

PAID 10/11/23
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

Event Name: Brodazoffa ^{Craft} Flea + Art Fair Date(s): 7/12/26
Type of Event: Vendor Organization (if any): _____
Hours: 10 AM - 6 PM Estimated Attendance #: 40-100

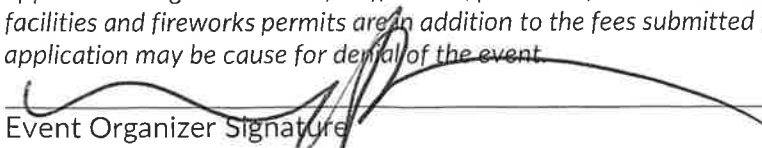
Event Organizer Information

Contact Name: Brody Hietpas Secondary Contact: Kelly (920) 840-4809
Address: W5006 Schmidt Rd. Kaukauna, WI
Phone: (920) 893-5773 Email: brodazoffa.wisco@gmail.com

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

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

6-15-26
Date

FOR OFFICE USE

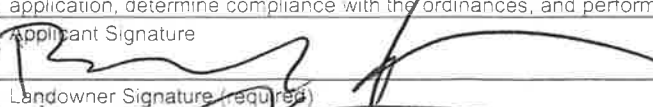
Village Board: Approved ☐ Denied ☐ Date: / /

Reason(s) for denial: _____

Clerk Signature

 / /
Date

Temporary Use/Structure Permit Application

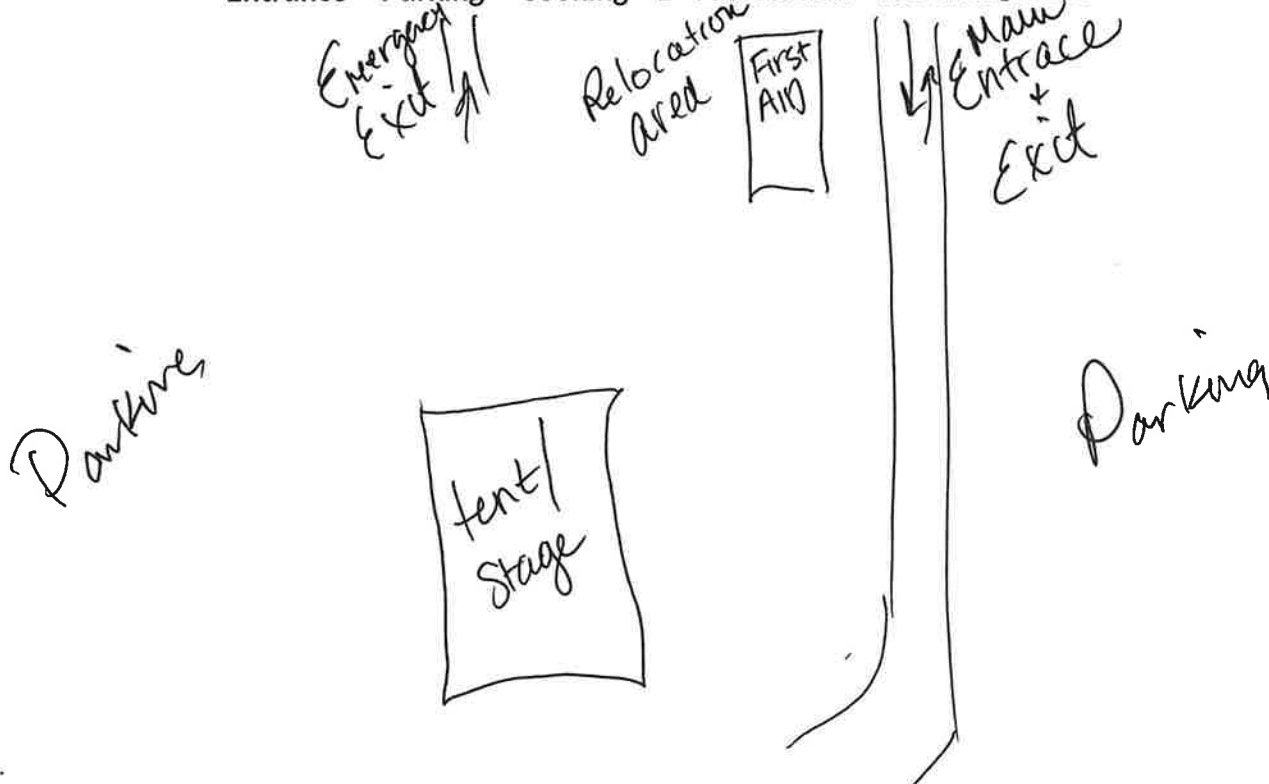
Applicant Information				
Applicant Name (Indiv., Org. or Entity) Brodazoffa Sound Garden LLC		Authorized Representative Brody Hietpas		Title Owner
Mailing Address W5006 Schmidt Rd. Kaukauna		City Kaukauna		State WI Zip Code 54130
E-mail brodazoffawisco@gmail.com		Phone (920) 931-5373		Fax
Landowner Information (if different than Applicant)				
Name (Organization or Entity) SAME		Contact Person		Title
Mailing Address		City		State Zip Code
E-mail		Phone		Fax
Project or Site Location (if Map Amendment)				
Site Name (Project): Brodazoffa Sound Garden Craft, Flea + Art Fair			Location ID(s):	
Site Address / Location: W5006 Schmidt Rd. Kaukauna WI			Plat / CSM / Lot No.:	
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 Christmas Tree Sales Lot		☐ Outdoor Car Wash		☒ Temporary Structure (describe): Craft Vendors
☒ Outdoor Temporary Merchandise Sales (describe type of sales):				
Operation Details				
Dates Requested? From: 7/12 To: 7/12		Total Days: 1		Hours of Operation 10 @ am/pm to 6 @ 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		Plans		
☒ \$100.00 (Payable to Village of Harrison)		☐ 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		Fee Received \$		Receipt No:
Application Received:		Date Paid:		Taken By:

SPECIAL EVENT - EMERGENCY ACTION PLAN FORM

Event Name: Brodazoffa Craft, Flea + Art Fair
Dates & Times of Event: 7/12/26 10am - 6pm
Address of Event: W5006 Schmidt Rd. Kaukauna WI
Expected Attendance: 40-100
Primary Event Organizer: Brody Hretpars
Secondary Organizer: Kelly Mueller

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 / /