

# CITY OF BURLINGTON

## SPECIAL EVENT PERMIT APPLICATION

For Office Use Only

Date of Application: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Sent for Staff Review: \_\_\_\_\_

Council Meeting: \_\_\_\_\_

### SUMMARY OF EVENT

Event Title: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Event Location: \_\_\_\_\_

Nature of Event:  Festival  Parade  Bike Race/Ride  Foot Race/Run  March/Processional  
 Rally  Circus  Demonstration  Other: \_\_\_\_\_

**COVID-19 SAFETY PLAN:** All applicants are required to submit a detailed plan outlining the safety plans and precautions that will be used in order to mitigate the spread of the COVID 19 (see page 3),

**Site Plan Requirement:** All applicants are required to submit a detailed Site Plan/Map. Site plans/maps must include location, any street closures, barricades, race/parade routes, stages, alcohol sale location, tents, etc.

**Certificate of Insurance:** The City of Burlington must be listed as the Certificate Holder and as additionally insured. If alcohol is being served, Liquor Liability coverage must also be included.

*(Minimum Liability Limits, unless otherwise specified: General Liability: \$1,000,000 per Occurrence, \$2,000,000 Aggregate; Automobile: \$1,000,000 Combined Single limits; Umbrella Liability: \$1,000,000; Workers Compensation: State Minimum)*

**Description of Event:** Describe what you are planning so that reviewing officials can determine whether city services will be needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated Attendance (participants, staff, vendors, crowd, etc.): \_\_\_\_\_

Is this a multi-day event?  Yes  No

If so, how many days? \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### EVENT ORGANIZER INFORMATION

Applicant Name: \_\_\_\_\_

Group Represented: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Person In Charge of Event: \_\_\_\_\_

On-Site Contact: \_\_\_\_\_ On-Site Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

## DETAILED EVENT INFORMATION

Event Set Up Date: \_\_\_\_\_ Time: \_\_\_\_\_

Start Time for Event: \_\_\_\_\_ a.m./p.m. End Time for Event: \_\_\_\_\_ a.m./p.m.

Alcohol Being Served\*?  Yes  No Licensed Agent: \_\_\_\_\_

\*An application for a Temporary Class "B"/"Class B" Retailer's License must be submitted and approved to serve alcohol.

Are Park Reservations Necessary?  Yes  No

\*Park reservations must be made via the Department of Public Works. Please call 262-342-1181 for more information.

Barricades Needed\*?  Yes  No Amount Needed & Locations: \_\_\_\_\_

\*This may result in a fee

Will A Temporary Structure or Tent Be On-Site?  Yes  No Does the Tent have Sidewalls?  Yes  No

Police Services Requested\*?  Yes  No

Hours & Dates Police Services Needed: \_\_\_\_\_

\*This may result in a fee

EMS/Fire Services Requested\*?  Yes  No

Hours & Dates EMS/Fire Services Needed: \_\_\_\_\_

\*This may result in a fee

Trash Receptacles Needed\*?  Yes  No Amount Needed & Locations \_\_\_\_\_

\*This may result in a fee

Person(s) Responsible for Clean Up After the Event: \_\_\_\_\_

Picnic Tables Needed\*?  Yes  No Amount Needed & Locations \_\_\_\_\_

\*This may result in a fee

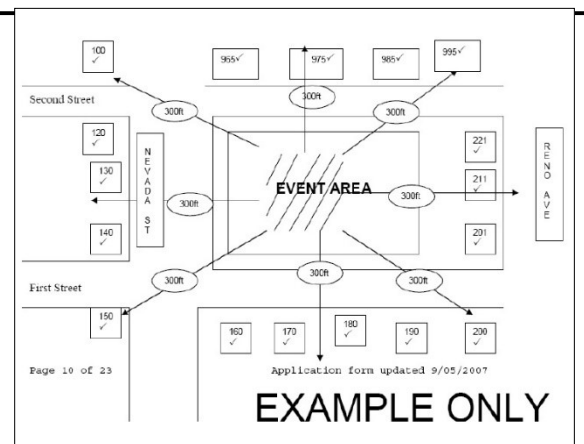
Will Your Event Involve Live Performances, Loud Speakers or a DJ\*?  Yes  No

\*Per Section 219-2A(7) of the Municipal Code, loudspeaker or sound-amplifying devices shall not be used between the hours of 10 PM to 8 AM and privileges may be revoked if the volume becomes a nuisance.

## IMPACTED NEIGHBOR NOTIFICATION

The Event Organizer shall notify all residences and businesses within any street closure or lane restriction area of the upcoming event. Notification shall include the following information:

- Event name
- Dates and times of event
- A brief description of the event
- Any closure areas
- Where attendees will be parking



**DETAILED COVID SAFETY PLAN (please use additional paper if needed)**

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**AFFIDAVIT OF APPLICANT**

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I, the undersigned applicant, or authorized agent thereof, swear or affirm that the matters stated in the foregoing application are true and correct upon my personal knowledge and information for the purpose of requesting the City of Burlington to approve the Special Event and other permits herein applied for, that I am qualified and eligible to obtain the permit applied for and agree to pay all fees, to meet all requirements and any additional regulations, conditions, or restrictions set forth in the permit and to comply with the laws of the City of Burlington in the conduct of the Special Event described herein.

I/We, the undersigned, agree to abide by all City Ordinances and the rules and regulations which are made part of this permit application and hereby release, discharge, hold harmless and agree to defend the City of Burlington, its officers, agents, and employees from and against any and all loss that may arise out of or result from, in any way, in whole or in part, the scheduled event, the conduct or actions of any individual participating in or attending the scheduled event, the issuance of the Road Closing Permit or the closing of any road (whether or not a Permit has been issued) for the scheduled event.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature

**CITY OF BURLINGTON STAFF USE ONLY**

**POLICE DEPARTMENT REVIEW**

Approval Recommended:  YES   
Police Hours Required: \_\_\_\_\_  
Estimated Fee for Police Service: \_\_\_\_\_  
Reviewed By: \_\_\_\_\_  
Date: \_\_\_\_\_

Comments and/or Stipulations for Event:

**PUBLIC WORKS DEPARTMENT REVIEW**

Approval Recommended:  YES  NO  
Hours Required: \_\_\_\_\_  
Estimated Fee for DPW Service: \_\_\_\_\_  
Reviewed By: \_\_\_\_\_  
Date: \_\_\_\_\_

Comments and/or Stipulations for Event:

**FIRE DEPARTMENT REVIEW**

Approval Recommended:  YES  NO  
Hours Required: \_\_\_\_\_  
Estimated Fee for BFD Service: \_\_\_\_\_  
Reviewed By: \_\_\_\_\_  
Date: \_\_\_\_\_

Comments and/or Stipulations for Event:

**BUILDING INSPECTION REVIEW**

Approval Recommended:  YES  NO  
Hours Required: \_\_\_\_\_  
Estimated Fee for Bldg. Insp. Service: \_\_\_\_\_  
Reviewed By: \_\_\_\_\_  
Date: \_\_\_\_\_

Comments and/or Stipulations for Event:

**HEALTH OFFICER REVIEW**

Approval Recommended:  YES  NO  
Hours Required: \_\_\_\_\_  
Estimated Fee for Health Service: \_\_\_\_\_  
Reviewed By: \_\_\_\_\_  
Date: \_\_\_\_\_

Comments and/or Stipulations for Event:

City Council Meeting Date: \_\_\_\_\_

City Council Approval Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Notes: \_\_\_\_\_