



SPECIAL EVENT PERMIT APPLICATION

New Event Repeat Event Date Received: 3/28 Date of Event: 06/22/24 Fee Amount: 50.00

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

Legal/Real Name: First, Middle, Last (List any previous names)
 Tour Da Goose/Rock River Community Clinic

Address: Street, City, State, Zip
 415 S 8th Street Watertown, WI 53094

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

Phone: 9202067787 **Email:** director@rockrivercommunityclinic.org **Website:** https://rockrivercommunityclinic.com/

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

Name _____

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:
 Tour Da Goose

Event Location: MAP IS REQUIRED. DO YOU HAVE IT INCLUDED? Yes No
Address: 812 Labaree 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: No

Event Date(s):
 (List each date of multi-day event) 6/22/2024

Event Time: Start Time 0600 End Time 1700

Set Up/Take Down: Set Up Begins 0500 Take Down Ends 1700

Total Anticipated Attendance: 0-300 301-999 1000+

Fencing needed: Yes No

Selling Food or Beverage: Yes No

Event Description (purpose, activity, who can participate, etc. Attach additional sheet if necessary.)
Ride to support the Rock River Community Clinic
 The Rock River Community Clinic (RRCC) provides medical and dental care for the underserved, low income population in Jefferson, Dodge & parts of Walworth Counties. For more information on RRCC: rockrivercommunityclinic.org

The Jon Fiech Memorial Tour da Goose bike ride is a fundraising event for RRCC. We have distances for everyone, from families to century riders. The routes are well supported with rest stops & sag assistance. The ride will take you through the picturesque countryside of Jefferson and Walworth counties. Come join us! RIDE DETAILS

The Tour da Goose is a scenic ride through the countryside of Jefferson and Walworth counties. All participants ride at their own pace and may choose to ride any of our 5 routes, the 12, 22, 42, 62 or 102 mile routes. Riders may choose to participate in the group start time frames or go out on their own, it is your ride, do what feels comfortable to you! We do ask that if you are choosing to ride the longer courses of 62 & 102 miles to be mindful of your pace and plan accordingly because the course closes at 5:00pm. The first group of riders start at 7:00am and we recommend that the 100 mile participants start at that time.

Jefferson and Walworth counties are ideal for bicycle riding. You will be riding in the scenic countryside dotted with Wisconsin farms and peaceful rolling hills. The roads are 95% Class B and very low traffic.

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

Contact Name: First, Middle, Last (List any previous names)
 Carol Frances Quest

Address: Street, City, State, Zip
 515 S First Street Watertown, WI 53094

Date of Birth: _____ **Phone:** _____

Driver's License#: (List State if not WI) _____ **Email:** cquest@watertownwi.gov

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: Carol Quest Date: 3/25/2024

Printed Name of Applicant: Carol Quest

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: Carol Quest Date: 3/25/2026

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