

# Town of East Troy

N 9330 Stewart School Road

East Troy, WI 53120

Phone: (262) 642-5386 FAX: (262) 642-9701

## SPECIAL EVENT PERMIT

Date received by Town Clerk \_\_\_\_\_

### APPLICANT INFORMATION

Applicant \_\_\_\_\_ Organization \_\_\_\_\_

Authorized representative (if different from above) \_\_\_\_\_

Address \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_

Insurance (homeowners/liability) Name: \_\_\_\_\_ Ph: \_\_\_\_\_

### LOCATION INFORMATION

Property owner name \_\_\_\_\_

Mailing address \_\_\_\_\_

Address of property (event) \_\_\_\_\_

### EVENT INFORMATION

Purpose or type of event \_\_\_\_\_

Date of event \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Designated contact person(s) during event \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Attendance \_\_\_\_\_

Sound \_\_\_\_\_ Potable water \_\_\_\_\_ Toilet \_\_\_\_\_

Waste disposal \_\_\_\_\_ Parking \_\_\_\_\_ Security \_\_\_\_\_

**Description of special accommodations for special event**

*Emergency Services:*

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*Entertainment vendors:*

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*Fencing:*

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*Fire protection:*

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*Food and Beverage:*

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*Lighting:*

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*Parking:*

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*Potable water:*

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*Toilet:*

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*Security:*

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*Sound:*

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*Waste disposal:*

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*Other:*

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**Please identify participating vendors or contractors, if applicable**

Vendor/Agent: Business Name: Address:  Phone: License or permit #:	Vendor/Agent: Business Name: Address:  Phone: License or permit #:
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## NOTES

This permit provides a notice to the Town of East Troy prior to the proposed event according to Town Ordinance ###. A minimum of XX days notice is required. The Town may place restrictions if the Town believes that the proposed event may unduly affect neighbors or other residents of the Town of East Troy.

No application for a special events permit shall be accepted as filed until the Town Clerk determines that the information in the application is complete and sufficient. Upon completion of this investigation, the Clerk shall distribute copies of the application to the Town Board of Supervisors and the Emergency Services Board.

No special events permit may be issued unless the applicant agrees by signing this application to indemnify the Town of East Troy from any liabilities as a consequence for granting this permit.

Each applicant for a special events license shall furnish to the Town, no later than XX-days prior to the special event, a certificate of insurance written by a company licensed in the State of Wisconsin, approved by the Town attorney and covering any and all liability or obligations which may result from the operations by the applicant's employees, agents, contractors or subcontractors, and including workman's compensation coverage in accordance with ch. 101, Wis, Stats. The certificate shall provide that the company will furnish the Town with a XX-day prior written notice of cancellation, non-renewal or material change. The insurance shall be written in comprehensive form and shall protect the applicant and Town against all claims arising from injuries to members of the public or damage to property of others arising out of any act or omission of the applicant, its employees, agents, contractors and subcontractors. The policy of insurance shall provide minimum combined single limits for bodily injury and property damage of at least \$1,000,000.00 (One million dollars) per person/aggregate.

In addition, a special event licensee shall be responsible for and pay to the Town of East Troy a fee for all Town fire and police services provided by the Town for the special event. The police and fire services shall not exceed the actual cost of providing the services. The licensee shall pay the Town within 10 days of the date of the itemized invoice prepared by the Town for the licensee following the special event. The licensee shall provide the Town Board of Supervisors with all of the information necessary to determine the level of services required. After reviewing such reports, upon which the applicant may be heard, the Town Board may specify as a condition of the license, that the applicant deposit a security with the Town in the form of a guarantee payment, letter of credit or cash deposit, in a form approved by the Town attorney and in an amount determined to be sufficient to guarantee payment for the anticipated cost of providing police, fire and emergency services for the special event. The licensee shall provide the security deposit no later than 10 days prior to the event. This security deposit shall allow the Town to withdraw upon it in case of any default in payment by the licensee. The Town shall return any remaining balance of a cash deposit to the licensee. Any determined deficiency for such service fees beyond the security deposit shall be a lawfully collectible debt of the licensee to the Town. The Town shall be entitled to all costs of collection, including attorney fees, and may impose a lien against the special event premises or legally owned Town property by the licensee, to be placed upon the tax roll of such property.

**AGREEMENT**

I, \_\_\_\_\_ (undersigned applicant), hereby agree to hold the event described on this application in conformity and compliance with all Town of East Troy ordinances and all state and federal laws. I recognize that any part of this event will not cause an unreasonable disturbance and shall not permit the sound or the assembly to carry unreasonably beyond the enclosed premises or building in which the event will take place.

I also acknowledge that the proposed activity is a single event that does not constitute a regular activity on the premises. I will assume all responsibility for obtaining any relevant permits from Walworth County or other jurisdictions having oversight of the premises.

I agree to indemnify and save harmless the Town of East Troy from and against all liabilities, claims, demands, judgments, losses and all suits at law or in equity, costs and expenses, including reasonable attorney fees, for injury or death of any person, firm, organization or corporation, arising in any way as a consequence of the granting of this special events permit.

I swear that the statements contained herein are true and correct to the best of my knowledge.

Date of application \_\_\_\_\_

Applicant (print) \_\_\_\_\_ (signed) \_\_\_\_\_

**ADMINISTRATIVE REVIEW**

Town of East Troy Police Department

Town Board

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

\_\_\_\_\_  
Town Chairmn

Approved / Denied (circle)

Approved / Denied (circle)

Date \_\_\_\_\_

Date \_\_\_\_\_