

City of Berlin –Special Event Permit Checklist

Name of Event: _____

18-333 Event on Street/Highway (5k Run/Walk, Car show, Non profit vendor sales event, Business open house etc.)

Use of City streets, sidewalks, street parking spaces

Parade (School Homecoming, Memorial Day, Pumpkins on Petunias tractor, Christmas Parade etc.)

Event on Municipal Parking Lot (Farmers Market, Fox River Days, Pumpkins on Petunias etc.)

Use of South Capron St Lot, Market Square Lot

- Date application submitted: _____
- _____ COMPLETE APPLICATION Submitted no less than 45 days prior to event if NEW EVENT (45 days time period may be waived if the Event is Recurring)
- _____ Description of event, sketch of location, or outlined map if needed
- _____ CERTIFICATE OF LIABILITY INSURANCE (Unless Exempt) In the Amount of \$1,000,000 BODILY, \$500,000 PROPERTY for EACH OCCURRENCE with THE CITY OF BERLIN NAMED AS AN ADDITIONAL INSURER

Expiration date: _____

Or
- _____ EXEMPTION FROM LIABILITY INSURANCE (Religious, charitable, service, fraternal, veterans, school)

Proof of exemption status required YES or NO
- _____ SIGNED INDEMNIFICATION AGREEMENT (Required for all permits.)
- _____ NEIGHBORING RESIDENT CONSENT (Not required for parades or 5k runs/walks. Street use requirement – at least 75% of named streets' residents, municipal parking lot requirement – at least 75% of residents within 200 feet of named lot.)
- _____ FEE OF TWENTY DOLLARS (\$20.00) Date of payment: _____
- _____ Reviewed by Chief of Police (New only, for recurring give FYI copy)
- _____ Reviewed by Street Superintendent (New only, for recurring give FYI copy)
- _____ Date of Council Meeting for new approvals: _____

NOTES:

CITY OF BERLIN PERMIT APPLICATION

Special Events on Streets, Highways, and Municipal Parking Lots

(Provisions of SEC. 18-331 thru SEC.18-337 Municipal Code Apply)

If you need additional space for any answers, attach additional sheets as necessary

_____ **18-333 Event On Street/Highway** _____ **18-333 Parade** _____ **18-333 Event on Municipal Parking Lot**
Applicant's Name: _____ Date of Application: _____

Applicant's Telephone Number: _____ Applicant's DOB/Organized: _____

Applicant's Address: _____

Purpose of Application Request: _____

If applicant is an organization, provide the name(s), title(s) or position(s), address(es), and telephone number(s) of authorizing official(s) (for corporations, all officers and directors; for LLC's, all members and managers; for partnerships, all partners; for trusts, all trustees):

Name, Title, and Address	Telephone Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If applicant is **NOT** an organization (corporation, LLC, partnership, trust, etc), provide the name(s), title(s), or position(s), address(es), and telephone number(s) of person(s) responsible for this request:

Name, Title, and Address	Telephone Number
_____	_____
_____	_____
_____	_____

Details of Event: (For extended details, use the back of this form and include drawings of proposed event or route).

What: _____

When: _____ Start Time and Duration: _____

Where: _____ If Parade, Assembly Area: _____

Estimated number of units (if parade) or persons attending (if other event): _____

Does applicant claim exemption from liability insurance as a government agency, religious, fraternal, veterans, charitable, or service organization per Sec. 18-333(b)(2) and or (4). _____ Yes _____ No

If yes, explain: _____

(Also submit any supporting documentation for this claim of exemption)

Applicant or Applicant's Agent's Name Signature: _____

Name of Person Signing (please print): _____

Title of Person Signing (if applicant is an organization): _____

For Office Use Only Include with Application:

_____ Fee Paid (or) Exempt from fee (governmental procession) _____ Yes _____ No

_____ Neighboring Consent Form (or) _____ Not Applicable _____ Indemnification Form

_____ Liability Insurance (or) _____ Applicant is exempt and approved by City Attorney

Reviewed by: _____ Chief of Police _____ Street Superintendent

Common Council approval: _____ Yes _____ No _____ NA (Recurring)

Recommendation: Conditions for Approval or Reasons for Denial:

Additional Details: _____

[illegible]



City of Berlin

108 North Capron Street P.O. Box 272
Berlin, WI 54923
920-361-5400 Phone 920-361-5454 Fax

Indemnification, Defense, and Hold Harmless Agreement

The undersigned, as an applicant for a permit from the City of Berlin, hereby agrees to indemnify, defend, and hold harmless the City of Berlin and its employees and agents against all claims, liabilities, loss, damages, or expenses against or incurred by the City of Berlin on account of any injury to or death of any person, or any damage to property, caused by or resulting from the activities for which the permit was granted.

Specifically this Agreement applies to the following event:

(Description and location of event)

On: _____
(Date(s) of event)

By: _____
(Sign and Print Name)

OR On Behalf of:

(Name of Organization and Title if applicable)

If signing on behalf of an organization, you must have authority from the organization to sign an agreement like this. By signing this agreement, you are warranting to the City of Berlin that you have such authority.

