



Application for Event

City of Plymouth
128 Smith Street
P.O. Box 107
Plymouth, WI 53073

Applicant Name _____ Phone Number _____

Address _____ City _____ Zip _____

Are you a 501 (C-3) non-profit organization? No Yes Tax Exempt # _____

I have included my organization's proof of insurance with this form.

I am exempt from requiring proof of insurance because _____

(Clerk/Treas. Initials)

Authorized Agent _____ Home Phone _____

Bus. Phone _____

Address _____ City _____ Zip _____

Point of contact at Event (if different than Agent) _____

Type of Event: (Check all appropriate blocks) Public Private

- Athletic Activity (tournament, sports event)
- Block Party
- Financial Gain Event (map required)
- Community/Park Event
- Parade/Street Closing (map required)
- Runs/Walks (map required)
- Business/Organization Event
- Other _____

Event Date(s): _____ Start/End Time: _____

Name of Activity _____ Purpose: _____

Assembly Area _____ Dispersal Area: _____

Estimated Attendance _____ No. of Parade Units: _____

Location of Block Party _____

(Block off - street from - street to)

Check all appropriate boxes:

- | | | | | |
|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|
| Yes | No | | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | Admission/Entry Fee | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Financial Gain Activity | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Concession Sales | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Vendor Displays/Sale | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Electricity Needed | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Portable Toilets | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Street Closure | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Barricades Needed (_____) | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Quantity | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

*Requires Special Permit

The applicant named on this application will be responsible for the conduct of the special event and for the condition of the facility. We will not deny anyone the benefits of, or otherwise subject anyone to discrimination because of race, color, creed, national origin, handicap or religion.

The applicant individually, or the authorized agent on behalf of applicant, being of sound mind and body, do hereby freely, voluntarily and knowingly, now and for all times, fully save and hold harmless, the City of Plymouth and each and every of its elected, and appointed officials, employees, representatives, agents, heirs, and assigns, jointly and severally for and against any and all claims, causes of action, actions, liabilities, demand, losses, damages, and/or expenses of whatsoever kind and nature including counsel or attorney's fees, which I have or may, at any time, incur or sustain arising from, resulting from, incurred in consequence of, or pertaining to, any and all intentional and negligent acts, incidents, activities, and transactions, of whatever kind and nature, direct or indirect, of mine own and those of or by the City of Plymouth and each and every of its elected and appointed officials, employees, and agents, regardless of when and where, occurring or arising from this event.

The public event applicant shall submit a general liability insurance policy certificate in the amount of \$1 million dollars naming the City of Plymouth as an additional insured party. The applicant for this public event must be 18 years of age. Any misrepresentation of public events described in this application occurring in City of Plymouth parks or facilities will be just cause for future denial of rental agreements with the City of Plymouth.

Date _____ Signature _____

(Must be Applicant or Duly Authorized Agent)