

Special Event Permit Application

Allow 60 days for review

Event Information

Event Name: Run Away to the Bay Date(s): 4/11/2026
 Type of Event: Team Relay Race (Run) Organization (if any): Run Away Events
 Hours: ~9:50AM - 11AM running through Estimated Attendance #: 100 runners

Event Organizer Information

Contact Name: Ross McDowell Secondary Contact: 920-252-3157
Claire Rindo
 Address: Run Away Shoes W3192 Cty Rd KK Suite C Appleton, WI 54915
 Phone: 920-203-2904 Email: events@runawayshoes.net

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

- | | | |
|---------------------------|---|---|
| 1. Serving Alcohol | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | If yes, a liquor license may be required |
| 2. Food Sales | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | If yes, contact Calumet Co. Health Dept. |
| 3. Amplified Sound | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | If yes, purpose/type _____ |
| 4. Tents or Stage | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | If yes, a Temporary Use Permit may be required |
| 5. Village Park Rental | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | If yes, a separate application is required |
| 6. Mechanical Rides | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | If yes, Certificate of Insurance is required |
| 7. Bounce House | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | If yes, Certificate of Insurance is required |
| 8. Fireworks | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | If yes, contact the Community Risk Reduction Officer |
| 9. Public Event | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | If yes, Certificate of Insurance may be required <i>race reg. require d</i> |
| 10. Street Closures | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | If yes, Street Names: _____ |
| 11. Rental Barricades | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | If yes, contact Harrison Public Works Department |
| 12. Emergency Action Plan | No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> | 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.

[Signature]
Event Organizer Signature

3/10/2026
Date

FOR OFFICE USE

Village Board: Approved Denied Date: / /

Reason(s) for denial: _____

Clerk Signature

 / /
Date