

Village of Winneconne
 30 S 1st Street • Winneconne, WI 54986 • (920) 582-4381

Special Event/Park Shelter Permit

APPLICANT AND SPONSORING ORGANIZATION INFORMATION

Contact Person: _____

Phone: _____ Email: _____

Organization (if applicable): _____ Not-for-Profit: Yes No

Street Address: _____ City: _____ State: _____ Zip: _____

Contact Onsite the Day of Event: _____ Cell Phone: _____

SPECIAL EVENT INFORMATION

Event Description: _____ Event Type: Private Public

Please list hours open to the public each day:

Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____

Estimated Attendance: _____

Event Date(s): _____

Set Up Date and Time: _____

Take Down Date and Time: _____

Facility Requested: (Check/circle)

Lake Winneconne Park	Marble Park	Waterfront Park	Other: Please Describe
<input type="checkbox"/> Shelter One-West <input type="checkbox"/> Shelter Two-East (with restrooms) <input type="checkbox"/> Barn <input type="checkbox"/> Gazebo <input type="checkbox"/> Event Only	<input type="checkbox"/> Small Shelter <input type="checkbox"/> Large Shelter <input type="checkbox"/> Event Only	<input type="checkbox"/> Pavilion <input type="checkbox"/> Event Only	

Please circle if you plan to include the following during the event:		
Food Sales	Yes No	If yes, please contact Winnebago County Health Department.
Cooking	Yes No	If yes, please contact Winnebago County Health Department.
Alcohol*	Yes No	Temporary Beer Licenses require Village Board approval. Please apply four (4) weeks prior to the event for required retail and bartender licenses.
Vendors	Yes No	If yes, please contact state of Wisconsin and the Village Park Board for the proper permits for temporary sales.
Port-O-Johns (At Own Expense)	Yes No	The Village requires a ratio of one (1) restroom facility per one hundred (100) people (public restrooms are considered part of calculation).
Sign(s)	Yes No	Please refer to land-use ordinance 9-1-31(g) for regulations.
Tent(s)	Yes No	If so, you must contact Diggers Hotline (811) to mark underground utilities.
Music/Sound Amplification	Yes No	Village ordinances require all amplified music be turned off by 10:00 pm. Request for variance of the ordinance shall be made a minimum of four (4) weeks in advance of the event.
State Highway 116 Closure	Yes No	Closure of STH 116 requires a DOT permit, available at the Wisconsin DOT website: http://www.dot.state.wi.us/forms/docs/dt1479.doc . Requests shall be made at least ninety (90) days in advance of event.

*If selling alcohol on Village-owned property, organization is required to carry liability insurance. Proof of insurance is required two weeks prior to event date.

Municipal services requested:		
Street Closure	Yes No	Which streets and for how long (be specific and please attach a map):
Traffic Control Police Officers	Yes No	Additional fee(s) apply for police-controlled traffic and may be required if event reaches an extraordinary size. Please indicate the number of officers requested and the time and location needed?
Traffic Control Devices (No Parking, Stop, Directional, Barricades, Cones, etc.)	Yes No	How many, which devices, when, and where?
Additional Police Presence	Yes No	Additional fee(s) apply for police presence. Please indicate the number of officers requested and the time and location needed?
Access to Electricity	Yes No	Based on availability. Must provide your own extension cords.
Access to Running Water	Yes No	Based on availability. Must provide your own hose.
Additional Trash Bins	Yes No	Total Number (up to 6): If ordering a dumpster, please include placement and number on map of event.
Portable Volleyball Nets	Yes No	
Picnic Tables	Yes No	Based on Total Number Requested (May be limited during certain times):
Any additional Special Assistance needed from the Village?	Yes No	Describe:

PLEASE NOTE: An event map is required with application submission and shall include location, routes, areas used, barricade placement, port-o-john locations, etc.

Contact Person Signature: _____ Date: _____

VILLAGE APPROVALS

Acknowledged and Approved by Public Works Director: _____ Date: _____

Notes: _____

Acknowledged and Approved by Chief of Police: _____ Date: _____

Notes: _____

OFFICE USE ONLY

Fee Amount: _____ [] Credit Card [] Cash [] Check #: _____
Today's Date: _____ Received by: _____