

**Town of Namakagon  
23845 County Hwy M  
Cable, WI 54821**

**SPECIAL EVENT PERMIT APPLICATION FORM**

Fees: \$50    Date Paid: \_\_\_/\_\_\_/\_\_\_    Check # \_\_\_\_\_  
FEES ARE NON-REFUNDABLE

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Incomplete applications will not be accepted or will be returned to the applicant. Submitting an application does not guarantee the application will be approved – please speak to the Town Clerk for more information. Applications must be submitted a minimum of 60 days prior to the event for appropriate approval. For more information, please refer the Special Event Policy. Approval of the event can only be granted by the Town Board at its discretion. If approval is granted, then the Town Board will determine if any license held by the applicant will be amended, if applicable.

**PLEASE PRINT CLEARLY!**

<b>SECTION 1 – APPLICANT INFORMATION</b>	
Information about the person applying to have a special event or applying on behalf of an organization	
Name:                      First                      Middle Name                      Last	Date of Birth:
Address:	
Phone Number:	Email Address:

<b>SECTION 2 – ORGANIZATION INFORMATION</b>	
Information about the organization having the special event, if applicable	
Organization's Name:	
Organization's Address:	
Organization's Phone Number:	Organization's Email/Website:
Applicant's Relationship to Organization:	

### SECTION 3 – EVENT INFORMATION

Name of Event:

Event Location and Description:

**\*You MUST attach a detailed map/sketch of your event indicating the specific location, layout of your event, the direction of the route (for runs/walks/parades/ etc.) including all turns and the number of traffic lanes to be used.**  
**Necessary items may include parking, restroom and wash station locations, garbage can locations, stage, tents, alcohol serving areas and enclosures.**  
**If you are using the Town Hall, you must reserve the Town Hall through the Town Office prior to getting your event permit approved by the Town Board.**

Event Date (list each date if it's a multi-day event):

Event Set Up Time:

Event Start Time:

Event End Time:

Total Anticipated Attendance (Participants/Attendees):

Event Information (purpose, activity, who can participate, whether the event has occurred before, etc.):

Please list the number of security staff you will be providing for the event:

Head of Security's Name and Phone Number:

Will music (band and/or DJ) or other entertainment be present?

Yes

No

If yes, what time will the entertainment begin and end?

Begin:

End:

How will you control the premise?

What measures have you taken to ensure crowd, noise, fire and litter control?
What are your plans for responding to emergencies?
What is your plan for inclement weather?
Will you be serving alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must apply for a Temporary Class "B" license from the Town Clerk.
If yes, name of licensed bartenders on duty during your event:
If yes, how will you keep alcohol within the licensed premise and prevent it from being taken outside of the premises?
Will you provide parking for the participants? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where will parking be available? How will parking issues be addressed?
Will you need road closures? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what road/roads will need closure?
Will you be providing portable restrooms and wash stations? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many will you provide, and where will they be located?
Please describe your clean-up and refuse collection plan:

Has the applicant submitted an application form with the Town in the past two years?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe the event, including dates:

**SECTION 4 – APPLICANT CHECKLIST**  
The applicant is responsible for contacting all necessary Town departments and for obtaining all necessary reservations, permits, licenses, and variances.

<b>PUBLIC SAFETY/SHERIFF’S DEPARTMENT/ AMBULANCE SERVICE 715-373-6133/715-413-0406</b>	<b>YES</b>	<b>NO</b>	<b>Action to be taken by applicant:</b>
1. Do you have a plan for medical emergencies that may occur during your event? If attendance is expected of 300 or higher, contracted ambulance service is required.	<input type="checkbox"/>	<input type="checkbox"/>	If no, contact Great Divide Ambulance for assistance.  If yes, contact Bayfield County Sheriff’s Dept. for assistance.  If yes, contact Bayfield County Sheriff’s Dept. for assistance.
2. Is security needed for the event?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are you requesting any special parking restrictions?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FIRE DEPARTMENT – 715-492-5334</b>			<b>Action to be taken by applicant:</b>
1. Will a tent or any other temporary structure be erected?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the Fire Dept. about submitting a structure plan and scheduling an inspection.
2. Will you be requiring electricity?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>CLERK’S OFFICE – 715-794-2651</b>			<b>Action to be taken by applicant:</b>
1. Will fireworks/pyrotechnics be used during the event?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the Town Clerk for a permit.  If yes, contact the Town Clerk for a Temporary Class “B” license.
2. Will alcohol beverages be served/sold at the event?	<input type="checkbox"/>	<input type="checkbox"/>	

<p>3. Do you owe money to the Town for past events?</p> <p>4. Do you have the proper insurance for your event, and have you provided your certificate of insurance to the Town?</p> <p>5. Will there be a band or amplified music/entertainment/noise?</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>If yes, contact the Town Clerk – your application may not be accepted.</p> <p>If no, contact the Town Clerk for appropriate requirements.</p> <p>If yes, contact the Town Clerk for compliance with the Public Nuisance Ordinance.</p>
<p><b>BAYFIELD COUNTY HEALTH DEPT. 715-373-6109</b></p>			
<p>1. Will food be prepared and/or served at the event?</p> <p>2. Will there be portable restrooms?</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><b>Action to be taken by applicant:</b></p> <p>If yes, contact Bayfield County Health Dept for permitting requirements and for safe food handling tips.</p> <p>If yes, review guidelines on portable restrooms available in the Special Event Manual.</p>
<p><b>TOWN ROAD CREW/TOWN BOARD 715-794-2666/715-794-2651</b></p>			
<p>1. Are you requesting street closure?</p> <p>2. Did you include a detailed map/diagram of the event location and route (if applicable) with this application?</p> <p>3. Will there be dunk tanks, tents, and/or inflatables at the event?</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><b>Action to be taken by applicant:</b></p> <p>If yes, you will be required to submit a Traffic Control Plan to the Town Board.</p> <p>Be sure the event map/diagram is detailed, including showing all turns and the number of traffic lanes to be used.</p> <p>If yes, contact the Town Board for approval with Special Event Application.</p>
<p><b>ZONING ADMINISTRATION 715-373-6138</b></p>			
<p>1. Will there be a band, amplified music/entertainment/noise?</p> <p>2. Will a tent or any other temporary structure be erected?</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><b>Action to be taken by applicant:</b></p> <p>If yes, contact the Zoning Administrator to comply with all County Codes.</p>

**SECTION 5 – INDEMNIFICATION AND DISCLAIMER**

Please read carefully before signing!

By signing below, I certify that I am at least 18 years of age, that I have read and understand the Special Events Policy, and that I agree to the terms and conditions contained in the Special Events Policy. My signature further confirms:

- that I understand the filling of this application does not ensure the issuance of a Special Event Permit
- that the Special Events License Fee is non-refundable
- I will be responsible for ensuring the event and event participants comply with all applicable Town Ordinances, traffic rules, state health laws, fire codes and liquor licensing regulations and any other applicable laws, rules and regulations including the Special Event Policy
- that fees for the Town Hall, food sales permits, tent and fireworks permits, etc. are in addition to the Special Event License Fee
- that I am authorized to apply for this Special Event License on behalf of the organization holding the event (if applicable)
- that the information contained in this application is true to the best of my knowledge. I understand that intentionally providing false or misleading information in this application may lead to civil or criminal penalties.
- I will notify the Namakagon Volunteer Fire Department and Great Divide Ambulance of the event, including the date, time and location of the event and if there are any road closures.

I agree that all information provided on this form is true and correct. I am familiar with the laws, ordinances, and regulations of the Town of Namakagon pertaining to this event, and I hereby agree, that if the Town Board grants approval of this permit and amends any licenses I hold, if applicable, I will obey said provisions, ordinances, and regulations of the Town of Namakagon. I agree to comply with all applicable building, electrical and plumbing codes. I hereby authorize employees of the Town of Namakagon to obtain information and records from law enforcement agencies, or other sources, to verify the information contained in this application.

INDEMNIFICATION: BY SIGNING BELOW I ACKNOWLEDGE THAT FOR GOOD AND VALUABLE CONSIDERATION, I, THE APPLICANT, ON BEHALF OF MYSELF AND THE ORGANIZATION, IF APPLICABLE, AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE TOWN OF NAMAKAGON AND ITS OFFICERS, OFFICIALS, EMPLOYEES AND AGENTS FROM AND AGAINST ANY AND ALL LIABILITY, LOSS, DAMAGE, EXPENSES AND 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 CAUSED BY THE SOLE NEGLIGENCE OR WILLFUL MISCONDUCT OF THE TOWN.

Signatures of Applicant:

Date:

Print Name:

Submit completed application along with the total fee to:

Town of Namakagon  
23845 County Hwy M  
Cable, WI 54821

[namakagon@cheqnet.net](mailto:namakagon@cheqnet.net)

FOR OFFICE USE ONLY				
DEPARMENT	APPROVE	DENY	BY	REASON (if denied)
Bayfield County Sheriff's Department				
Fire Department				
Town Clerk				
Town Road Crew				
Town Board				
Zoning Administration				
Great Divide Ambulance Service				