



# 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 mwwitte@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





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

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.

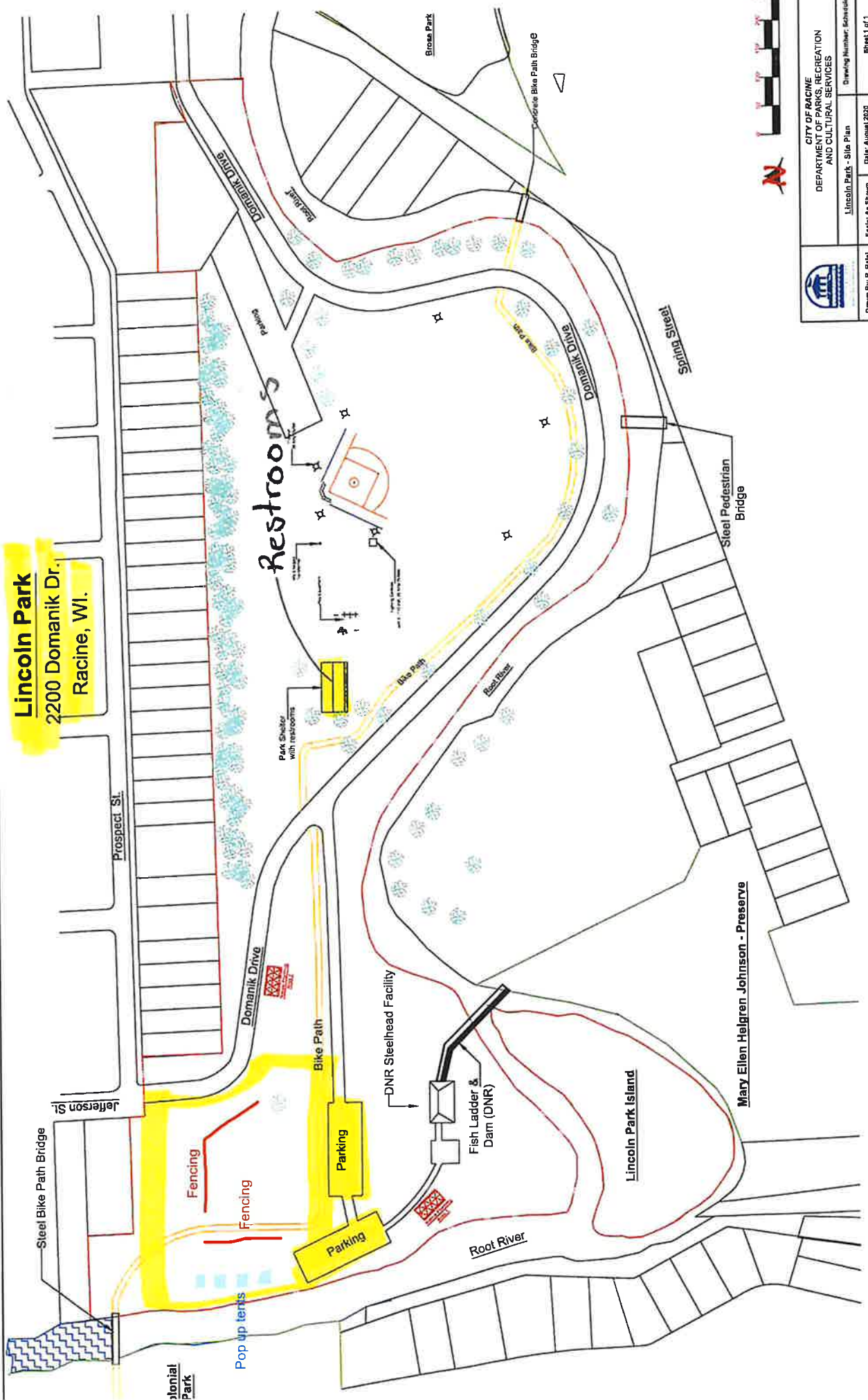
What impact do you anticipate your event will have on the residents/businesses in the areas surrounding the park? Consider things such as noise, parking, traffic, etc. What plans do you have to minimize these impacts?





# Lincoln Park

2200 Domanik Dr.  
Racine, WI.



CITY OF RACINE  
DEPARTMENT OF PARKS, RECREATION  
AND CULTURAL SERVICES

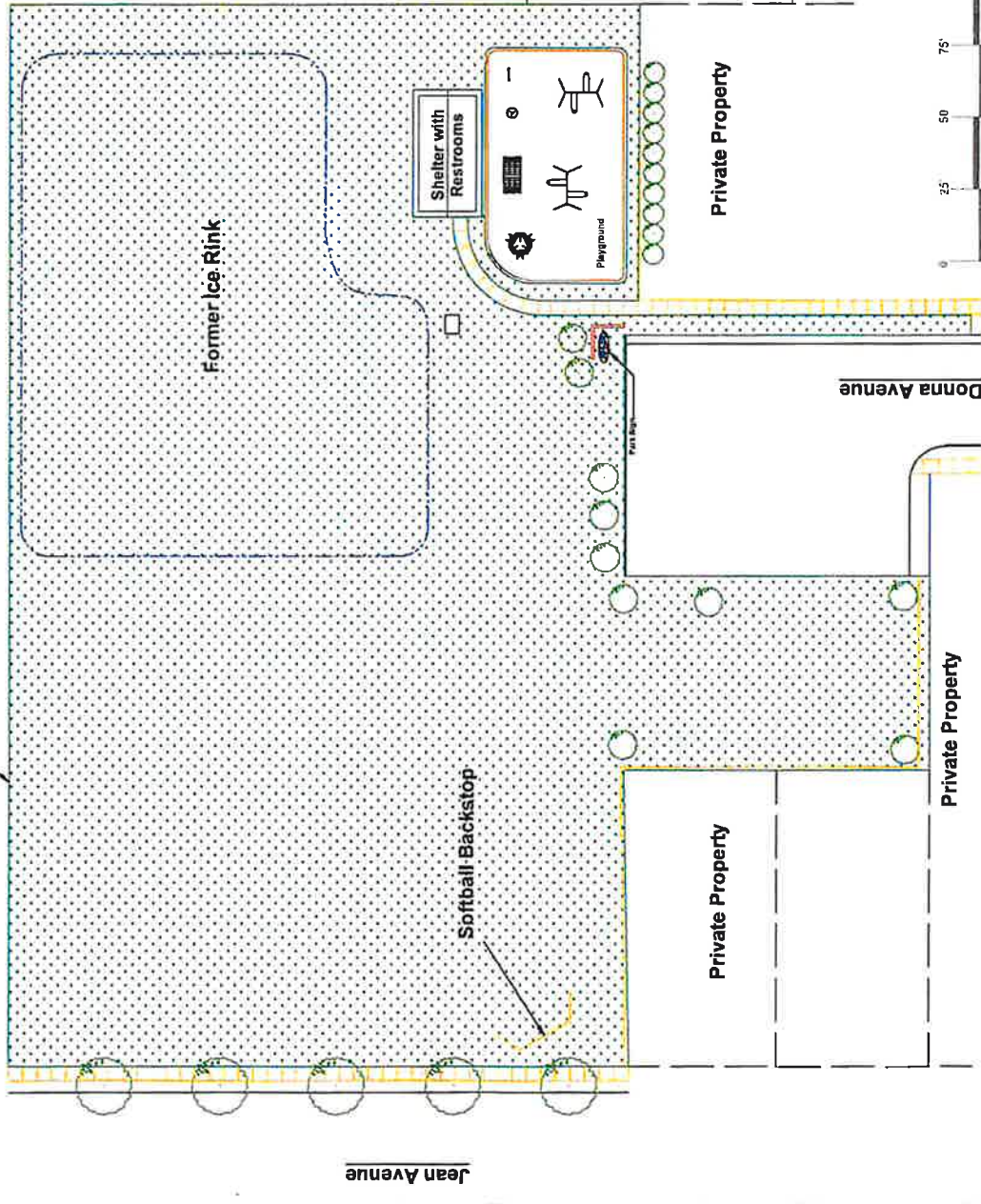
Lincoln Park - Site Plan  
Drawing Number: Schedule 7  
Date: August 2020  
Scale: As Shown  
Sheet 1 of 1



John H. Batten Airport

Property Line

**Robert Heck Park**  
2914 Donna Ave.  
Racine, WI.



Private Property

Private Property

Private Property

Donna Avenue



SCALE

CITY OF RACINE  
DEPARTMENT OF PARKS, RECREATION  
AND CULTURAL SERVICES  
Robert Heck Park  
Drawing Number: ZA-Z-0917  
Date: April 2020  
Scale: As Shown  
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