

CITY OF RACINE PUBLIC PARK EVENT - PERMIT APPLICATION Rev.11-11-16

INSTRUCTIONS: Please carefully read the attached "Public Park Events Guide" & "Rules & Regulations" before completing this application. Incomplete applications will not be accepted.

APPLICANT INFORMATION

Name of Applicant: _____

Name of the Organization: _____

Street Address: _____ State: _____ Zip: _____ Daytime Phone: _____

Cell Phone: _____ Email Address: _____

Alternate Contact Name: _____ Daytime Phone: _____ Cell Phone: _____

Please select appropriate box. Applicant is a: Individual Proprietor Corporation LLC Other _____

Please include a copy of business structure status to this application for verification purposes.

Is the applicant organization not-for-profit? Yes No **If yes, please attach current verification for not-for-profit status.**

EVENT SPONSOR: Are you, the applicant, organizing this event on behalf of another organization? Please check No or Yes below. If "Yes", please provide additional information as requested below.

No Yes If "Yes, Name of Organization: _____

Sponsoring Organization Contact Name: _____ Contact Phone: _____

Address of Organization Contact: _____ State: _____ Zip: _____

Is the sponsor a not-for-profit organization? Yes No **If yes, please attach current verification for not-for-profit status.**

EVENT INFORMATION

Event Name: _____ Expected Attendance: _____

Park Name: _____ Specific Location(s) in Park: _____

Set-Up Date: _____ Set Up Start Time: _____ Set Up End Time: _____

Event Date: _____ Event Start Time: _____ Event End Time: _____

Tear-Down Date: _____ Tear-Down Start Time: _____ Tear-Down End Time: _____

Additional Information: If your event includes multiple park locations, additional set-up, event or tear-down dates &/or varying times, please attach a schedule.

Event Description: Provide a brief description of your event. Document(s) including your written request to the PRCS Board and event narrative must also be attached to this application when applicable.

EVENT FEATURES & ADDITIONAL EVENT INFORMATION:

All event components are subject to approval by PRCS. Additionally, some components such as street closures may require permits from other City departments. ****Attach list of all other components not covered or mentioned in this application.****

1) Does your event include a walk or run route?* *Yes. (Complete this section.) No. (Skip to section 2.)

Step Off Time: _____ AM/PM ****Total Number of Aid Stations:** _____

Does the route include any portion of the City bicycle pathways? Yes. (Complete this section.) No. (Skip to question 2.)

Which pathway will be used? Lake Michigan Pathway Root River Pathway

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

NOTE: All markers must be removed during tear-down. Sprays, paints, chinks, etc. may not be used to mark the roadway, pathway, parking lots, gravel, buildings, etc.

*A legible and printable copy of the route must be submitted along with this application.

*Also, submit a copy of the route to Public Works. Additional permitting &/or permissions may be required for use of any right-of-ways.

2) Has this event been previously held in a City of Racine Park? Yes. (Complete this section.) No. (Skip to section 3.)

Event Name: _____ Location: _____ Date(s): _____

3) Do 100% of net proceeds solely benefit a not-for-profit organization? Yes. No. (If "Yes", attach copy of agreement with the not-for-profit entity.)

4) Will you be selling &/or serving beer or wine at your event? Yes, selling & serving. Yes, serving only. No.

If "Yes", you are required to obtain a Parks Malt Beverage Permit. Please also contact the City Clerk's Office as additional permitting may be required.

5) Will you be serving, selling &/or sampling food &/or beverages at your event?

Yes, to registered event participants only. Yes, to the general public. No.

If "Yes", please also contact the City Clerk's Office and Health Department as additional permitting may be required.

6) Are you requesting permission to have amplified sound? Yes. No.

If "Yes", please describe: _____

Description should include type of sound (i.e. band music, announcements, etc.) and equipment used to amplify the sound (i.e. iPod speaker, megaphone, large speakers, etc.).

7) Will your event feature tents &/or canopies? Yes. No.

If "Yes", # of Tents/Canopies: _____ Size of tents/canopies: _____

Tents larger than 10'x'10 require a permit from the Building Department & may require inspection by the Fire Department.

8) Will your event feature vendors? Yes. No.

If "Yes", you must provide the name(s) of the approved vendors below. Please obtain a Special Events Vendors Permit from the City Clerk's Office and contact the Health Department if food is being served. Vendors may be denied licenses &/or permits if they are not listed below. Attach an approved vendors list if you need additional space.

9) Will your event include the use of portable toilets? Yes. No.

If "Yes", # of portable toilets: _____ *The portable toilets placed at certain parks by the City are not for public event use.

10) Will your event include a stage? Yes. No.

If "Yes", PRCS' Stage on Wheels may be available to not-for-profit organizations for an additional fee. Complete a Stage on Wheels application should you wish to request use of it.

11) Does your event include animals, exhibitions or petting zoos? Yes. No.

If "Yes", you are required to obtain approval by the PRCS Board and Common Council. You must also contact the Health Department.

12) Will you be posting signs & banners to advertise this event? Yes. No.

If "Yes", PRCS allows posting of signs &/or banners at specific parks with a paid Signs & Banners permit. Complete a Signs & Banners request form if you wish to utilize some park areas for advertising of your event.

ELECTRONIC SIGNATURE OPTION

If you choose to submit this form electronically, please type your name on the signature lines below. Your typed name, along with the email message generated from electronic submittal of this form will be used as an electronic signature which is the legal equivalent to an actual signature.

VERIFICATION/SIGNATURE

The 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 & understands falsification of information may result in termination of use/permit and furthermore could result in denial of future use of Park facilities &/or land. Applicant also certifies he/she has read & understands the Public Park Events Policies & Procedures.

The applicant agrees to have and shall have an authorized adult 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.

Signature of Authorized Applicant: _____ Date: _____

RELEASE OF LIABILITY/SIGNATURE

A) 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, its officers, employees, agents, volunteer workers, participants in said Event or frequenters of said area during the time specified in the application.

B) Applicant agrees to pay City for PRCS permits 10 business 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 event.

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. **I freely choose either Option A or Option B.**

A. Pay an extra \$50,000, and not sign the Release.

B. Pay nothing extra, and sign the Release of my own free will.

Signature of Authorized Applicant: _____ Title: _____ Date: _____

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

Signature of Partner: _____ Title: _____ Date: _____

Signature of Partner: _____ Title: _____ Date: _____

SECURITY DEPOSIT REFUND (Please complete - Failure to provide information may delay processing of deposit refund.)

Name of Payee or Organization: _____ ATTN Individual or Department: _____

Street Address: _____ RM/FLR/STE: _____

City: _____ St: _____ Zip: _____

CITY OF RACINE CONTACT INFORMATION

Building Department
730 Washington Ave., Rm. 305
Racine, WI 53403
262.636.9464

City Clerk's Office
730 Washington Ave., Rm. 103
Racine, WI 53403
262.636.9171

Fire Department
810 8th St.
Racine, WI 53403
262.635.7900

Health Department
730 Washington Ave., Rm. 1
Racine, WI 53403
262.636.9202

Police - Planning & Special Events
730 Center St.
Racine, WI 53403
262.636.7722

PRCS
800 Center St., Rm 127
Racine, WI 53403
262.636.9131

Public Works
730 Washington Ave., Rm. 305
Racine, WI 53403
262.636.9121

*****OFFICE USE ONLY - DO NOT COMPLETE SECTION BELOW*****

Date Application Received: _____

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

Yes No

DOCUMENTS RECEIVED:

- Certificate of Liability of Insurance (Required)
- Business Structure Status -Corp., LLC, etc. (Required)
- Layout Map/Route (Required)
- Verification Not for Profit (if applicable)
- Event Schedule (if applicable)

- Agreement with Not For Profit Organization (if applicable)
- Stage on Wheels Request Form (if requested - process separately)
- Signs & Banners Request Form (if requested - process separately)
- Other _____

PARK PERMIT FEES:

OTHER PERMIT FEES:

Date/Level: Fee:

Date/Level: Fee:

Date/Level: Fee:

Date/Level: Fee:

Date/Level: Fee:

Amplified Sound Permit Fee:

Park Malt Beverage Permit Fee:

Pathway Usage Fee:

Other Fee:

NOTE: Signs & Banners and Stage on Wheels require separate permit applications.

Total Fees (from above):

Deposit:

GRAND TOTAL DUE:

Deposit includes key(s): Yes No

*****THIS PARK PERMIT IS ONLY VALID IF SIGNED BY AUTHORIZED PRCS STAFF AND IS ACCOMPANIED BY THE CORRESPONDING PAID RECEIPT*****

PERMIT NUMBER:

PRCS STAFF APPROVAL:

DATE OF ISSUANCE: