



SPECIAL EVENT PERMIT APPLICATION

New Event Repeat Event Date Received: 4-18-2024 Date of Event: 5-27-2024 Fee Amount: _____

APPLICANT – Information about the person, entity or organization holding the special event.

Legal/Real Name: First, Middle, Last (List any previous names)
Kirk D Grill

Address: Street, City, State, Zip 53094
W 5369 County Road F Watertown, WI

Date of Birth: _____ Driver's License # (List State if not WI) _____

Phone: 920-285-9214 Email: Kirk.Grill@yahoo.com Website: American Legion Post 189 - Org

Non-profit Group For Profit Other, please describe: _____ Nonprofit Tax-Exempt Number
American Legion Post 189 501(c)3, if applicable (include photocopy)

Is this the applicant's 1st special event application for the calendar year? Yes No

Wisconsin Seller Permit Number: _____
 Sales Tax, if applicable (include photocopy)
 If the named applicant is not required to hold a Wisconsin Seller's Permit pursuant to s. 77.54 (7m), Wis. Stats., check this box

EVENT INFORMATION

Event Name: Memorial Day Ceremony

Event Location: MAP IS REQUIRED. DO YOU HAVE IT INCLUDED? Yes No
 Address: Memorial Park 610 S 4th St

Is the location: Park/Public Property Do you have a park reservation? Yes No
 Closing of a Street/Alley/Right-of-Way/Parking Lot? Yes No Private Property Do you have permission? Yes No

Is the event a city sponsored parade or celebrating a Federal Holiday? (fees are waived but applicant must still apply)
 If yes, please explain: Watertown Vet Council Memorial Day Ceremony

Event Date(s): 5-27-2024
 (List each date of multi-day event)

Event Time:	Start Time <u>8am</u>	End Time <u>12:00pm</u>
Set Up/Take Down:	Set Up Begins <u>8am</u>	Take Down Ends <u>12:00pm</u>

Total Anticipated Attendance: 0-300 _____ 301-999 <input checked="" type="checkbox"/> 1000+ _____	Fencing needed: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Selling Food or Beverage: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Event Description (purpose, activity, who can participate, etc. Attach additional sheet if necessary.)
City Vets Council Memorial Day Ceremony

EVENT ORGANIZER – Information for person to contact before, during & after event, if necessary.

Contact Name: First, Middle, Last (List any previous names)
Kirk D Grill

Address: Street, City, State, Zip _____ Date of Birth: _____ Phone: _____
W 5369 County Road T, Watertown, WI 53094

Driver's License#: (List State if not WI) _____ Email: Kirk.Grill@yahoo.com

OFFICE USE ONLY

PERMIT # _____

Indemnification and Hold Harmless

(Read carefully before signing!)

Indemnification: By signing below, I acknowledge that for good and valuable consideration, I (applicant), on behalf of myself and the organization, if applicable, agree to indemnify, defend and hold harmless the City of Watertown 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 of omission of the applicant/organization, anyone directly or indirectly employed by any of them or anyone whose acts may be liable, except where caused by the sole negligence or willful misconduct of the City.

Certification: By signing below, I certify that I am at least 18 years of age and that I have reviewed and understand the City's Insurance Requirements and Ordinance for Special Events. My signature further confirms: (i) I understand the filing of this application does not ensure the issuance of a Special Event Permit; (ii) The special event application fee is non-refundable (iii) 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, alcohol licensing regulations, and any other applicable laws, rules and regulation; (iv) Fees for park facilities, food vendor permits, fireworks permit, any other applicable City of Watertown permits or licenses, other municipal services and equipment, etc., are in addition to the Special Event Permit application fee; (v) I am authorized to apply for this Special Event Permit on behalf of the organization holding the event (if applicable). (vi) The information contained in this application is true and correct to the best of my knowledge. I understand that intentionally providing false or misleading information in this application will be the basis for denial/revocation of the permit and may lead to civil or criminal penalties.

If there are any changes to the Special Event after submittal of the application, I agree to notify the City of Watertown of these changes for review.

Signature of Applicant: Kirk D Grill Date: 4-18-2024

Printed Name of Applicant: KIRK D GRILL

SPECIAL EVENT APPLICATION FEE & EXTRAORDINARY SERVICES

Application fee is due when the application is submitted and is nonrefundable if the event is cancelled. If the event is rescheduled for a date within 6-months, the application fee would apply to the rescheduled date; if the event is rescheduled for a date later than 6-months of the original event date the application fee is nonrefundable.

\$50.00 - first application for the year of the applicant if submitted 45 days or more prior to event date.

\$35.00 - each subsequent application of the applicant if submitted 45 days or more prior to event date.

(The fee is doubled if submitted less than 45 days prior to event date)

Extraordinary Services - measurable financial costs which are above and beyond the normal levels of public health and safety services on a nonevent day. See the special event fee schedule for more information. Extraordinary services do not include the provision of police protection against hostile individuals targeting the event's message or intentions.

The applicant is liable for and must pay to the city clerk the actual cost of all extraordinary services provided by the city and is required to pay 50% of the estimated extraordinary services prior to the special event with the remaining amount billed at the conclusion of the event. Sales tax will be added if applicable. By signing the applicant acknowledges that they have been made aware of this information.

Signature of Applicant: Kirk D Grill Date: 4-18-2024

Submit Special Event Application and fee (cash or check) in person or by mail to:

City Clerk 106 Jones Street

PO Box 477

Watertown, WI 53094

Questions: 920-262-4010 or email mdunneisen@watertownwi.gov