



# SPECIAL EVENT PERMIT APPLICATION

New Event ☐ Repeat Event ☒ Date Received: \_\_\_\_\_ Date of Event: 11-28-24 Fee Amount: 150.00

## APPLICANT INFORMATION:

Name of person, entity, or organization holding the special event:

Sarah Sullivan

Address: Street, City, State, Zip

910 Harvey Ave Watertown WI 53094

Phone: (920) 285-3071

Email: Sarah-sullivan@stcglobal.net

Website: https://www.stcglobal.net/locations/watertown-wi/turkeyrun5k

☒ Non-profit Group ☐ For Profit

☐ Other, please describe:

Nonprofit Tax-Exempt Number  
453966661 - yes! Watertown partner for billing  
501(c)3, if applicable (include photocopy)

Is this the applicant's 1<sup>st</sup> 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: Run Turkey Run 5K

Event Date(s): 11/28/24

Event Location Address include parking locations and streets to be used if applicable:

Riverside Park pavilion - 916 Lakaree St. Watertown

A **DETAILED** map is required upon submittal of application, is it included? Yes ☒ No ☐

Is the event located in a City Park? Yes ☒ No ☐

If yes, do you have a park reservation? Yes ☒ No ☐ Park name: Riverside

Is the event closing of a Street/Alley/Right-of-Way/Parking Lot? Yes ☐ No ☒

Will you need City Services for your event? Yes ☒ No ☐ for Safety 2 Police Officers / 1 Ave Off

Is the event on private property? Yes ☐ No ☒ If yes, do you have written permission? Yes ☐ No ☐

Is the event a city sponsored parade or celebrating a Federal Holiday? Yes ☐ No ☒

If yes, please explain:

Event start/end time: 7:30am - 11:00am

Event set up/take down times: 5:30am - 1:00pm

Total Attendance: # 1000 Alcohol consumed, sold, or served? Yes ☐ No ☒ Vendors? Yes ☐ No ☒

Event Description (purpose, activity, who can participate, etc. Attach additional sheet if necessary.)

5K walk/run to raise money for local non-profits.

Will your event be selling food? Yes ☐ No ☒ If yes, please explain: (Type of food and sold by who)

## MAIN EVENT ORGANIZER – PRIMARY CONTACT IF DIFFERENT FROM APPLICANT:

Contact Name: First, Middle, Last

Sarah Falk Sullivan

Address: Street, City, State, Zip

910 Harvey Ave Watertown WI 53094

Phone:

(920) 285-3071

Email:

Sarah-sullivan@stcglobal.net

## OFFICE USE ONLY:

APPROVED ON:

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.

Name of Applicant: Sarah Sullivan Signature: [Signature] Date: 7/31/24

### 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: [Signature] Date: 7/31/24

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 [cityclerk@watertownwi.gov](mailto:cityclerk@watertownwi.gov)

# Personal Data Sheet

All Event Organizers must complete all the information and must indicate if they have been convicted of any of the following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none". This information is strictly confidential and is shared only with the Watertown Police Department for investigation checks. FALSIFICATION AND/OR MISREPRESENTATION IS GROUNDS FOR DENIAL OF APPLICATION.

<b>NAME OF EVENT:</b> <u>The Turkey Run</u>		
<b>MAIN EVENT ORGANIZER</b> Please PRINT		
<b>Name:</b> First, Full Middle, Last (List any previous names) <u>Sarah Falk Sullivan</u>		<b>1<sup>st</sup> submittal of year?</b> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Home Address:</b> Street, City, State, Zip <u>910 Harvey Ave Watertown WI 53094</u>		<b>Driver's License #:</b> (List State if not WI) <u>3415-7867-1763-07</u>
<b>Phone Number:</b> <u>(920) 235-3071</u>	<b>Email:</b> <u>Sgopal.net</u> <u>Sarah-sullivan@</u>	<b>Date of Birth:</b> (mm/dd/yyyy) <u>07/23/1971</u>
<b>Violations:</b> <u>None</u>		
I, the undersigned, affirm that I made complete and true answers to each question, and understand my record will become a part of this application. I understand that I am subject to an investigation check by the City of Watertown Police Department. I give permission to make my juvenile records available for this application.		
<b>Event Organizer Signature</b> <u>[Signature]</u>		<b>Date</b> <u>7/31/24</u>
<b>Police Chief</b> _____		<b>Approved</b> <input type="checkbox"/> <b>Denied</b> <input type="checkbox"/>
<b>ADDITIONAL EVENT ORGANIZER</b> Please PRINT		
<b>Name:</b> First, Full Middle, Last (List any previous names) <u>Robert Steven Lebow</u>		<b>1<sup>st</sup> submittal of year?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Home Address:</b> Street, City, State, Zip <u>1428 Country Club Ln</u>		<b>Driver's License #:</b> (List State if not WI) <u>L260-7777-5031-07</u>
<b>Phone Number:</b> <u>920-248-2284</u>	<b>Email:</b> <u>olebow@yahoo.com</u>	<b>Date of Birth:</b> (mm/dd/yyyy) <u>01/31/1975</u>
<b>Violations:</b>		
I, the undersigned, affirm that I made complete and true answers to each question, and understand my record will become a part of this application. I understand that I am subject to an investigation check by the City of Watertown Police Department. I give permission to make my juvenile records available for this application.		
<b>Event Organizer Signature</b> <u>[Signature]</u>		<b>Date</b> <u>8-1-2024</u>
<b>Police Chief</b> _____		<b>Approved</b> <input type="checkbox"/> <b>Denied</b> <input type="checkbox"/>
<b>ADDITIONAL EVENT ORGANIZER</b> Please PRINT		
<b>Name:</b> First, Full Middle, Last (List any previous names)		<b>1<sup>st</sup> submittal of year?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Home Address:</b> Street, City, State, Zip		<b>Driver's License #:</b> (List State if not WI)
<b>Phone Number:</b>	<b>Email:</b>	<b>Date of Birth:</b> (mm/dd/yyyy)
<b>Violations:</b>		
I, the undersigned, affirm that I made complete and true answers to each question, and understand my record will become a part of this application. I understand that I am subject to an investigation check by the City of Watertown Police Department. I give permission to make my juvenile records available for this application.		
<b>Event Organizer Signature</b> _____		<b>Date</b> _____
<b>Police Chief</b> _____		<b>Approved</b> <input type="checkbox"/> <b>Denied</b> <input type="checkbox"/>

**ADDITIONAL EVENT ORGANIZER Please PRINT****Name:** First, Full Middle, Last (List any previous names)1<sup>st</sup> submittal of year?Yes ☐ No ☐**Home Address:** Street, City, State, Zip**Driver's License #:** (List State if not WI)**Phone Number:****Email:****Date of Birth:** (mm/dd/yyyy)**Violations:**

I, the undersigned, affirm that I made complete and true answers to each question, and understand my record will become a part of this application. I understand that I am subject to an investigation check by the City of Watertown Police Department. I give permission to make my juvenile records available for this application.

Event Organizer Signature \_\_\_\_\_ Date \_\_\_\_\_

Police Chief \_\_\_\_\_

Approved

Denied

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Event Organizer Signature \_\_\_\_\_ Date \_\_\_\_\_

Police Chief \_\_\_\_\_

Approved

Denied

**ADDITIONAL EVENT ORGANIZER Please PRINT****Name:** First, Full Middle, Last (List any previous names)1<sup>st</sup> submittal of year?Yes ☐ No ☐**Home Address:** Street, City, State, Zip**Driver's License #:** (List State if not WI)**Phone Number:****Email:****Date of Birth:** (mm/dd/yyyy)**Violations:**

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Event Organizer Signature \_\_\_\_\_ Date \_\_\_\_\_

Police Chief \_\_\_\_\_

Approved

Denied