



CITY OF KIEL

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

SPECIAL EVENT / OUTDOOR EVENT PERMIT APPLICATION

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

Application must be filed with city staff a minimum of 45 days prior to the special event.

VENUE INFORMATION	
NAME OF THE EVENT	DATE(S) OF THE EVENT
EVENT START TIME(S)	EVENT END TIME(S)
LOCATION OF THE EVENT	
A. Please attach a detailed map/sketch of your outdoor event indicating the specific location and layout of your event.	
B. Generally, describe your event and its purpose. Please attach additional sheets or use "Additional Notes and Information" on next page if more room is needed. _____ _____ _____	
C. Estimated number of participants: _____ *Must not exceed fire and building code limits	
D. Does the event's location border residential property? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, est. distance to nearest property? _____	
E. What zoning is the event location located in? _____ *Contact City Hall staff if information is not known	
F. Is there a plan for post-event clean up of litter and debris? <input type="checkbox"/> YES <input type="checkbox"/> NO	
G. Are there designated entry and exit points including emergency exits? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, show on diagram	
H. Does your business/organization have liability insurance for this event/activity? <input type="checkbox"/> YES <input type="checkbox"/> NO	
I. Is outdoor lighting appropriately shielded to prevent distractions to nearby traffic and properties? <input type="checkbox"/> YES <input type="checkbox"/> NO	
J. Is there adequate parking onsite or available nearby for attendees to legally park vehicles? <input type="checkbox"/> YES <input type="checkbox"/> NO	

OTHER INFORMATION

A. Do you understand that all sales of alcohol are governed by local ordinance and Wis. Ss. (Chapter 125) including need for properly licensed operators (bartenders) on premise? YES NO

Please list the number of City of Kiel licensed bartenders that will be on site:

B. Does your event involve amplified music? YES NO / If Yes: Band DJ Other

Hours when amplified music will be played: _____ to _____ *End times after 10pm require council approval

Do you agree to work cooperatively with the Kiel Police Department to resolve loud noise complaints? YES NO

CITY SERVICES

Will you need barricades provided by the City of Kiel for your event? YES NO

If yes, how many?

Date Needed:

Time Needed:

C. What other assistance do you foresee needing from the City of Kiel (personnel, materials, equipment, etc.)?

D. Have you reviewed a copy of the City of Kiel Ordinance # 12.061 "Special Events" and do you understand that you may be charged for City Services? YES NO

PERMIT FEE

For a non-profit organization, there is no charge, for a for-profit organization

Non-profit/civic organization For-profit organization

\$100.00 Date Paid: _____ / Check #: _____

***Fee is non-refundable. If permit denied, and re-submitted, fee required for each submittal**

DEPOSIT REQUIREMENTS

For events using city buildings/properties, the applicant may be required to submit to the City Clerk-Treasurer's Office a cleaning/damage deposit of \$200 for each scheduled day of the event (or portion thereof) two weeks prior to the starting date of the event. That deposit shall be refunded to the applicant, if, upon inspection, all is in order, or a prorated portion thereof as may be necessary to reimburse the City for loss or cleaning costs. The City reserves the right to retain the entire deposit if cleanup is not completed satisfactorily in the time frame as specified in the permit. Unless otherwise stated in the permit, the applicant shall be fully responsible for all necessary cleanup associated with the permitted event to be completed within 24 hours after the conclusion of the event.

ADDITIONAL NOTES AND INFORMATION

Emergency Revocation and Termination of Special Events:

By signing this document, applicant clearly understands that a permit issued may be immediately terminated and revoked including while an event is in progress if the Police Chief, and/or Fire Chief or their designees determine that the activities for which the permit was issued:

- endangers the health, safety or general welfare of the public
- violates conditions which formed the basis of issuing the permit;
- violates city ordinances, WI state laws, or other unforeseen emergency or catastrophe concerns due to weather, fire, riot, or other public safety hazard.

By signing this form, the applicant certifies authorization to act on behalf of their business/organization, and hereby agrees to abide by all ordinances of the City of Kiel and laws of the State of Wisconsin related to their business operations, including the special and/or outdoor events listed on this application. The applicant further agrees to cooperate with city staff to address any unforeseen issues that may arise as a result of the event and activities for which this permit was issued.

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

FOR CITY STAFF USE OFFICE USE ONLY

Application forwarded to and approved by (provide comments if necessary):

- Public Works: _____
- Fire Department: _____
- Police Department: _____
- Kiel Utilities: _____
- City Administrator: _____

COUNCIL ACTION AND REQUIREMENTS

Date Reviewed By City Council: _____ Approved By City Council: YES NO

ADDITIONAL INFORMATION / REQUIREMENTS / DIRECTIVES FROM CITY COUNCIL

DATE APPLICANT NOTIFIED: _____ BY: _____ (NAME) _____ (TITLE)