



**TOWN OF COULEE CITY**  
**SPECIAL EVENT PERMIT APPLICATION**

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Please fill out all the required information completely.

Attach all site plans showing locations of all signs, fire hydrants, structures, and parking areas. Attach any routing maps for parades or races, including indications for all streets or portions of streets to be closed.

Submit proof of liability insurance.

**The \$25.00 application fee is due at the time of application.** Fees for Town support services, including any clean-up deposit, (if necessary) will be paid after council review, before the permit is issued.

Application shall be submitted to the Clerk at least 60 days prior to the date of the proposed event.

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*PLEASE PRINT OR TYPE*

**PROPOSED EVENT:** \_\_\_\_\_

**Date(s) of Event:** \_\_\_\_\_

**Description of Event:**

**APPLICANT(S):**

Applicant's Legal Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Local representative, Agent, or Contact person: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

**SUMMARY:**

Location(s):

Site plan or route map attached.

Number of persons involved in event on behalf of Applicant:

Number of persons expected to attend the event:

Number of vehicles, boats, or other special equipment:

Animals being used or present:

**PUBLIC WORKS:**

- Parking spaces or areas required:
- Traffic or crowd control requirements:
- Street closures required:  
 Site plan or route map attached.
- Electric power, water and sewage requirements:

Public Works Review       Approved       Denied  
 Contingent Approval: \_\_\_\_\_

**PUBLIC HEATH & SAFETY:**

- Sanitation and other required health facilities:
- Safety and security measures provided by the Applicant:

Safety and security measures required:

Law Enforcement Services:

Deputy Sheriff Review     Approved     Denied  
 Contingent Approval: \_\_\_\_\_

Emergency services required:

Fire Department Services:

Ambulance/ EMT Services:

City Fire Chief Review:     Approved     Denied  
 Contingent Approval: \_\_\_\_\_

**VENDORS:**

Food or Beverages:

Merchandise:

Services:

**Other details or requirements:**

**REFUNDABLE DEPOSIT:**

A refundable cleanup deposit is required for applicants or sponsoring organization of special events involving the sale of food or beverages for immediate consumption, the erection of structures, the use of horses or other animals, or the use of fireworks or other incendiary devices, in an amount reasonably anticipated to be incurred in removing debris or litter caused by such event. The cleanup deposit may be returned after the special event if the applicant or sponsoring organization cleans and restores the area used for the permitted event to the same condition as existed prior to the event.

**INSURANCE:**

The Town of Coulee City does not maintain insurance that will cover claims against the Applicant arising out of the use of City property or facilities by the Applicant, its members, or those attending the event. Applicant shall provide the Town with proof of commercial general liability insurance generally in the amount of \$2,000,000 combined single limits per occurrence, \$3,000,000 aggregate, and an endorsement naming the Town of Coulee City as an additional insured. The policy shall be written for a period not less than 24 hours prior to the event and extending for a period not less than 24 hours following the completion of the event, and shall contain a provision prohibiting cancellation of the policy except upon 30 days written notice to the Town.

Insurance Company: \_\_\_\_\_

Policy No. \_\_\_\_\_

Agent: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount: \_\_\_\_\_

[ ] Copy of Certificate of Insurance attached.

**READ CAREFULLY AND SIGN**

Applicant/ Permittee agrees to defend, indemnify and hold the Town of Coulee City, its agents, employees and officials, while acting within the scope of their duties, harmless from any and all claims, suits, demands and judgments, including the attorney’s fees and other costs of their defense, for public or private nuisance, inverse condemnation, personal injuries, property damage or death arising out of, occurring during or the result of activities or appliances of the Applicant, his employees or otherwise, except for the sole negligence of the Town. The Applicant further agrees to comply with all provisions of pertinent laws, rules, and regulations. This permit may be revoked at any time.

Applicant/ Permittee agrees to maintain access for emergency vehicles.

Applicant/ Permittee agrees to pay for all required services by Town or Town-contracted personnel necessary for security and safety for the duration of the event. All estimated charges will be provided and payment will be made prior to issuance of the Special Events Permit. If cancellation is necessary and notice to the Town is given within 48 hours, fees for Town support services will be refunded.

Applicant/ Permittee understands that any misrepresentation in this application or deviation from the final agreed upon route and/or method of operation described herein may result in the immediate revocation of the permit.

Applicant/ Permittee represents that all statements and information herein are true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Day Month Year

\_\_\_\_\_  
*Signature of Applicant or Agent*

\_\_\_\_\_  
*Printed name of Applicant or Agent*

CITY ACTION:	
<input type="checkbox"/>	Application fee received:
<input type="checkbox"/>	Site plan/ route received:
<input type="checkbox"/>	Insurance received:
<input type="checkbox"/>	Department responses received:
<input type="checkbox"/>	Superintendent
<input type="checkbox"/>	Deputy Sheriff
<input type="checkbox"/>	Fire Chief
<input type="checkbox"/>	Bureau (if applicable)
<input type="checkbox"/>	City Council Review
<input type="checkbox"/>	Approved
<input type="checkbox"/>	Denied
<input type="checkbox"/>	Contingent Approval: _____
<input type="checkbox"/>	Refundable Deposit: \$ _____
<input type="checkbox"/>	Copied to Grant County Health District