

SPECIAL EVENT APPLICATION FORM

EVENT APPLICATION MUST BE SUBMITTED AT LEAST 30 DAYS IN ADVANCE OF AN EVENT

SECTION 1 - APPLICANT INFORMATION

Information about the person applying to have a special event or applying on behalf of an organization.

Name: Matt Gilkerson

Date of Birth: *Event organizers must be at least 18 years old.

Address: 1008 HYLAND AVENUE

Phone Number: 920 - 268 - 6802

Email Address: matt. gilkerson @ gmail com

SECTION 2 - ORGANIZATION INFORMATION

Information about the organization having the special event, if applicable.

Organization's Name: Encounter Church

Organization's Address: 1008 Hyland avenue Kaulang, W1 54915

Organization's Phone Number: 920.764. 5270

Organization's Email Address or Website: En counterchurch. online

Applicant's Relationship to Organization:

SECTION 3 - EVENT INFORMATION

Name of Event: Trunk or Treat

Event Location: above address

Event Date: *If a multi-day event, please list all days 10 /21 / 23

Event Start Time - End Time: QDL2 9 9m to 2 pm

evi	ilviuuai who eme	ergency responders	s may	contact in case	of an emergency	tion of the during the
Add	tal Anticipated A ditional Event Inf ne event, etc.):	ttendance for Ever formation (Purpose	e, Acti	vity, Who Can P	articipate, whethe	r this is a Fir
App requ requ	licant is respons uired reservation	CANT CHECKLIST sible for contacting as, permits, license buncil or committee oved.	s, and	l variances. *Ple	ease note that son	ne permits
Gene	eral Information:					
1	. Will food be p	repared and/or se	rved a	at the event?	YES	NO X
2	2. Will there be a band or amplified music/noise?				YES	NO V
3.	Will there be p	ortable restrooms	?		YES	NO V
4.	*Insurance covinsurance mus	roper insurance for verage is required to the provided to the	for all	events held in t	he City and a certi	ficate of
	attendees.				YES V	NO _
Fire De	partment Inform	nation: (920) 766-6	320			
1.	Will the event b	e held indoors?	-	Both	YES	NO [
	Will a tent or ter	mporary structure	be er	ected?	YES	NO V
2.		3. Will there be a tent larger than 200 SF?				NO V
	Will there be a to	ent larger than 20	U SF?		YES	140

Street and Parks Department: (920) 766-6337 Are you requiring street closure for the event? NO Are you providing your own barricades? Did you include a map of the event location/route? YES For park events, have you reserved the park? YES 5. Will there be rides at the event? - Bounce YES nouses Police Department: (920) 766-6333 1. Do you have a plan for medical emergencies? Is security needed for the event? 3. Will the event need any parking restrictions? YES City Clerk's Office: (920) 766-6300 Will alcoholic beverages be served/sold?

Section 5 - Insurance Requirements

Insurance coverage will be required for every special event held in the City. Event organizers must provide the City with a Certificate of Insurance if the event involves more than 250 people, you request a street closure, or you are bringing additional items/structures into the public premises. Proof of coverage MUST include naming the City of Kaukauna as an additional insured party. The amount and type of insurance coverage varies, although \$1 million -\$2 million is a typical level.

General Liability Coverage:

- 1. Commercial General Liability
 - a. \$1,000,000 general aggregate per project
 - b. \$1,000,000 products completed operations aggregate
 - c. \$1,000,000 personal injury and advertising injury
 - d. \$1,000,000 each occurrence limit
- 2. Claims made form of coverage is not acceptable.

3. Insurance must include:

- a. Premises and Operations Liability
- Contractual Liability including coverage for the joint negligence of the City of Kaukauna, its officers, Council members, agents, employees, authorized volunteers and the named insured
- c. Personal injury
- d. Explosion, collapse, and underground coverage
- e. Products/Completed Operations
- f. The general aggregate must apply separately to this project/location

4. Additional Provisions

- a. Additional Insured On the General Liability coverage, Business Automobile coverage, Aircraft Liability and Liquor Liability.
- b. Endorsement The Additional Insured Policy endorsement must accompany the Certificate of Insurance.
- c. Certificates of Insurance A copy of the Certificate of Insurance must be on file with the City of Kaukauna.
- d. Notice City of Kaukauna requires 30-day written notice of cancellation, non-renewal, or material changes in the insurance coverage.
- e. Carriers The insurance coverage required must be provided by an insurance carrier with the "best" rating of "A-VII" or better. All carriers shall be admitted carriers in the State of Wisconsin.

Section 5 - Indemnification and Disclaimer

By signing below, I certify that I am at least 18 years of age. My signature further confirms that I understand the filing of this application does not ensure the issuance of a Special Event license. I will be responsible for ensuring the event and event participants comply with all applicable City ordinances, traffic rules, park rules, state health laws, fire codes and liquor licensing regulation and any other applicable laws, rules, and regulations. I confirm that I am authorized to apply for this Special Event License on behalf of the organization hold the event (if applicable) and that the information contained in this application is true to the best of my knowledge. I understand that intentionally providing false or misleading information in this Application may lead to civil or criminal penalties.

Indemnification: By signing below, I acknowledge that for good and valuable consideration, I, the applicant, on behalf of myself and the organization, if applicable, agree to indemnify, defend, and hold harmless the City of Kaukauna and its officers, officials, employees, and agents from and against any and all liability, loss, damage, expenses and costs, including attorney fees, arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant/organization, anyone directly or indirectly employed by any of them or anyone whose acts any of them may be liable, except where caused by the sole negligence or willful misconduct of the City.

By signing below, I agree to follow any state and/or local guidelines in place to prevent the spread of COVID-19.

Signature of Applicant:

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