City of Racine PRCS
Public Events Application

Application Received: _____

Instructions:

Please carefully read the attached "Public Event Planning Instructions" before completing this application.

Incomplete applications will not be accepted.

$25 Application Fee for all Applications

	YES	NO
Applying for a NEW public event?	☐	☒
Applying for a RETURNING public event with significant changes?	☐	☒
Stage on Wheels? If **YES** please see Stage on Wheel Application.	☐	☒

Select Location(s):

☐ **Island Park** ☐ **Lake Michigan Pathway** ☐ **Monument Square**
☒ **Lincoln Park** ☐ **Root River Pathway** ☐ **North Beach Park**
☐ **Lockwood Park** ☐ **Sam Johnson Parkway** ☐ **Other:** _____

Where applicable:
☐ **Pavilions** ☐ **Diamonds** ☐ **Green Space** ☐ **Other** _____

Event Organizer Information:

Name of Event Organizer Wisconsin Humane Society

Name of the Organization Same

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

Daytime Phone 414-431-6048 Cell Phone 414-467-6104 Email mwitte@wihumane.org

Alternate Contact _____ Phone _____ Email _____

Is the applicant organization a not-for-profit? ☒ Yes ☐ No **Please attach a proof of your not-for-profit status*

Event Information:

Event Name WHS Outreach Event / Vaccine Clinic Expected Attendance _____

Date(s) of Event 5-2-25 Start Time 9am End Time 1pm

Set-Up Date Date of event Set-Up Start Time 6am Set-Up End Time 9am

Tear-Down Date Date of event Tear-Down Start Time 1pm Tear-Down End Time 2pm

Narrative:

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

Additional Information:

	YES	NO
Has this event been previously held in a City of Racine park?	☒	☐
Will you be selling, serving, and/or sampling beer and/or wine at your event?	☐	☒
Will you be selling, serving, and/or sampling food/beverages at your event?	☐	☒
Will you have amplified sound at this event?	☒	☐
Will you have any temporary structures such as tents, stages, or inflatables at this event? pop up tents		
# of Tents/Canopies 4 Size of Tents/Canopies _____		
Will your event feature vendors?	☐	☒
Will your event include the use of portable toilets? # of Portable toilets _____	☐	☒
Does your event include animals, exhibitions, or petting zoos?	☒	☐
Will you be posting advertisement for your event within the City of Racine parks?	☐	☒
Will your event require Monument Square Drive to be closed?	☐	☒
Will your event require the use of electrical services?	☐	☒

Security Deposit Refund Information:

To whom will the deposit refund be sent?

Name of Payee/Organization Wisconsin Humane Society ATTN Accts Payable

Street Address 4500 W Wisconsin Avenue RM/FLR/STE/UNIT _____

City Milwaukee State WI Zip Code 53208

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 M. Little Date 12-19-25

***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:

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