

TOWN OF SARATOGA

P.O. BOX 486
110 E. Spring Avenue
SARATOGA, WYOMING 82331



Special Events Application

Thank you for your interest in holding a special event in the Town of Saratoga. To assist with the orderly conduct of your special event, help make your experience rewarding and the event successful we ask that you take the time to carefully review and fill out the enclosed application.

DISCLAIMER

NOTICE: You are financially responsible for your acts of negligence and may be financially responsible for the negligent acts of others involved in this event. You are encouraged to obtain insurance for this activity. You and participants in the activity are not insured by the Town of Saratoga*.

*The Town of Saratoga is a governmental entity subject to the Wyoming Governmental Claims Act, the Wyoming Constitution, Wyoming Statutes and a member of the Local Government Liability Pool. As such the Town may not indemnify another or add as an additional insured any other person or entity. The Town of Saratoga is insured for only the negligence of *its employees* up to the maximum claim allowable by law against the Town. The Town does not waive their sovereign immunity by entering into this agreement, and the Town fully retains all immunities and defenses provided by law with respect to any action based on or occurring as a result of this event.

A complete application, which includes all insurance documentation, where applicable, must be submitted to the Town of Saratoga **at least thirty (30) days prior to the scheduled event.**

The governing body may waive the thirty (30) day requirement under extraordinary circumstances however no applicant shall be entitled to more than one (1) request for a waiver in a calendar year.

All untimely submittals may be denied. The submittal of the Special Event Application in no way obligates the Town of Saratoga to issue a Application for event. The issuance of a Special Event Application by the Town of Saratoga, in no way implies that the Town of Saratoga is sponsoring, sanctioning, or is any way responsible for the special event, or the conduct of its participants.

The approval of the special event is not final until approval by the Saratoga Town Council. Due to the increased interest of conducting events throughout our community and the associated costs that burden the Town of Saratoga, we ask that you review the enclosed fee schedule when planning your event. Again, thank you for planning your special event in the Town of Saratoga and we look forward to working with you in promoting a safe, secure and successful event.

Sincerely,

Jennifer Anderson
Town Clerk

Phone: 307-326-8335
Fax: 307-326-8941
E-mail: townhall@saratogawyo.org

TOWN OF SARATOGA
SPECIAL EVENTS APPLICATION

Applicant Name: <u>McCall Bureau</u>	Organization: <u>The Malt</u>
Address: <u>221 W Walnut Ave</u>	Address: <u>110 E Main Ave</u>
City/State/Zip <u>Saratoga WY 82331</u>	City/State/Zip <u>Saratoga WY 82331</u>
Phone: _____ Cell: <u>720-352-8604</u> e-mail: <u>mccall.bureau@gmail.com</u>	Phone: _____ Cell: _____ e-mail: _____
Date of the Event: <u>Feb 24, 2024</u>	Start Time for Event: <u>4pm</u>
Location of Event: <u>110 W Bridge Ave, Saratoga</u>	End Time for Event: <u>11pm</u>

Please check one:

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

Describe briefly the proposed event.

Family Friendly night of dancing and music

Use additional sheet if necessary.

Location of the event(please be specific)

Old theater space next to union wireless building (110 W Bridge Ave)

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

Approximate number of participants expected: 40-70

Approximate number of support staff/volunteers: 15

Number of vehicles anticipated and parking requirements: 15-30

Will town property be used for this event: _____

yes no (if yes, please explain fully)

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

On-site

Manager: Danny Bureau
Home Phone: _____ Cell Phone: 303-641-2329
Alternate On-site Manager McCall Bureau
Home Phone: _____ Cell Phone: 720-352-8604

Insurance Information: (if applicable)

Name of Insurance

Company: Burns USLI
Address: 410 S 1st St Saratoga WY 82331
Phone Number: 307-326-8825
Contact Person: Burns Insurance
Policy Number: CP 1820331

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

Billing Address (if different than previously identified)

Firm/Name: Danny Bureau
Street Address: Po Box 646
City/State/Zip: Saratoga, WY 82331
Fax Number: _____
Phone: 303-641-2329

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 16th, day of January, 2024

McCall Bureau
Applicant Signature

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

- What traffic control or parking issues are you anticipating: _____

None, just use of public parking on Bridge St.

- What parking plan have you in place: use public parking on Bridge St.

- What services do you require from the Police Department or DPW? :

maybe an occasional walk through

- What are your security plans: : none

- 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? _____

use garbage services from The Malt

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

bathrooms located in building

- 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: _____

Small snacks

- 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.

The malt will be selling alcohol at one bar station, supervised by Danny Baran of The malt (TIPS certified.)

- Liquor Liability insurance to be required as described in Special Events Conditions #5.

- Any other request by applicant: : _____

- Name of persons who will be "in charge" at the site/activity: : _____

Danny Baran



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: _____

Date of Special Event: _____

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. MB 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. MB 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. MB 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. MB 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. MB 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. MB 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. MB 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. MB 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. MB 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. MB 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. MB 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. MB 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. MB 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. MB 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: _____

24 HOUR/DAILY ALCOHOLIC BEVERAGE SALES

PERMIT APPLICATION (W.S. 12-2-203, 12-4-502)

PERMIT VALID FOR ONLY ON-PREMISE SALES AND CONSUMPTION AT THE PERMITTED EVENT, NO PACKAGE SALES ALLOWED

To be completed by City/County Clerk

Date filed with clerk: ___/___/___	Local Permit #: _____
Permit Fee Per Day: \$ _____	(\$50.00 maximum fee per day)
Number of Days: _____	
Total Permit Fee: \$ _____	(Permit fee per day x number of days)
Permit Date: ___/___/___	through ___/___/___

Applicant: McCall Bureau
Business/Trade Name (DBA): The Malt
Contact Person: Danny Bureau Phone: () -
Address: 110 E Main Ave City: Saratoga State: WY Zip: 82331
Mailing Address: Po Box 646 City: Saratoga State: WY Zip: 82331
Business Phone: (307) 326-3572 Email Address: danny@firewaterpublichouse.com
Event Name: Low Water Winter Jam Event Location: 110 W Bridge Ave

FILING IN (CHOOSE ONLY ONE) <input checked="" type="checkbox"/> CITY OF: <u>Saratoga</u> <input type="checkbox"/> COUNTY OF: _____		FILING AS (CHOOSE ONLY ONE) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LP/LLP <input checked="" type="checkbox"/> LLC		<input type="checkbox"/> CORPORATION <input type="checkbox"/> LTD PARTNERSHIP <input type="checkbox"/> ORGANIZATION <input type="checkbox"/> OTHER _____	
TYPE OF PERMIT (CHOOSE ONLY ONE)					
<input checked="" type="checkbox"/> MALT BEVERAGE PERMIT (W.S. 12-4-502(a)/W.S. 12-2-201(b)) Malt beverage permit applicants receiving anything of value (i.e. money, goods and or services from any industry representative must answer the following: (W.S. 12-5-402(a)) Nonprofit corporation under the laws of Wyoming? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Tax Exempt Organization under the Internal Revenue Code? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> And has the applicant been in continuous operation for not less than two (2) years? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> CATERING PERMIT (W.S. 12-4-502(b)) For currently licensed Retail or Resort license holders only		<input type="checkbox"/> MANUFACTURER'S OFF-PREMISE PERMIT (W.S. 12-2-203(g)(iii)) For the sale of the manufacturer's own Wyoming manufactured products only	
				<input type="checkbox"/> MALT BEVERAGE PERMIT FOR MICROBREWERIES (W.S. 12-4-415 (e)) For the sale of the microbrewery's own Wyoming brewed products only	
				<input type="checkbox"/> WINERY OFF-PREMISE PERMIT (W.S. 12-4-414(g)) For the sale of the winery's own Wyoming manufactured products only	

By filing this application, the applicant and their representatives agree to sell alcoholic beverages and operate under the requirements of all applicable Wyoming state and local laws and rules, and submit any required sales tax and reports.

Under penalty of perjury, and the possible revocation or cancellation of the permit, I swear the above stated facts, are true and accurate.

McCall Bureau McCall Bureau 01 / 16 / 2024
Applicant Signature Printed Name Date

Signature of Licensing Authority Official Date