City of Racine Parks, Recreation & Cultural Services
Public Event Application

Play Every Day.

(For new events/returning with significant changes)

INSTRUCTIONS: *Please carefully read the attached "Public Event Planning Instructions" before completing this application. Incomplete applications will not be accepted.*

Applying for a NEW public event? ☐ Yes ☒ No
Applying for a RETURNING public event with significant changes? ☐ Yes ☒ No

STEP 1: SELECT A LOCATION(S)

please select all that apply:

- ☐ Crosswalk Park, 317 Main St.
- ☐ Harris Plaza, 605 Grand Ave.
- ☐ Island Park, 1704 Liberty St.
- ☐ Lake Michigan Pathway
- ☒ Lincoln Park, 2200 Domanik Dr.
- ☐ Lockwood Park, 4300 Graceland Blvd.
- ☐ Monument Square, 502 Main St.
- ☐ North Beach Park, 1501 Michigan Blvd.
- ☐ Pershing Park, 800 Pershing Dr.
- ☐ Root River Pathway
- ☐ Sam Johnson Parkway
- ☐ Stage-on-Wheels
- ☐ Other _____

STEP 2: EVENT ORGANIZER INFORMATION

Name of Event Organizer Wisconsin Humane Society

Name of the Organization Wisconsin Humane Society

Address 4500 W Wisconsin City/State Milwaukee, WI Zip 53208

Daytime Phone 414-431-6118 Cell Phone 414-467-6104 Email mwitte@wihumane.org

Alternate Contact 414-431-6332 Phone 414-510-2805 Email kshillinglaw@wihumane.org

Please select appropriate response

Event Organizer is an: ○ Individual Proprietor ○ Corporation* ○ LLC* ◉ Other Non-Profit

Is the applicant organization a not-for-profit? ◉ Yes* ○ No

*(*Please attach a proof of your not-for-profit status or a copy of the business structure status to this application for verification purposes.)*

STEP 3: EVENT INFORMATION

Event Name WHS Outreach Event/Vaccine Clinic Expected Attendance 150-200

Date(s) of Event 5/20/2023 Start Time 9 am End Time 1 pm

Set-up Date 5/19/2023 Set-up Start Time 1pm Set-up End Time 4 pm

Tear-down Date 5/20/2023 Tear-down Start Time 1 pm Tear-down End Time 2 pm

Does your event require you to be in the park before 8 a.m. and after 10 p.m.? ☒ Yes ☐ No

STEP 4: RUN/WALK INFORMATION

Run/Walk Step-off time _____ Total # of Aid Stations _____

Does the route include any portion of the City bicycle pathways? ☐ Yes ☐ No

Run/Walk route map included? ☐ Yes ☐ No

How will the route be marked? (i.e. staff/volunteers at turns, signs staked in grass along the route, etc.)

_____

STEP 5: STAGE-ON-WHEELS INFORMATION

Delivery Location _____ Location Street Address _____ Zip _____

Delivery Date _____ Delivery Time _____ Pick-up Date _____ Pick-up Time _____

Open/Close/Use Information: Date Stage to be OPENED _____ Opening Time _____ Closing Time _____

Additional Opening Date _____ Opening Time _____ Closing Time _____

Is additional staging needed? ☐ yes ☐ no Will amplified music be played? ☐ yes ☐ no Will electricity be needed? ☐ yes ☐ no

STEP 6: ADDITIONAL INFORMATION

1) Has this event been previously held in a City of Racine park? ☒ yes ☐ no
   Event Name WHS Outreach Event/Vaccine Clinic Location Robert Heck Park
   Date 8/20/2022
2) Will you be selling, serving, and/or sampling beer and/or wine at your event? ☐ yes ☒ no
3) Will you be selling, serving, and/or sampling food/beverages at your event? ☐ yes ☒ no
4) Will you have amplified sound at this event? ☐ yes ☒ no
5) Will you have any temporary structures such as tents, stages, inflatables at this event? ☒ yes ☐ no
   # of tents/canopies 4 Size of tents/canopies Backyard pop up tents
6) Will your event feature vendors? ☐ yes ☒ no
7) Will your event include the use of portable toilets? (# of portable toilets _____) ☐ yes ☒ no
8) Does your event include animals, exhibitions or petting zoos? ☒ yes ☐ no
9) Will you be posting advertisement for your event within the City of Racine Parks? ☐ yes ☒ no
10) Will your event require Monument Square Drive to be closed? ☐ yes ☒ no
11) Will your event require use of the electrical services? ☐ yes ☒ no

SECURITY DEPOSIT REFUND INFORMATION

To whom will the Deposit Refund be sent:

Name of Payee/Organization _____ ATTN _____

Street Address _____ RM/FLR/STE/UNIT _____

City _____ State _____ Zip Code _____

APPLICATION SIGNATURE

The event organizer/applicant hereby certifies that all of the information provided within and for this permit application is true and correct to the best of his/her knowledge. The applicant understands falsification of information may result in termination of use/permit and furthermore could result in denial of future use of park facilities. Applicant certifies he/she has read and understands the ***Public Event Planning Instructions***.

The applicant agrees to have an authorized representative in attendance at the event at all times the event is in progress, who shall supervise the reserved premises to ensure that the event is conducted in a safe and orderly manner. Applicant agrees to pay City for PRCS permits sixty (60) days prior to the first park use date and within 30 days following the date of invoice the cost of overtime expenses incurred by City for its assistance in the implementation of this permit.

RELEASE OF LIABILITY

Applicant hereby covenants Not To Sue and agrees to Indemnify, Defend, and Hold Harmless City, its departments, officers, agents, employees, &/or volunteers from and against any and all costs (no limitation), damages, expenses, attorneys fees, or liability for personal injuries, bodily injuries, death, or property damage, of any character and to any person or property, regardless of cause, arising out of the acts of or sustained by Applicant, permit holder, event organizer, its officers, employees, agents, volunteer workers, participants in said Event or frequenters of said area during the time specified in the application and issued permit.

I have read this release and waiver of liability, fully understanding its terms, and understand that I have given up substantial rights by signing it. I realize I am not required to sign the Release. *Falsification of information on the application will result in* forfeiture *of up to $200 per falsified item.*

Signature of Authorized Event Organizer: *Katherine Shillinglaw* **Date** 2/20/2023

******If you are a Limited Liability Company, all partners must provide a signature:***

Signature of Partner: _____ *Title:* _____ *Date:* _____

Signature of Partner: _____ *Title:* _____ *Date:* _____

OFFICE USE ONLY:

Does request require approval by the Board of PRCS or Common Council?

☐ Yes ☐ No *Approval date:* _____

☐ Event Schedule ☐ Letter of Request ☐ Layout Map/Route ☐ Certificate of Liability ☐ Not-For-Profit

PARKS, RECREATION & CULTURAL SERVICES
CITY OF RACINE
Play. Every Day.

City of Racine Parks, Recreation & Cultural Services
Public Event Application

Play Every Day.

NARRATIVE, SCHEDULE, ROUTE/SITE MAP, STAGE-ON-WHEELS

Please provide a brief narrative of the event. If your event is a new event, provide a detailed "Letter of Request" on a separate sheet of paper:

WHS is looking to host a large scal pet vaccination event for cats and dogs that live in the 53404 zip code. We expect to serve 200+ community animals. It is a rain or shine event and we will use a handful of small pop-up tents and pu up temporary snow fencing. We will pick up all animals waste during and after the event. We are looking to set up the fencing the day before.

EVENT SCHEDULE

The schedule begins when event set-up starts and ends when clean-up of the event area is complete, all equipment is removed and the park is available for regular use.

The schedule should include all activities planned for the event, including but not limited to:

General: set-up, hours of operation, teardown/clean-up, leave park
Vending: when vendors will set-up, hours of operation, teardown/clean-up, leave park
Music/Performance: stage set-up, performance schedule, teardown/clean-up, leave park
Displays, Exhibits, Demonstrations: set-up, open hours, teardown/clean-up, leave park
Run/Walk/Parade, etc.: when staging starts, start time(s), end time(s), set-up, clean-up, leave park

Example: 8:00 a.m.	Example: Set-up
6 am	Set-Up
9 am	Event starts
1 pm	Event ends
2 pm	Tear down complete

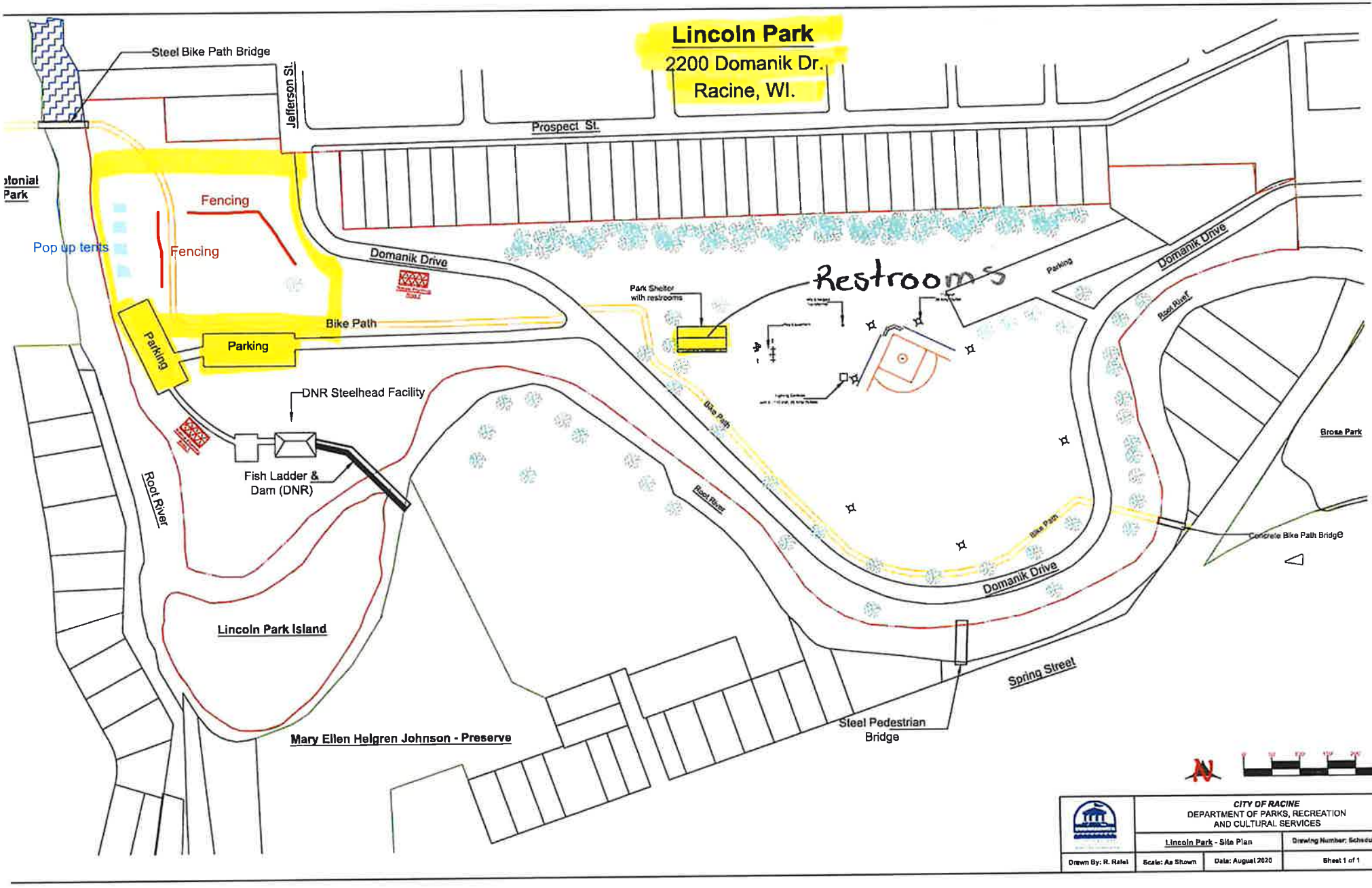
Please attach a detailed event route/site map and/or Stage-on-Wheels placement map.

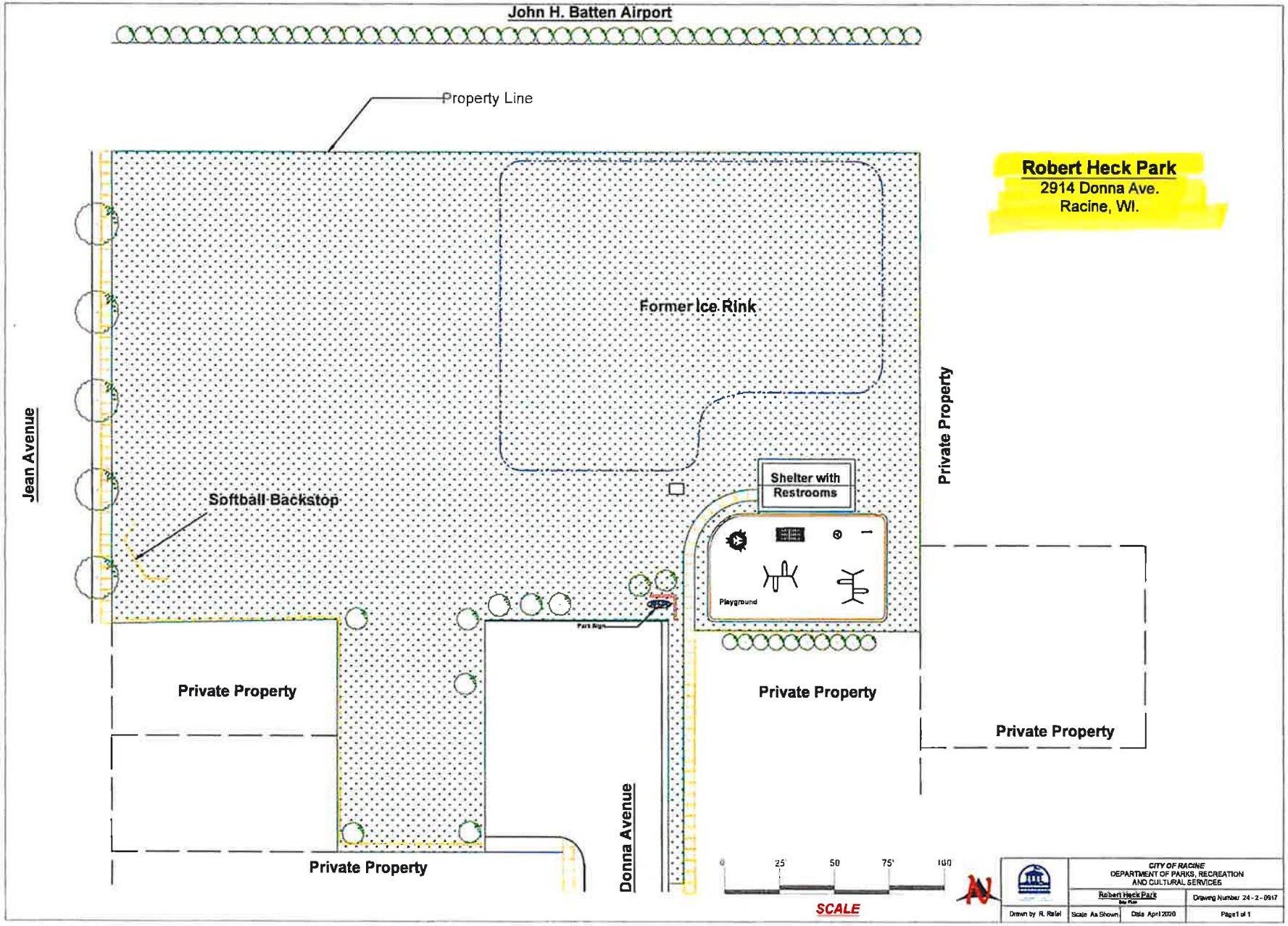
Site map should include, but is not limited to, the following:

Accessible paths for wheelchairs
Disabled parking
Dumpsters
Exit location for fenced outdoor events
Event perimeter
Fencing
Garbage and recycling receptacles
Placement of Vehicles
Portable toilets
Signage
Stages
Temporary structures
Vendors

If the event includes a run/walk component on City streets, the approval of the City of Racine Parks, Recreation, & Cultural Services department for the use of the park ***does not imply approval of the proposed route***. Routes need to be approved through Department of Public Works and City of Racine Police Department.

What impact do you anticipate your event will have on the residents/businesses in the areas surrounding the park? Consider things such as noise, parking, traffic, etc. What plans do you have to minimize these impacts?


Lincoln Park
2200 Domanik Dr.
Racine, WI.
Steel Bike Path Bridge
Jefferson St.
Prospect St.
Fencing
Fencing
Pop up tents
Domanik Drive
Park Shelter with restrooms
Restrooms
Parking
Domanik Drive
Root River
Bike Path
Parking
Parking
DNR Steelhead Facility
Fish Ladder & Dam (DNR)
Root River
Bike Path
Brose Park
Concrete Bike Path Bridge
Root River
Bike Path
Domanik Drive
Lincoln Park Island
Spring Street
Steel Pedestrian Bridge
Mary Ellen Helgren Johnson - Preserve
CITY OF RACINE
DEPARTMENT OF PARKS, RECREATION AND CULTURAL SERVICES
Lincoln Park - Site Plan
Drawing Number: Schedule "A"
Drawn By: R. Rafel
Scale: As Shown
Date: August 2020
Sheet 1 of 1


John H. Batten Airport
Property Line
Robert Heck Park
2914 Donna Ave.
Racine, WI.
Former Ice Rink
Jean Avenue
Softball Backstop
Shelter with Restrooms
Playground
Private Property
Private Property
Private Property
Private Property
Private Property
Donna Avenue
0
25
50
75'
100
SCALE
CITY OF RACINE
DEPARTMENT OF PARKS, RECREATION AND CULTURAL SERVICES
Robert Heck Park
Site Plan
Drawing Number 24-2-0917
Drawn by R. Rafel
Scale As Shown
Date April 2020
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