

Informational Questions		No	Yes	Notes
1	Was a Special Event Permit previously approved in times past for this event?			
2	Will there be outdoor amplified sound?			Additional application required.
3	Will alcohol be sold, served or consumed?			Additional licenses may be required.
4	Are you requesting any City streets to be closed to traffic?			See Below*
5	Will your event use County, State or US Highways?			If yes, please provide a map clearly marking the highways that will be used. Additional permission from the County is required.
6	Will park, conservancy land, or trails be used? If so, have you reserved a park, pavilion, or any other city facilities for the event?			Contact Parks Department: 845-6695 If using park facilities, the application will not go before the Public Safety Committee without Parks Department approval.
7	Will items or services be sold or given away at this event?			If yes, please attach a list of types of items or services.
8	Does this event involve a plan for tents, stages, inflatable bounce houses or temporary structures?			Include on event layout map.
9	Does your event include the use of fireworks, rockets, lasers, other pyrotechnics, or open flame?			Must receive written approval from Fire Chief or his designee. 608-845-9401
10	Do you plan to provide portable toilets at your event?			
11	Will your event have dedicated coverage by an Emergency Medical Provider?			
12	Is this a race or timed event where participants need the right of way on City streets?			If traffic control is desired, a police officer is required, per WI Law.
13	Will there be a clear path of travel (min. 18' wide) for emergency vehicles throughout your event?			
14	Does your event include running or biking that will need a dedicated lane of travel on City streets?			Posting of No Parking signs by PD will be needed and billed to event.

***If you answered YES to street closures, please attach a map/diagram of the portion(s) of street you wish to have closed for your event. Please include street names and as much information as possible.**

If you are NOT intending to close any City Streets, or request the right of way, but intend to use City Streets, you will share the street with vehicular traffic and agree to abide by all traffic laws. Failure to comply with traffic laws will result in the immediate termination of all event activities.

***Applicant Initial Here: _____**

EVENT CONTACTS

PLEASE LIST NAMES, LOCATIONS AND CELL PHONE NUMBERS OF ON-SITE EVENT CONTACT PERSONS

NAME as shown on ID	DOB	LOCATION AT EVENT (Ex: Race Start, Supply Tent etc.)	TIME ON-SITE (Ex: 10 a.m. to 2 p.m.)	CELL PHONE

APPLICATION PROCEDURES

1. Application and all required materials shall be submitted to the City Clerk a minimum of **45 days prior to the event.** (*Section 7-7-1(h) of the City of Verona Code of Ordinances*)
2. Upon verification of the application the City Clerk shall submit the application to the Police Chief for further review.
3. The applicant will be contacted by the Police Department Staff to review event route and the need for on- site police officers or City staff at the event.
4. The applicant is subject to a background check.
5. All police traffic control/city staff time incurred shall be billed to the applicant upon the completion of the event.
6. The applicant may be required to attend a Public Safety and Welfare Committee meeting and/or a Common Council meeting at which the event application will be reviewed for approval.
7. Once the application is approved by the appropriate official(s) the permit will be issued.

APPLICANT SIGNATURE

PLEASE READ CAREFULLY BEFORE SIGNING

I understand the application and event requirements and agree to adhere to all applicable federal, state, and municipal laws in addition to the requirements on the application. I agree to pay any invoices received from the City of Verona for staff time at the event within 30 days of the invoice date. I understand that failure to adhere to any application requirements or any federal, state or municipal laws involving the event will result in the denial of the application or immediate termination of the event. The violation of federal, state or municipal laws will be subject to applicable fines and penalties.

Applicant Signature

Date

***Once application is approved, the permit will be issued to applicant via email.
A copy of the permit must be available at event for conformation.***

OFFICE USE ONLY
PLEASE DO NOT WRITE ON THIS PAGE

CHIEF OF POLICE

Date Received by Police: _____

The event application has been reviewed and the following issues need to be addressed:

Meeting with Applicant: Yes No If YES, Date of Meeting: _____

Barricades needed? Yes No

Traffic Control/Officers Needed:

CIB Information:

CERTIFICATION OF APPLICATION BY CHIEF OF POLICE:

Approved Denied

Signature of Chief of Police

Date

MUNICIPAL CLERK

Application Received Date: _____

45 Day Application Requirement Met: YES NO

Date Submitted to Police on: _____

All required documents submitted: YES NO

Items Still Required: _____

PUBLIC SAFETY & WELFARE COMMITTEE:

Date of meeting: _____ APPROVE DENY

COMMON COUNCIL:

Date of meeting: _____ APPROVE DENY

Signature of Municipal Clerk: _____

Date: _____

Copy provided to applicant: Yes No Date: _____

Copy provided to: EMS: Yes No | Fire: Yes No | PD: Yes No | PW: Yes No