# 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: Kristy Stumpf (Uptown Girl) Date of Birth: \*Event organizers must be at least 18 years old. 7/4/(09

Address: N8340 Firelane 12 Menasha, WI 64952

Phone Number: 920-277-0900

Email Address: uptowngirlbandb@gmail.com

## SECTION 2 - ORGANIZATION INFORMATION

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

Organization's Name: Uptown Girl Beauty & Boutique

Organization's Address: 110 W. Wisconsin Ave. Kaukauna, WI

Organization's Phone Number: 920-423-3247

54130

Organization's Email Address or Website: Uptowngir I beauty and boutique. com

Applicant's Relationship to Organization: () Where

SECTION 3 - EVENT INFORMATION

Name of Event: Fall Boutique Blowout Tent Sale

Event Location: Parking Lot behind Uptown Girl BaB

Event Date: \*If a multi-day event, please list all days. Soft 0 H 14, 2023

**Event Start Time - End Time:** 

144 W 2nd Street Kaukauna, WI 54130

920.766.6300 www.cityofkaukauna.com



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individual who emerger	and Phone Number: *The name a ncy responders may contact in cas	se of an emergency dur	n of the ring the					
Kristy	Stumpt 920-2	277-0900						
Total Anticipated Attended Additional Event Information Time event, etc.):	ation (Purpose, Activity, Who Can	Participate, whether the	nis is a First-					
,	-please see a	Hached						
required reservations, p	for contacting all necessary City ermits, licenses, and variances. * il or committee approval and may	Please note that some	permits					
General Information:								
1. Will food be prep	pared and/or served at the event?	YES 🔀	NO TOOK					
2. Will there be a ba	and or amplified music/noise?	YES	NO 🔀					
3. Will there be por	table restrooms?	YES	NO X					
*Insurance cover	*Insurance coverage is required for all events held in the City and a certificate of insurance must be provided to the City if your event involves more than 250							
M COUT	act w/ Insuran a	VES [	NO					
Fire Department Informa		z MA						
1. Will the event be	held indoors?	YES	NO X					
2. Will a tent or tem	porary structure be erected?	YES X	NO					
3. Will there be a te	nt larger than 200 SF?	YES 🔀	NO					
4. Will fireworks/py	rotechnics be used during the eve	ent? YES	ио 💢					

## THE PART OF THE PA

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## Street and Parks Department: (920) 766-6337 1. Are you requiring street closure for the event? - POYTION OF POYKING 2. Are you providing your own barricades? 3. Did you include a map of the event location/route? YES -see attached 4. For park events, have you reserved the park? YES 5. Will there be rides at the event? YES Police Department: (920) 766-6333 1. Do you have a plan for medical emergencies? 2. Is security needed for the event? NO N 3. Will the event need any parking restrictions? -see attached City Clerk's Office: (920) 766-6300 NO X 1. Will alcoholic beverages be served/sold? YES

## 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:

Printed name of Applicant:

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# FIRST ANNUAL FALL BOUTIQUE BLOWOUT TENT SALE

## **SATURDAY, OCTOBER 14th**

9am-5pm

### WHAT?

A collection of small boutiques, gift and home décor vendors local to the Fox Valley will have their own booth doing sales throughout the morning and afternoon. We will have a large tent covering the portion of the parking lot closest to Lawe Street. We will have two-three food trucks parked in that lot serving food.

## WHO?

We will likely require that portion of lot to be closed from Friday afternoon until Monday morning due to scheduling of the tent rental company. Vendors will begin set up at 7am and tear down by 6pm.

We estimate about 500-2000 shoppers to stop by and shop throughout the day. Each boutique and vendor will be inviting their customer base. We will also do advertising on social media and in local publications.



## **KEY**

Orange: Tent/Vendor Area

**Green:** Food Truck Parking