



Special Event Fee: \$75 \$100 \$125

Total Amount Paid: _____

Receipt No. _____

Village of Hobart Application for a Special Event

NOTICE: This application must be on file in the Office of the Village Clerk a minimum of 60 days prior to the date of the event.
Phone (920) 869-3802 | Fax (920) 869-2048

1. Name/Description of Event: _____
2. Date of Event: ____/____/____ or, if multiple days, what is Start Date ____/____/____ End Date: ____/____/____
Time event will start to form: _____AM/PM Actual Start time: _____AM/PM Finish Time: _____AM/PM

3. Name and complete address of Organization/Individual organizing the event:

Name of Organization, if applicable Telephone # () _____ - _____

Name (first, middle, and last) of Individual organizing the event Business phone # () _____ - _____

Street Address

City, State, ZIP

4. Email Address: _____

5. **LOCATION OF THE EVENT** (Please attach a detailed map or diagram of your event)

Name of Business or Owner Telephone # () _____ - _____

Name (first, middle, and last) of Individual organizing the event Business phone # () _____ - _____

Street Address

City, State, ZIP

Will the event be held in a Hobart Park or utilize any park facilities? Yes No If Yes, Which park? _____

Have you reserved the park for this purpose? Yes No If no, please contact the Village Office at (920) 869-3802 to do so immediately.

Does the event require streets to be closed? Yes No If yes, please indicate which street(s): _____

Will the event be held indoors? Yes No If yes, what building? _____
Building Name

Street Address

6. TELL US ABOUT YOUR EVENT:

Will food be prepared and/or served at the event? Yes No If yes, please contact Brown County Health Department.
Approval of this permit requires an approval from the Brown County Health Department.

Will you have a band or amplified music? Yes No If yes, a variance permit may be needed.
(The Village of Hobart will be able to provide you additional information on noise and noise ordinances with the Village.)

What is the estimated attendance at your event? Number of participants _____ Number of Vendors* _____
Number of Vehicles _____ Maximum number of tickets to be sold, if any? _____

Do you require any special parking restrictions? Yes No If yes, please indicates what type, when and where: _____

*Please attach to this application a complete list of sponsors and vendors with contact information for each.

Will a tent or any other temporary structures be used during the event? Yes No
If yes, will the tent be larger than 200 square feet? Yes No

Will any fireworks or pyrotechnic devices be used during the event? Yes No
(Please obtain the proper Fireworks Permit from the Village of Hobart office)

What toilet facilities will be made available to your participants? Indoor at: _____
 Outdoor, # of units to be provided: _____

Location(s) of portable restrooms: _____

Will alcoholic beverages be served/sold? Yes No If yes, please contact the Village Clerk for the regulations and application for a "Special Class B" license.

Will your event request the use of a hydrant meter? Yes No

7. SAFETY/SECURITY FOR YOUR EVENT:

Do you have the correct level of insurance for your special event? Yes No *(Review Special Events Ordinance)*

Who is the designated contact person of your event?

Name (first, middle, and last)

Street Address

City, State, ZIP

Contact person telephone number: () _____ - _____ (Before the event) () _____ - _____ (Day of the event)
THIS NUMBER MUST BE PROVIDED

8. Other special assistance requested: _____

I understand the filing of this application does not ensure the issuance of this permit. I also understand that all Special Events sponsors must comply with all applicable village ordinances, traffic rules, park rules, state and county health laws, fire codes and liquor licensing regulations. I further understand that an incomplete application shall be cause for denial of the special event permit.

Hold Harmless Indemnification and Defense.

The applicant and/or the organization agrees to indemnify, defend and hold harmless the Village of Hobart and it's officer, officials, employees and agents from and against any and all liability, loss, damage, expenses, costs, including attorney fees arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant/organization, anyone directly or indirectly employed by any of them or anyone whose acts any of them may be liable, except where cause by the sole negligence or willful misconduct of the Village.

_____/_____/_____
Date

Signature of Applicant

Fees are Non-Refundable. Submit completed application along with the appropriate fees to:

Village of Hobart
2990 S. Pine. Tree Rd.
Hobart, WI 54155

Name of Event: _____

For Office Use Only

Fire Approved Denied Reason: _____ By: _____

Inspection Approved Denied Reason: _____ By: _____

Police Approved Denied Reason: _____ By: _____

Public Works Approved Denied Reason: _____ By: _____

Insurance required: Yes No Certificate of Insurance on file: Yes No COI expires: _____/_____/_____

Special B License required: Yes No Date of Special B application _____/_____/_____

Date license issued: _____/_____/_____ License No. _____