



CITY OF KIEL

621 Sixth Street
 P.O. Box 98
 Kiel, WI 53042
 Phone (920) 894-2909

BOUNDARY EXTENSION APPLICATION

Application must be filed a minimum of 20 days prior to the special event or a \$200 fee will be incurred.

ORGANIZATION INFORMATION			
NAME OF ORGANIZATION			
MAILING ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	WEBSITE ADDRESS		
EVENT CONTACT PERSON			
MAILING ADDRESS	CITY	STATE	ZIP
HOME PHONE	WORK PHONE	CELL PHONE	
EMAIL ADDRESS			

EVENT INFORMATION	
NAME OF THE EVENT IF APPLICABLE	DATE(S) OF THE EVENT
EVENT START TIME	EVENT END TIME
LOCATION OF THE EVENT	
<p>A. A detailed map/sketch of your event indicating the specific location and the layout of your event must be included or your application will not be accepted.</p>	
<p>B. Generally, describe your event and its purpose.</p>	
<p>C. Estimated number of participants:</p>	

OTHER INFORMATION

A. Is there an outdoor bar that will serve alcohol? <i>If yes, temporary Class B beer and/or wine (picnic) and operator (bartender) licenses are necessary under separate application.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please list the number of City of Kiel licensed bartenders that will be on site:	
B. Does your event involve amplified music?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, will the amplified music be a:	<input type="checkbox"/> Band <input type="checkbox"/> DJ <input type="checkbox"/> Other
Hours when amplified music will be played:	
C. Will you need barricades provided by the City of Kiel for your event?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, how many?	
D. What other assistance do you foresee needing from the City of Kiel (personnel, materials, equipment, etc.)?	

PERMIT FEE

The fee of the boundary extension permit is \$10.00.

Date paid: _____

SIGNATURE

By signing this form, the applicant certifies authorization to act on behalf of their organization, and hereby agrees to hold the City of Kiel its officers, agents, employees, and contractors harmless against all claims, liability, loss, damage or expense (including but not limited to actual attorney fees) incurred by the City for any damage or injury to person or property caused by or resulting directly or indirectly from the activities for which the permit is granted.

Signature of Applicant	Date
------------------------	------

-----Office use only-----

Application forwarded to and approved by:

City Administrator

Date

Chief of Police

Date