PAID $40.00

AUG 13 2026

VILLAGE OF HARRISON

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: Farmageddon Date(s): 9/3 9/4 9/5 2026

Type of Event: Music Organization (if any): Brodazoffa LLC

Hours: 9/3 4pm-11pm, 9/4 12pm 9/5 12p-11pm Estimated Attendance #: 250

Event Organizer Information

Contact Name: Brody Hietpas Secondary Contact): Kelly Mueller

Address: W5006 Schmidt Rd Kaukauna, WI 54130

Phone: (920) 913-5373 Email: brodazoffawisco@gmail

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

1. Serving Alcohol	No ___	Yes X	If yes, a liquor license may be required
2. Food Sales	No ___	Yes X	If yes, contact Calumet Co. Health Dept. Food Truck
3. Amplified Sound	No ___	Yes X	If yes, purpose/type Event, Rock
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 ___	Yes X	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 8-13-26 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: Farmageddon

Dates & Times of Event: September 3, 4 + 5 2026 12pm 9/4+5 till 11pm 9/3 - 4:00pm

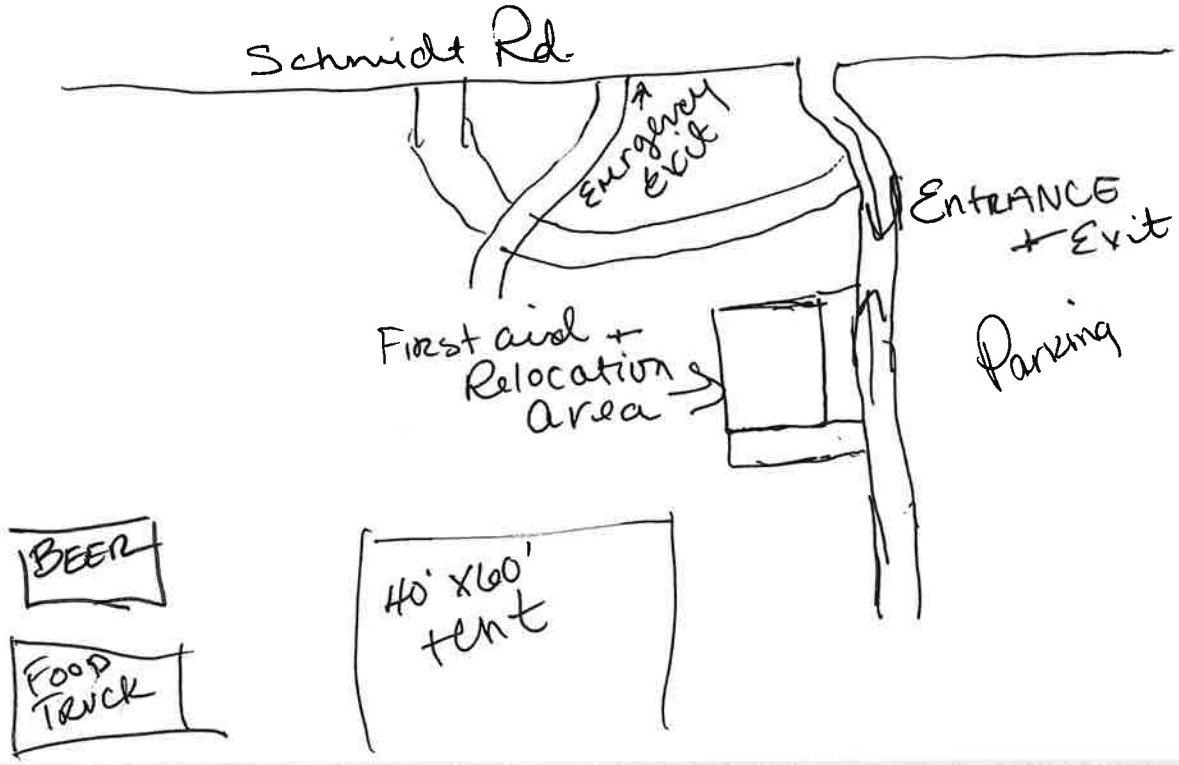
Address of Event: W5006 Schmidt Rd Kaukauna WI 54130

Expected Attendance: 250

Primary Event Organizer: Brodazoffa Sound Garden LLC

Secondary Organizer: Brody Hietpas + 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 X
- Law Enforcement needed? Yes ___ No X
- Fire Rescue Services needed? Yes ___ No X
- Vehicle Threat Mitigation needed? Yes ___ No X
- Missing Person Plan needed? Yes ___ No X

Craig Majeski — 8/13/26

CRRO Signature — Date