

## City of Berlin –Street Privilege / Special Event Permit Checklist

Name of Event \_\_\_\_\_

18-401 Street Privilege – Temporary construction (Dumpster, bucket truck, sidewalk blocked etc.)

Use of City streets, sidewalks, street parking spaces

Street Privilege – Sidewalk café (table, chairs, service of food etc.)

Street Privilege – Automobiles in terrace (ex. West Side Garage)

18-402 Special Vending – Multiple vendors (Sidewalk sales etc.)

- Date application submitted: \_\_\_\_\_
  - \_\_\_\_\_ COMPLETE APPLICATION Submitted no less than 45 days prior to requested start date for sidewalk café (45 days time period may be waived if the permit request is Recurring)
  - \_\_\_\_\_ Description of requested activity, 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: \_\_\_\_\_
  - \_\_\_\_\_ SIGNED INDEMNIFICATION AGREEMENT (Required for all permits.)
  - \_\_\_\_\_ FEE OF TWENTY DOLLARS (\$20.00) Date of payment\_\_\_\_\_
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- \_\_\_\_\_ 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

## Street Privilege and Special Event Vending

(Provisions of SEC. 18-401 thru SEC.18-402 Municipal Code Apply)

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

18-401 Street Privilege  
(Temporary Construction)

18-401 Street Privilege  
(Sidewalk Café)

18-402 Special Event Vending\*  
(Multiple Vendors 18-402(a)(3) (c)(2))

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 Activity or Event: (For extended details, use the back of this form and include sketch(es) or drawing(s) of the proposed obstruction, sidewalk café, or event).

What: \_\_\_\_\_

When: \_\_\_\_\_ Duration: \_\_\_\_\_

Where: \_\_\_\_\_

**\*Note:** Applicants for special event vending permit must be an organization representing at least 25 businesspersons, all of whom operate either a retail, service, manufacturing, or wholesale business within the city.

If applying for a special event vending permit, the permit will apply to: (check one)

\_\_\_\_\_ All businesses operating within the city \_\_\_\_\_ Only specified businesses represented by the applicant

If the only specified businesses option is selected, attach a separate list or list on the back of this form the businesses participating in the event including name, address, and telephone number of each business.

Applicant or Applicant's Agent's Signature: \_\_\_\_\_

Name of Person Signing (please print): \_\_\_\_\_

Title of person signing (if applicant is organization): \_\_\_\_\_

### **For Office Use Only:**

Included with Application: \_\_\_\_\_ Fee \_\_\_\_\_ Indemnification Form \_\_\_\_\_ Liability Insurance

Reviewed by: \_\_\_\_\_ Chief of Police \_\_\_\_\_ Street Superintendent

Common Council Approval: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ NA (Recurring or Temporary Construction)

Recommendation: Conditions for Approval or Reasons for Denial:

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

[illegible][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:

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(Description and location of event)

On: \_\_\_\_\_  
(Date(s) of event)

By: \_\_\_\_\_  
(Sign and Print Name)

**OR** On Behalf of:

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(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.*



# City of Berlin

## City Map

MAP KEY	
	Schools
	Churches
	Library
	City Hall/ Police Station
	Campground
	Hospital
	Aquatic Center
	Boat Landings
	Parks

