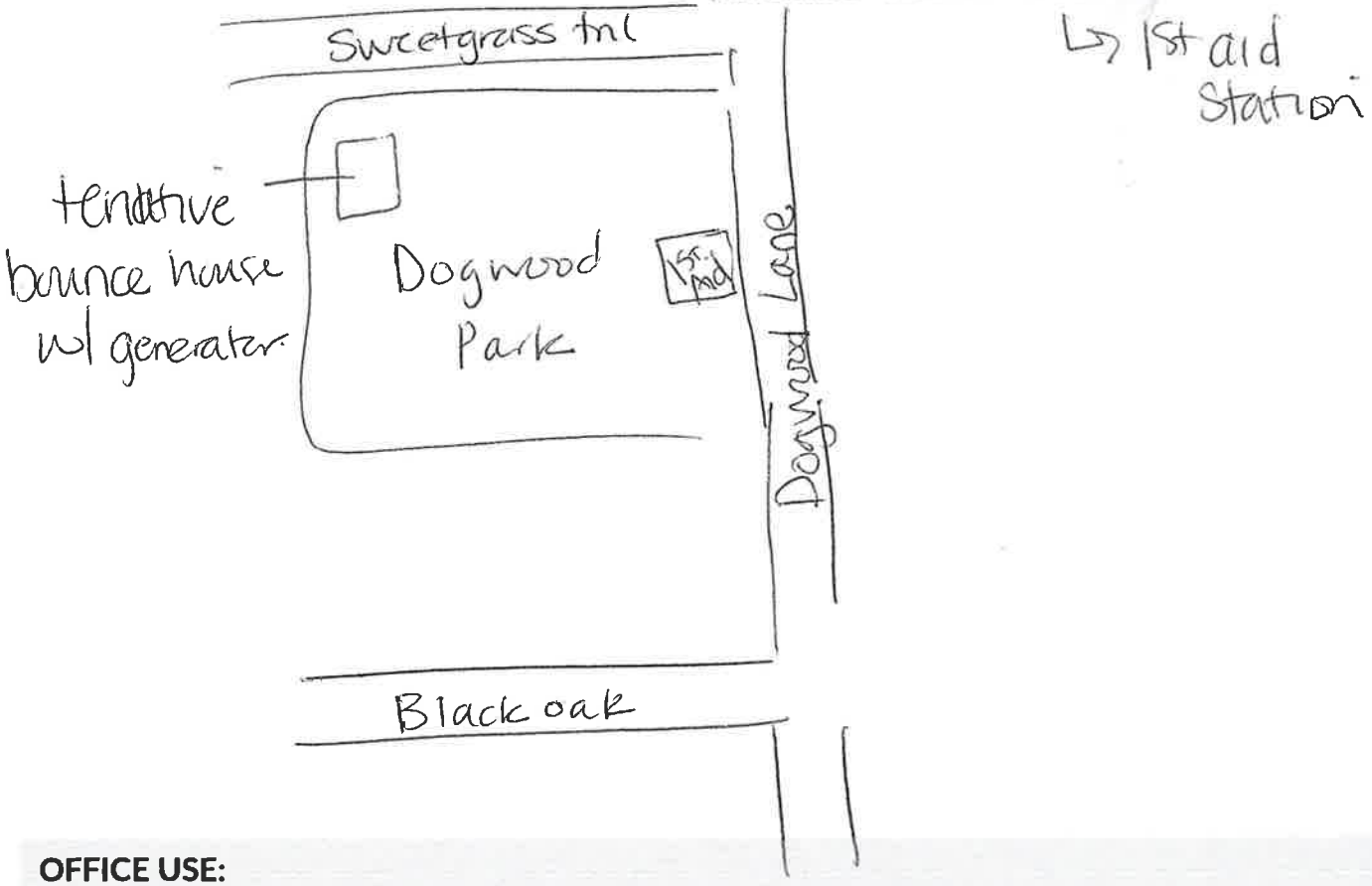
SPECIAL EVENT – EMERGENCY ACTION PLAN FORM

Event Name: Block Party
Dates & Times of Event: 8/22/26 2pm - 8pm
Address of Event: Dogwood Park
Expected Attendance: 150
Primary Event Organizer: Chelsea Hartmann - neighbors/neighborhood
Secondary Organizer: "

Sketch a map of the event, including:
Entrance – Parking – Cooking - 1st Aid Station - Relocation Area



OFFICE USE:

- Emergency Medical Services needed? Yes ___ No X
- Law Enforcement needed? Yes ___ No ___
- Fire Rescue Services needed? Yes ___ No X
- Vehicle Threat Mitigation needed? Yes ___ No X
- Missing Person Plan needed? Yes ___ No X

Craig E Mojeski — Signature
CERO — Title
7/14/26 — Date

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