

Kaukauna

ON THE FOX

SPECIAL EVENT APPLICATION FORM

Event application must be submitted at least 30 days in advance of the event.

SECTION 1 – APPLICANT INFORMATION

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

Name: Jason Lipsky	Date of Birth: Nov 5, 1977
Address: 2000 Ashland St. Oshkosh, WI 54901	
Phone Number: 920-968-9773	Email Address: appletonrockschool@gmail.com

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Electric City Productions	
Organization's Address: 1487 Kenwood Dr. Menasha, WI 54952	
Organization's Phone Number: 920-968-9773	Organization's Email/Website: www.facebook.com/electriccityexperience.com
Applicant's Relationship to Organization: Owner	

SECTION 3 – EVENT INFORMATION

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

Name of Event: Electric City Experience	
Event Location: Hydro Park and surrounding area; 1 block w. 2 nd St. on Saturday only	
Event Date (List Each Date if Multi-Day Event): June 8, 9, 10, 2023	
Event Start Time: written below	Event End Time:
Head of Security's Name and Phone Number: Jason Lipsky, 920-968-9773	
Total Anticipated Attendance (Participants/Attendees):	

June 8 3p-11p
June 9 4p-11p
June 10 12p-11p

June 10 - 5000
June 11 - 15,000

Event Information (Purpose, Activity, Who Can Participate, Whether the Event has Occurred Before, Etc.):

same plan as prior years.

• Addition this year is the return of the street market on
1 block of W. 2nd St. between Crooks Ave & Main Ave.
This closure would be on Saturday only

SECTION 4 – APPLICANT CHECKLIST

Applicant is responsible for contacting all necessary City departments and for obtaining all required reservations, permits, licenses, and variances.

General Information (920.766.6315)	Yes	No
• Will food be prepared and/or served?	X	
• Will there be a band or amplified music/noise?	X	
• Will there be portable restrooms?	X	
• Do you have proper insurance for your event and have you provided it to the City?	X	
Fire Department (920.766.6320)	Yes	No
• Will the event be held indoors?		X
• Will a tent or any other temporary structure be erected?	X	
• Will there be a tent larger than 200 square feet?	X	
• Will fireworks/pyrotechnics be used during the event?	X	
Street and Parks Department (920.766.6337)	Yes	No
• Are you requiring street closure? 2 nd Street	X	
• Name of Company Supplying Barricades? City supplied	X	
• Did you include a detailed map/diagram of the event location and route (if applicable)?	X	
• If the event will be held in a park, have you reserved the park?	X	
• Will there be rides at the event?	X	
Police Department (920.766.6333)	Yes	No
• Do you have a plan for medical emergencies that may occur during your event?	X	
• Is security needed for the event?		X
• Will the event need any special parking restrictions?		X
• Are any special parking restrictions requested?		X
City Clerk's Office (920.766.6300)	Yes	No
• Will alcoholic beverages be served/sold at the event?	X	
• Do you owe money for past events?		X

SECTION 5 – INSURANCE REQUIREMENTS

Insurance coverage (a Certificate of Insurance or a Hold Harmless Agreement) will be required for every special event held in the City. A certificate of insurance must be provided if your 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 will include naming the City of Kaukauna as an additional insured. The amount and type of insurance coverage varies, although \$1 million to \$2 million is a typical level.

General Liability Coverage

- Commercial General Liability
 - \$1,000,000 general aggregate – per project
 - \$1,000,000 products – completed operations aggregate
 - \$1,000,000 personal injury and advertising injury
 - \$1,000,000 each occurrence limit
- Claims made form of coverage is **not** acceptable.
- Insurance **must** include:
 - 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.
 - Personal injury
 - Explosion, collapse, and underground coverage
 - Products/Completed Operations
 - The general aggregate must apply separately to this project/location.

Additional Provisions

- Additional Insured – on the General Liability Coverage, Business Automobile Coverage, Aircraft Liability and Liquor Liability. City of Kaukauna, and its officers, council members, agents, employees, and authorized volunteers shall be Additional Insureds.
- Endorsement – The Additional Insured Policy endorsement must accompany the Certificate of Insurance.
- Certificates of Insurance – A copy of the Certificate of Insurance must be on file with the City Clerk.
- Notice – City of Kaukauna requires 30-day written notice of cancellation, non-renewal, or material change in the insurance coverage.
- 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 regulations 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 holding the event (if applicable), and that the information contained in the 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.

Signature of Applicant:



Date:

2/3/22

Printed Name of Applicant:

Jason Lipsky