



Town of Greenville

W6895-B Parkview Drive • PO Box 60 • Greenville WI 54942

Phone: (920) 757-5151 • Fax: (920) 757-0543

www.townofgreenville.com

APPLICATION FOR A SPECIAL EVENT

IMPORTANT: This application must be completed in full. Incomplete applications will be returned to the event organizer.

SECTION 1 – APPLICANT INFORMATION

Event Contact Person: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

SECTION 2 – ORGANIZATION INFORMATION *(if applicable)*

Name of Organization: _____

Street Address: _____ City, State, Zip: _____

Phone: _____ 501 (c) 3 Organization? Yes _____ No _____

SECTION 3 – EVENT INFORMATION

Name of Event: _____

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

Set-up Start Time: _____ Actual Start Time: _____ Finish Time: _____

What is the expected attendance? Participants: _____ Vehicles: _____ Vendors: _____

Head of Security's Name and Phone Number: _____

Generally describe your event and its purpose: _____

(Attach additional sheet(s) if necessary.)

You **MUST** attach a detailed map or diagram of your event indicating the specific location and layout of your event. Maps may be obtained at www.townofgreenville.com or Google Maps.

SECTION 4 – ADDITIONAL INFORMATION

1. Will special parking provisions be needed? Yes___ No___ If yes, explain: _____

(Indicate proposed parking areas on the map)

2. Will any street/road closures be needed? Yes___ No___ If yes, contact Public Works at 757-7276

Streets closures needed: _____

(Indicate proposed road closures on the map)

3. How many security personnel will be present? _____

Head of Security: _____ Phone: _____

4. Does your event require an Emergency Management Plan (attendance greater than 1,000)? Yes___ No___ If yes, contact the Emergency Management Director at (262) 989-2000 and attach a copy of the plan.

5. Will alcoholic beverages be served/sold? Yes___ No___ If yes, contact the Town Clerk at 757-5151 to obtain the appropriate license.

6. Will food be prepared and/or served at the event? Yes___ No___ If yes, explain in detail what food service will be provided:

(Contact the Outagamie County Health Department 832-5100 to obtain the appropriate permit)

7. Will admission/entry fees be charged for the event? Yes___ No___ If yes, how much? _____
(Indicate entry/collection points on the map)

8. Will any fireworks, open fires or pyrotechnics be used during the event? Yes___ No___ If yes, contact the Town Clerk at 757-5151 to obtain a Fireworks Display Permit. Indicate display area on map.

9. Do you have a plan in place for any medical emergencies that may occur during the event? Yes___ No___ Explain in detail:

(Indicate first aid stations, emergency access routes, etc. on the map)

10. Will portable toilets be used? Yes___ No___ If yes, how many? _____
(Indicate location on map)

11. Do you have a waste management plan in place? Yes___ No___ Please explain in detail: _____

(Indicate location of garbage and recycling dumpsters on the map and provide contact info for contracted services.)

12. Will any signage or markings pertaining to the event be applied directly to Town property? Yes___ No ___ If yes, please explain in detail: _____

13. Will you be having a band or amplified music? Yes___ No___ If yes, explain in detail: _____

14. Does the location have adequate electrical service for the event? Yes___ No___ If no, what is your plan to provide additional service? _____

15. Will inflatables, mechanical rides, dunk tanks or other amusements be used? Yes___ No___ If yes, explain: _____

(Indicate proposed location on map)

16. Will tents or any other temporary structures be erected? Yes___ No___ If yes, explain (including size and quantities): _____

(Indicate proposed location on map)

17. What other events have you or your organization sponsored? (List Events) _____

18. Any other details? _____

SECTION 4 – LEGAL NOTICE

By signing below, I certify that I am at least 18 years of age, that I have read and understand the Special Event Policy, and that I agree to the terms and conditions contained in the Special Event Policy. My signature further confirms (i) that I understand the filing of this application does not ensure the issuance of a Special Event Permit, (ii) that the Special Event Application Fee is non-refundable pursuant to the terms of the Special Event Policy, (iii) I will be responsible for ensuring the event and event participants comply with all applicable Town ordinances, traffic rules, park rules, state health laws, fire codes and liquor licensing regulations and any other applicable laws, rules and regulations including the Special Event Policy, (iv) that fees for park facilities, food sales permits, tent and fireworks permits, etc., are in addition to the Special Event Permit Fee, (v) that I shall reimburse the Town for costs incurred due to extraordinary damage to Town property during the Special Event, (vi) that I am authorized to apply for this Special Event Permit on behalf of the organization holding the event (if applicable), and (vii) that the information contained in this Application is true to the best of my knowledge. I understand that intentionally providing false or misleading information in this Application may lead to civil or criminal penalties.

Hold harmless indemnification and defense.

For good and valuable consideration the applicant and/or the organization agrees to indemnify, defend and hold harmless the Town of Greenville and its officers, officials, employees and agents from and against any and all liability, loss, damage, expenses, costs, including attorney fees arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant/organization, anyone directly or indirectly employed by any of them or anyone whose acts any of them may be liable, except where caused by the sole negligence or willful misconduct of the Town.

Signature of Applicant

Date

OFFICE USE ONLY					
	Received	Date		Received	Date
Completed Application			Application Fee	\$25.00	
Map			Event Fee		
Copy of Insurance			Deposit		
Copy of EM Plan			Total		
Department	Approve	Deny	By	Reason	
Administration					
Clerk					
Community & Economic Development					
Emergency Management					
Fire/EMS					
Parks & Recreation					
Public Works					
Sheriff					
Board	Approve	Deny	Date	Reason	
Town Board					
Date Permit Issued:					