Village of HARRISON
WHERE OPPORTUNITY LIVES

PAID CC #17628
JUN 15 2026
VILLAGE OF HARRISON

Village of Harrison
W5298 State Rd 114
Harrison, WI 54952

Special Event Permit Application

Allow 60 days for review

Event Information Brodazoffa

Event Name: Private Party Date(s): July 18, 2026

Type of Event: _____ Organization (if any): _____

Hours: 10AM - 11PM Estimated Attendance #: 200

Event Organizer Information

Contact Name: Brody Hietpas Secondary Contact): Kelly Mueller (920) 840-4809

Address: W5006 Schmidt Rd Kaukauna, WI

Phone: (920) 931-5373 Email: brodazoffawisco@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 Live Music
4. Tents or Stage	No ___ Yes X	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 X Yes ___	If yes, Certificate of Insurance is required
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 ___	If yes, Street Names: _____
11. Rental Barricades	No X Yes ___	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.*

Event Organizer Signature _____ Date 6-12-26

FOR OFFICE USE

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

Reason(s) for denial: _____

Clerk Signature _____ Date ___/___/____

Village of HARRISON
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Village of Harrison
W5298 Hwy 114
Menasha, WI 54952

Temporary Use/Structure Permit Application

Applicant Information

Applicant Name (Indiv., Org. or Entity)	Authorized Representative	Title	
Brodazoffa Sound Garden LLC	Brody Hietpas	Owner	
Mailing Address	**City**	**State**	**Zip Code**
W5006 Schmidt Rd.	Kaukauna	WI	54130
E-mail	**Phone**	**Fax**	
brodazoffawisco@gmail.com	(920) 931-5373		

Landowner Information (if different than Applicant)

Name (Organization or Entity)	Contact Person	Title	
SAME			
Mailing Address	**City**	**State**	**Zip Code**
E-mail	**Phone**	**Fax**	

Project or Site Location (if Map Amendment)

Site Name (Project):	Location ID(s):
Brodazoffa Private Party	
Site Address / Location:	**Plat / CSM / Lot No.:**
W5006 Schmidt Rd Kaukauna, WI	

Quarter: ☐ NW ☐ NE ☐ SW ☐ SE | Section: | Township: N | Range: E

Legal Description:

Current Zoning:	Current Use(s):

Lot Dimensions: Front: Side: Rear: Side: | Lot Area: 5 ☒ acres or ☐ square feet

Type of Temporary Use or Structure (Check One)

☐ Roadside Stands ☐ Pool ☐ Portable Storage Unit ☐ Outdoor Temporary Merchandise Sales (describe type of sales):

☐ Outdoor Christmas Tree Sales Lot ☐ Outdoor Car Wash ☒ Temporary Structure (describe): tent

Operation Details

Dates Requested? From: 7/18 To: 7/18 Total Days: 1 Hours of Operation 10 (am)/pm to 11 am/(pm)

Tents or Canopies? ☒ Yes ☐ No If yes, # of tents/canopies 1 Sizes 40' X 60'

Food Sales? ☐ Yes ☒ No If yes, describe

Alcohol Sales? ☐ Yes ☒ No If yes, describe

Electrical Hookups? ☐ Yes ☒ No If yes, describe

Sanitary Facilities? ☒ Yes ☐ No If yes, describe

Fees

☒ $100.00 (Payable to Village of Harrison)

Plans

☒ Site Plan (see reverse side for details)

Certification & Permission

Certification: I hereby certify that I am the landowner of the property which is the subject of this application. I certify that the information contained in this form and attachments is true and accurate. I understand that failure to comply with any or all of the provisions of the ordinances and/or permit may result in notices, fines/forfeitures, stop work orders, permit revocation, and cease & desist orders.

Permission: As the landowner of the property, I hereby give the permit authority permission to enter and inspect the property to evaluate this application, determine compliance with the ordinances, and perform corrective actions after issuing proper notice to the landowner.

Applicant Signature	Date 6-15-26
Landowner Signature (required)	Date 6-15-26

OFFICE USE ONLY

Date Complete Application Received:	Fee Received $	Receipt No:
	Date Paid:	Taken By:

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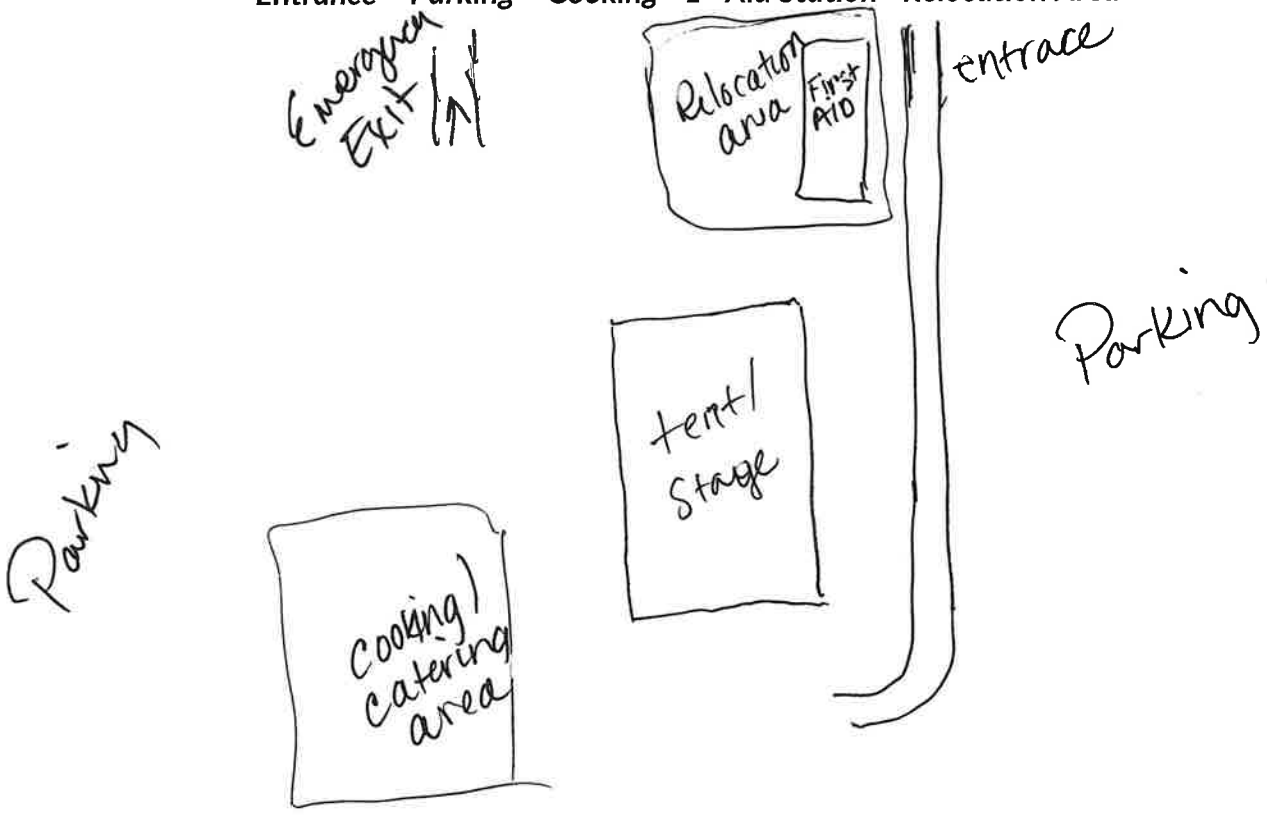
W5298 State Rd 114
Harrison, WI 54952

SPECIAL EVENT – EMERGENCY ACTION PLAN FORM

Event Name: Private Party
Dates & Times of Event: 7/18/26
Address of Event: W5006 Schmidt Rd. Kaukauna, WI
Expected Attendance: 200
Primary Event Organizer: Brodarcoffa
Secondary Organizer: Brian Weyenberg

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



OFFICE USE:

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

_____ ___/___/____
CRRO Signature Date