

TOWN OF SARATOGA
SPECIAL EVENTS APPLICATION

Applicant Name: Dana Davis	Organization: Saratoga Museum
Address: P.O. Box 1131/ 104 Constitution Ave.	Address: 104 E. Constitution / P.O. Box 1131
City/State/Zip	City/State/Zip Saratoga, WY 82331
Phone: _____ Cell: 920-883-1969 e-mail: davis.saratogamuseum@gmail.com	Phone: 307-326-5511 Cell: _____ e-mail: saratogamuseum@gmail.com
Date of the Event: 2/15/2025	Start Time for Event: 9 a.m.
Location of Event: Saratoga Lake	End Time for Event: 3 p.m.

Please check one:

- ☐ SMALL EVENT – less than 49 participants
☒ LARGE EVENT – more than 50 participants

Describe briefly the proposed event.

2025 Frozen Fore Ice Golf Tournament

Use additional sheet if necessary.

Location of the event(please be specific)

Saratoga Lake by the boat ramp

Schedule of event or events (attach by date the tentative activity planned for each location chosen).

Approximate number of participants expected: **80 - 100**

Approximate number of support staff/volunteers: **10**

Number of vehicles anticipated and parking requirements: **30-50**

Will town property be used for this event: **Saratoga Lake**

☒ yes ☐ no (if yes, please explain fully)

The event will take place on the lake and by the boat ramp parking lot

❖ There is **NO CAMPING ALLOWED** within the Saratoga Town Limits and violators will be cited.

Coordination with the Town of Saratoga Department of Public Works (DPW)

- What traffic control or parking issues are you anticipating: _____
We will put up directional signs to the event.

We will need the road and parking lot plowed.

- What parking plan have you in place: Utilize the boat ramp parking lot

- What services do you require from the Police Department or DPW? : _____
None

- What are your security plans: : Volunteers

- What services are required from the Fire Department? : None

- What services are required from the Planning Commission? : None

- What plans have you made for garbage containment and removal? _____
Sunrise Sanitation

- What plans have you made for sanitary control/portable toilets?: Posey Wagon

- Will you be serving food? If yes, have you contacted the State of Wyoming Certified Food Safety Professional at 307-326-8001 for food service requirements: _____

We will partner with local restaurants and food trucks

- Alcoholic Beverages: Describe the location of any alcohol sales or serving stations, liquor license to be used, measures to insure proper ID for purchases and list persons supervising the operations.

- Liquor Liability insurance to be required as described in Special Events Conditions #5: _____
Insurance is through Burns Insurance

- Any other request by applicant: : _____

- Name of persons who will be "in charge" at the site/activity: : _____
Dana Davis and Cindy Kessler

On-site

Manager: Dana Davis

Home Phone: _____

Cell Phone: 920-883-1969

Alternate On-site Manager _____

Home Phone: Cindy Kessler

Cell Phone: 303-888-5081

Insurance Information: (if applicable)

Name of Insurance _____

Company: Burns Insurance

Address: 410 S. 1st St., Saratoga, WY 82331

Phone Number: 307-326-8825

Contact Person: Lori Bredeweg

Policy Number: _____

Please provide Certificate of Insurance naming the Town of Saratoga as an additional insured,

Billing Address (if different than previously identified)

Firm/Name: _____

Street Address: _____

City/State/Zip: _____

Fax Number: _____

Phone: _____

Special Terms and Conditions to the Special Event Application

By submitting and signing this Application, the applicant/organization hereby agrees to comply with the Town of Saratoga Special Event conditions (attached hereto and made a part thereof) and further agrees not to violate any Federal, State, County or municipal laws, rules or regulations. Applicant further agrees to be bound by all Saratoga municipal codes in the conduct of the requested special event.

In consideration for permission to conduct its special event, applicant agrees to indemnify, defend and hold harmless the Town of Saratoga, its officers, agents, employees and volunteers, (including the payment of the Town's attorney's fees incurred in defense of the same) from any and all damage to property, injury to, or death of any person and from any and all liability, claims, actions or judgments which may arise from the proposed activity.

The Town of Saratoga, its employees, appointed and elected officials hereby preserve any and all immunity available to them pursuant to Wyoming law and the Wyoming Governmental Claims Act, and nothing contained herein shall be deemed to be a waiver of its immunity.

Dated this 28, day of October, 2024



Applicant Signature



What other agencies or groups have you contacted?

Have you received Applications from these agencies for your event (IF APPLICABLE)?

Please circle applicable agencies and attach a copy of the Application.

- ☐ Saratoga Planning Commissioners –(zoning issue if event is not an applicable use)
- ☐ Zoning and Planning Officer – (events requiring zoning clarification)
- ☐ Saratoga Department of Public Works (street closures – use of public parks)
- ☐ Saratoga Police Department: (events with alcohol sales or use – crowd control)
- ☐ Wyoming Highway Department –(parades or use of Highway 130/230)

**TOWN OF SARATOGA
SPECIAL EVENTS SIGN OFF SHEET**

Proposed Special Event: 2025 Frozen Fore Ice Golf Tournament

Date of Special Event: 2/15/2025

Approved: _____ Date: _____
Planning and Zoning Officer

Approved: _____ Date: _____
DPW Supervisor

Approved: _____ Date: _____
Police Chief

Approved: _____ Date: _____
Fire Chief

Approved: _____ Date: _____
Planning Commission

Approved: _____ Date: _____
Town Council

**TOWN OF SARATOGA
SPECIAL EVENTS APPLICATION CONDITIONS**



Please initial each condition as read

1. DD Application holder shall obey all Federal, State, and local rules, regulations and laws. Application holder shall obey all Town of Saratoga municipal ordinances, rules and guidelines pertaining to the use of Town property, including the location and storage of vehicles and equipment, crowd control, and the restoration of premises to their original condition after the use for the special event.

2. DD Application holder shall confine its activities to the location and time schedules approved for the Application. Traffic control shall be maintained as approved by the Saratoga Police Department and configured by the Saratoga Public Works Department when events are conducted on Town streets or on Town property.

3. DD Reference to or the use thereof of the Town of Saratoga Logo is strictly prohibited in advertising of the event, unless prior written approval is granted by the Town of Saratoga.

4. DD Application holder does hereby covenant and agree to indemnify and hold harmless the Town of Saratoga harmless from any and all loss, cost, damages, injuries, judgment and claims of any kind, including and an all costs, including any attorney's fees, on account of personal injury or property damage resulting from any activity of Application holder.

5. DD In no way limiting the indemnity agreement above, Application holder will furnish to the Town of Saratoga a certificate of insurance providing liability, casualty and property coverage acceptable to its legal department showing combined single limit coverage for death or bodily injury, property damage or loss, marine and fire protection, or the equivalent of such coverage, not less than \$1,000,000.00. Applicant shall, if given permission to sell liquor, provide insurance enforcement for liquor liability naming the Town of Saratoga as additional insured for the amount of at least \$1,000,000.00. The Town of Saratoga, including its officials, employees and agents, shall be named an additional insured in the liability policy. Contractual liability coverage insuring the obligations of this agreement is also required. The insurance cannot be cancelled or substantially modified without ten (10) days notice to the Clerk of the Town of Saratoga.

6. DD Application holder shall reimburse the Town of Saratoga for costs incurred in the use of Town equipment and assignment of municipal employees to duty in connection with the special event activities. A schedule of expected costs shall be prepared by the Saratoga Department of Public Works Supervisor after identification of the municipal sites to be used for the special event. Application holder shall post a cash bond as a refundable deposit against the estimated cost when requested.

7 ~~DD~~ Neither the Application holder, nor its agent, employees, servants or helpers shall be or deemed to be, the employee, agent or servant of the Town of Saratoga. None of the benefits provided by the Town of Saratoga to its employees, including, but not limited to medical insurance, compensation insurance, and unemployment insurance are available to Application holder or its employees, agents, servants or helpers.

8 ~~DD~~ Fees shall be charged for the use of Town Property: Application holder shall not conduct any event on Town property intended to attract or entertain the public or charge fees to spectators without specific approval of the Town of Saratoga in writing. No alterations or changes to Town owned property would be allowed without prior written permission from the Town Council or their designee.

9. ~~DD~~ Additional Applications and fees may be required for use of facilities of the Town of Saratoga and entry upon areas subject to special security requirements, such as the Saratoga Lake area, Veterans Island, Kathy Glode Park or the Hot Pool and Municipal Pool areas. Use of such facilities and areas may be further conditional upon assurances of compliance with security and other requirements of these facilities.

10 ~~DD~~ Application holder shall designate a local agent to sign this Application application who shall have the authority to represent them in all matters relating to exercise of the privileges herein granted and who shall be responsible for compliance with these conditions.

11 ~~DD~~ Arrangements for use of Town property, (i.e. building, streets/alleys, sidewalks, parks or other public places or property) owned by the Town must be approved by the Town Clerk in writing in advance of the actual event.

12 ~~DD~~ If Application holder finds it necessary or desirable to use Town equipment, only Town employees will be allowed to operate said equipment, unless prior arrangements in writing are made and then only with the prior approval of the DPW Supervisor.

13 ~~DD~~ The Application holder will be required to reimburse the Town as provided for contracting/ use of town services, equipment, building, or if not addressed, for the wages due the employees, calculated at their regular hourly overtime rate and including all withholdings required by the federal and state governments. In addition, the Application holder will be responsible for reimbursing the Town for additional bookkeeping or clerical costs.

15 ~~DD~~ Application holder shall be responsible for all additional costs incurred by the Town of Saratoga for garbage and sanitary clean-up due to the special event.

Application approved:

Mayor /Clerk

Date: _____

**TOWN OF SARATOGA – PERMIT APPLICATION
REQUEST FOR WAIVER OF OPEN CONTAINER LAW**



Permit No. _____
Permit Fee: \$25.00 Fee Paid: _____ Receipt No. _____

Pursuant to the Town of Saratoga Municipal Code, the governing body and Town Clerk are authorized to issue a permit which waives the Town's container restrictions as defined in the Town of Saratoga Municipal Code 5.08.210(4)

APPLICANT NAME: Dana Davis

NAME OF EVENT: 2025 Frozen Fore Ice Golf Tournament

ADDRESS (City/State/Zip): P.O. Box 1131, Saratoga, WY 82331

TELEPHONE NO. 307-326-5511

IF APPLICANT IS REPRESENTING AN ORGANIZATION, PLEASE PROVIDE THE FOLLOWING:

ORGANIZATION NAME: Saratoga Historical and Cultural Association/Saratoga Museum

ORGANIZATION ADDRESS: 104 Constitution Ave., Saratoga, WY 82331

ORGANIZATION TELEPHONE NO. 307-326-5511

IS THE APPLICANT THE CONTACT PERSON FOR THE EVENT: _____

If no, Please provide Name/Telephone Number and Address of contact person:

LOCATION OF EVENT: Saratoga Lake

DATE(S) OF EVENT: 2/15/2025

PERMIT HOURS
REQUESTED: 9am - 4pm

The undersigned hereby requests a waiver of the open container provisions pursuant to the Town of Saratoga Municipal Code 5.08.210(4) for the above listed event

Applicant Signature: *Dana Davis* Date: 10/28/24

Approval

Date: _____

Mayor: _____

Clerk: _____

Copies to:
Saratoga Police Department