

Date Filed:

Application Fee Paid:

Oshkosh Parks 805 Witzel Ave. Oshkosh, WI 54902

SPECIAL EVENT PERMIT APPLICATION

Applications shall be submitted no later than 60 days prior to the event. Application fees are \$25 for a single day event or \$35 for a multi-day event. An Expedite Fee of \$50 will be applied to late applications.

GENERAL INFO	ORMATION							
Official Name of Event:								
Start Date:				End Date:				
List times for eac	h day:							
	MON	TUES	WED	THURS	FRI		SAT	SUN
SET UP TIME								
START TIME								
END TIME								
CLEAN UP TIME								
LOCATION OF	THE EVENT					I		
City Park:								
Public Property (list street(s), building(s), etc.)								
County Park / Property:								
Other:								
ORGANIZATION SPONSOR								
Name:								
Address:								
City:	State:				Zip:	Zip:		
□ Check this box if this organization is tax exempt (a copy of Wisconsin Sales & Use Tax Exempt form is required)								

CONTACT INFORMATION (One contact person must be on site at ALL times during the event)					
Primary Contact Name:					
Daytime Phone:		Cell Phone:			
Email:					
Address:					
City: State:			Zip:		
Secondary Contact Name:			<u> </u>		
Daytime Phone:		Cell Phone:			
Email:		1			
Address:					
City: State:			Zip:		
EVENT DETAILS					
Type of event:					
 Festival / Music Concert Fun Run / Walk / Roll March Utilizing Public Property Parade Public Assembly (for political purposes) 		 Religious / Educational Rally / Memorial Run / Walk Greater than 5K Sport (fishing, soccer, etc.) Street / Block Party 			
License required)	Alcoholic Beverages (Special Class B		 Food Dunk Tank Marching Units Non-Food Items for Sale / Display Rock Wall Tents / Canopies 		
 Amusement Rides (carnival/midway) Amplified Sound Bounce House Bungee Jump Camping – list camping location (camping/campgrounds must be licensed by Winnebago County Health Dept.) 		 Vehicles (Cars, Trucks, ATV, Boats, etc.) Water Slides Other high-risk activity **It is the organizer's responsibility to notify the City of Oshkosh and request approval of any changes a minimum of 30 days prior to the event. 			

Estimated attendance per day:	Estimated attendance for duration of event:			
□ 50-250 □ 250-500 □ 500-1,000 □ 1,000-3,000 □ 3,000-5,000 □ 5,000+ □ 10,000+	□ 50-250 □ 250-500 □ 500-1,000 □ 1,000-3,000 □ 3,000-5,000 □ 5,000+ □ 10,000+			
Length of Route for Walk / Run / Roll events:				
\Box Less than 1 Mile \Box 1 Mile \Box 2N	Iile D5K D0ther			
Number of Participating Booths / Boats / Cars / etc.				
□ 1-25 □ 25-50 □ 50-100 □ 100-200 □ 200-400 □ 400-600 +				
List date & time of specific activities that occur during the event. (Ex: walk/run held day 2 of event)				
Location of Event Parking:				
(If site mentions late on trust successing City, Danks on an City)	property are needed for parking, a parking and/or turf agreement may be required.)			
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Advertising for your event will consist of:				
 Pre-event advertising through yard or other signs Temporary directional / other signage during the event (no more than 24 hours in advance) 				
For more information regarding Special Event signage visit: City of Oshkosh, Municipal Code, Zoning Ordinance, Chapter 30, Article X: Signage				
SERVICES / FACILITIES REQUESTED / REQUIRED				
Oshkosh Police Department (list times of service requested/required) List days & times requested / required below (circle AM or PM)				
List days & times requested / required below (e				
MondayAM / PM toA	M/PM Tuesday AM / PM to AM / PM			
Wednesday AM / PM to A	M/PM Thursday AM / PM to AM / PM			
FridayAM / PM toA	M/PM Saturday AM / PM to AM / PM			
Sunday AM / PM to A	M/PM			
Will the event requested /require temporary no Will an additional Security Company be onsite				
Security Firm Contact:	Cell Phone:			
Oshkosh Fire Department (list times of service requested/required) Will the event require Paramedic Services and/or Fire Services? Paramedic Fire List days & times requested / required below (circle AM or PM)				
Monday AM / PM to A	M/PM Tuesday AM / PM to AM / PM			
Wednesday AM / PM to A	M/PM Thursday AM / PM to AM / PM			
FridayAM / PM toA	M/PM Saturday AM / PM to AM / PM			
SundayAM / PM toA	M/PM			

Fire Department		
Will fire, candles, fireworks or pyrotechnics be used?	Yes	D No
Will LP (propane) tanks be utilized?	Yes	No
Will vendors be deep frying food?	Yes	L No
(Only Commercial Deep Fryers will be permitted – no free standing un	iits will be allowed	l.)
Public Works / Streets Department		
Are you requesting a full or partial street closure?	Yes	
Will you be contracting with a licensed road sign company?	Yes	
Will the event route cross over a railroad track or bridge?	Yes	□ No
Parks Department (if your event will be held in a City Park)		
Will additional dumpster(s) be brought onsite?	Yes	🗆 No
Will you be requesting a boat launch buy out (50 + boats)?	☐ Yes	
Will payment for the launch fee be paid by individual boaters?	☐ Yes	
Are you requesting turf parking?	☐ Yes	
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List Shelter(s) to be Reserved:		
Community Development		
Will mobile vendors have exclusivity at the event?	L Yes	
(If vendors are <u>not</u> contracted with the event organizer, they must have	e a mobile vending	permit.)
Electricity I los		
<u>Electricity Use</u>		
Will there be a need to utilize City electricity?	∐ Yes	□ No
If electrical is required, the organizer is responsible to contract w	vith a license elec	trician
in electricar is required, the organizer is responsible to contract w	fur u neense eree	direturi.
Inspection Services		
If a City water source is necessary, a licensed plumber must insta	all back flow pre	venters and shall call Inspection
Services for an inspection.	1	1
1		
Winnebago County		
If the event is utilizing Winnebago County property or all or par	t of the waterwa	ys, have the proper agreements and
requirements been completed?	□ Yes	□ No
Other		
Will drinking water be provided?	Yes	□ No
How will it be provided?		
Will portable restrooms or handwashing stations be brought in?	Yes	□ No
Vendor Contact:	Cell Phor	le:
Will food be prepared and served?	Yes	□ No
(Event organizer is responsible to provide containers and removal of gr	ey water/liquid w	aste and grease/oil.)
Food vendors/trucks must be licensed with the Winnebago Cour	nty Health Depai	rtment or the State of Wisconsin.
List food vendor(s) names:		

OTHER REQUIREMENTS					
Event Insurance	Certificate of Insurance is required for medium or high-risk events; the City of Oshkosh , and its officers, council members, agents, employees and authorized volunteers must be listed as additional insured.				
Business & Residential Notifications	Organizer is responsible to notify local businesses and residents that will be impacted by the event				
EMERGENCY CONTACT INFORMATION	and win be impleted by the event				
Identify who will cancel the event if necessary (name/title/phone number)					
Name & Title: Cell Phone:					
Identify how the public will be notified of a cancellation before or during the event.					
 I have reviewed the proposed location for the event and determined suitability for our proposed use. I have reviewed and have considered the Contingency Plan information provided by the City of Oshkosh (see website for details). I have reviewed and understand the City's Insurance Requirements for Special Events (see website for details). 					
 I have enclosed the event's Public Safety Site Plan. I have enclosed other information that we believe is necessary or helpful to describe the planned event. 					
If the event takes place on city property (Parks, City Streets, or other city owned facilities) in whole or in part:					
 I understand and acknowledge that it is the event organizer's responsibility to inspect the area the event is to take place and notify the City's Safety & Risk Management Officer (920.236.5117) of any safety concerns. There are no requested changes, upgrades or safety concerns identified. 					
ORI am requesting the following changes or upgrades to be considered:					
SIGNATURE I am authorized to sign this application and act on behalf of the event sponsor in relation to this event. The information contained in this application for a Special Event permit is true, correct and complete to the best of my knowledge. If there are any changes to the Special Event, I agree that I will promptly notify the City of Oshkosh of these changes and request approval of them. I agree that I, or the sponsoring organization, will pay, or reimburse, the City for the actual reasonable cost of providing extraordinary services for the Special Event according to the current Special Events Extraordinary Fees Schedule.					
Signature of Event Organizer Title of Event Organizer					
Print Name of Event Organizer Date					
Return completed Application and Application Fee to: Oshkosh Parks, Attn: Special Events Coordinator 805 Witzel Ave., Oshkosh, WI 54902					

SPECIAL EVENT INDEMNIFICATION & HOLD HARMLESS AGREEMENT

EVENT NAME:

ORGANIZER NAME:

The event organizer agrees that it, not the City, will be solely responsible for all incidents at the event. This responsibility of the organizer to the City includes but is not limited to the actions of the event organizer, its officers, employees, agents, and volunteers, along with event vendors, contractors, subcontractors, participants, and visitors.

In consideration for the City's approval of the Special Event except to the extent such claims arise from the sole negligence or willful misconduct of the City, the organizer of this event agrees to indemnify and hold harmless the City of Oshkosh, and its officers, council members, agents, employees, and authorized volunteers, from, for, and against and agrees to defend the same from and against, any and all suits, claims, grievances, damages, costs, expenses, judgments, and/or liabilities, including costs of defense and reasonable attorney fees, and further agrees to pay any settlement entered into or on the behalf of, or judgment entered against, the foregoing individuals and/or entities.

The event organizer shall abide by the City's insurance requirements for the event, including the addition of the City of Oshkosh, and its officers, council members, agents, employees, and authorized volunteers as additional insureds for the event.

The individual(s) signing this agreement has the authority to enter into this agreement on behalf of the organizer(s) of the Special Event.

EVENT ORGANIZER(S)

Print Name of Event Organizer

Date

Signature of Event Organizer

Title of Event Organizer

01/06/2025