

Opportunity runs through it.

w Event Repeat Event Date Received: 8-11-20	Date of Events	9-28-2	cial eve	Amount:
APPLICANT – Information about the person, entity o	r organization notuin	g the spe	Clareve	
egal/Real Name: First, Middle, Last (List any previous names)	wayne Morn's			·
Calvary Baptist Church	Date of Birth:	river's Lice	nse # (Lis	st State if not WI)
Calvary Baptist Church D Address: Street, City, State, Zip 53094	Date of Birth.	NIVEL 3 EICC	Hac ii (ei	
792 milford St., Watertown, WI				
Phone: Email:	Website:			
920-261-7237 dwarrisAchesia	ches.org			
Non-profit Group For Profit Other, please	Nonprofit Tax-Exen	npt Numb	er	
describe:	501(c)3, if applicable (include photocopy)			
Name Is this the applicant's 1 st special event application for the			Yes	□No
Wisconsin Seller Permit Number:				
and the state of t				
Sales Tax, if applicable (include photocopy) f the named applicant is not required to hold a Wisconsin Selle	er's Permit pursuant to s.	77.54 (7m)	, Wis. St	ats., check this box 🕒
EVENT INFORMATION				
Event Name: Calvary Concert on	the Square			
Event Location: MAP IS REQUIRED. DO YOU HAVE IT INCLU Address: W MainStreet Water Cour	JDED? Yes V No			
Address: W Mainstreet Watertown	WL 53017	7		
Is the location: Park/Public Property \(\sum Do you have a park	reservation? Yes 🖂 No L		rmission	Vas No
Closing of a Street/Alley/Right-of-Way/Parking Lot? Yes 🗹 N	o! Private Property Do	you nave pe	rmission	r les 🗆 No🗀
Is the event a city sponsored parade or celebrating a Fe	deral Holiday? (fees are	waived but a	applicant	must still apply)
If yes, please explain:				
Event Date(s): 9-28-25				
List each date of multi-day event)	Г.,	d Time		
Event Time: Start Time	6:30 pm			
5 pm		ke Down En		
Set Up/Take Down: Set Up Begins	1.0	7 pm		
3:30	Fencing needed:	1 1 11	Selling	Food or Beverag
Total Anticipated Attendance: 0-300 301-999 1000+	Yes No No	1	Yes 🗆 N	No W
0-300 301-999 V 1000+				
Event Description (purpose, activity, who can participate, etc. Calvary Baptist Church Che	oir and Orc	hestre	a C	oncert
•				
		often ave	nt if no	COSSARV
EVENT ORGANIZER – Information for person to con-	act before, during &	artereve	iii, ii iie	ecessary.
Contact Name: First, Middle, Last (List any previous names)				
Dwayne Morris	T ₁	Date of Birth	า:	Phone:
Address: Street, City, State, Zip				
Driver's License#: (List State if not WI) Email:	. 0.1			
$\mathcal{D}\mathcal{M}_{o}$	rris @ cbcs.org			
OFFICE USE ONLY	0			
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.

Dwayne C. Marris

Date: August le, 2025

Printed Name of Applicant:

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:

Submit Special Exact 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

Date: Augustle, 2015