



Village of Pardeeville

114 Lake Street
Pardeeville, WI 53954
1-608-429-3121
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SPECIAL EVENTS REVIEW APPLICATION

ENTITY/EVENT NAME: _____

EVENT DATE: _____ RAIN DATE: _____

CONTACT PERSON: _____ PHONE: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

ARE THERE ANY CO-SPONSORS? YES ___ NO ___ WHO? _____

LOCATION OF EVENT (area and/or address)

FULL SCHEDULE/DESCRIPTION OF ALL EVENTS TAKING PLACE (can attach brochure or flyer)

DESCRIBE SECURITY PROTECTION (include police, fire, ambulance on call and location)

DESCRIBE EMERGENCY EVACUATION PLAN (in case of medical emergency, fire, weather, etc.)

ESTIMATED TOTAL IN ATTENDANCE PER DAY: _____

WILL THERE BE ANY VENDORS: YES _____ NO _____

PLEASE LIST VENDORS BY PERSONAL NAME, ADDRESS, PHONE (include company name if available):

List must be submitted to Village Clerk no later than 3 business days prior to the start of the event

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ENTITY MUST SUBMIT A CERTIFICATE OF LIABILITY INSURANCE (and answer the following):

INSURANCE COMPANY _____

AMOUNT OF INSURANCE _____

PLEASE LIST ANY VILLAGE OWNED EQUIPMENT THAT YOU ARE REQUESTING (traffic cones, signs, barricades, etc.):

PLEASE BE AWARE THAT YOU ARE RESPONSIBLE FOR RETURNING ALL OF THE BORROWED EQUIPMENT OR A REPLACEMENT FEE MAY BE CHARGED BACK TO YOUR ENTITY.

IF THERE ARE ANY FIREWORKS PLANNED YOU WILL NEED TO SUBMIT A SEPARATE FIREWORKS REVIEW APPLICATION.

PLEASE COMPLETE A DIAGRAM ON THE NEXT PAGE FOR THE SPECIAL EVENT OR SUBMIT A MAP WITH A ROUTE OR ANY OTHER NOTATIONS TO HELP EXPLAIN THE LAYOUT OF THE EVENT. INCLUDE ALL DISTANCES FROM STRUCTURES IN THE GENERAL AREA USED AND IF NECESSARY, SHOW A DIAGRAM OF THE STREETS AND AREAS WHERE SIGNS WILL BE PLACED AND INCLUDE ANY REQUESTS FOR LOCATION OF UTILITIES. PLEASE DO NOT PLACE ANY EVENT SIGNS IN THE VILLAGE RIGHT-OF-WAY.

Office Use:

Date Application Submitted: _____

Date of Village Board Approval: _____

Date Sheriff's Dept. Notified: _____

Date Fire Chief Notified: _____

Date EMS Director Notified: _____

Official's Signature: _____

PLEASE DRAW DIAGRAM/MAP FOR SPECIAL EVENT (include all distances from structures in the general area and also show a diagram of the streets and areas where signs will be placed and include any requests for location of utilities) FEEL FREE TO USE ADDITIONAL PAGES.