



CITY OF DURAND

2025 SPECIAL EVENT APPLICATION

104 E. Main St., PO Box 202, Durand, WI 54736

Thank you for considering hosting a Special Event in Durand. Before submitting this application, make sure you've completed all requirements. If you are not able to provide a required element at the time of submission, please explain in the space provided. Most events require City Council approval and are required to be submitted at least 30 days prior to the event. Untimely applications may be denied.

Please utilize the checklist to ensure completeness. **Incomplete applications will be returned.**

CHECKLIST	
REQUIRED	<ul style="list-style-type: none"> <input type="checkbox"/> I have filled out this application fully and accurately <input type="checkbox"/> A map of my event is being submitted with this application <input type="checkbox"/> My Certificate of Insurance will be provided <u>no later than</u> 30 days prior to my event <ul style="list-style-type: none"> <input type="checkbox"/> Evidencing limits of liability not less than \$1,000,000 per occurrence <input type="checkbox"/> Names the City of Durand, 104 E. Main St., Durand, WI 54736 as an additional insured <input type="checkbox"/> Names the City of Durand as a certificate holder in the description.
ADDITIONAL INFORMATION, IF APPLICABLE	<ul style="list-style-type: none"> <input type="checkbox"/> My event includes a walk/run/bike/parade route <input type="checkbox"/> I have included maps and written directions for all routes <input type="checkbox"/> My event will serve/sell food prepared by for-profit food trucks/stands <ul style="list-style-type: none"> <input type="checkbox"/> I have provided a list of potential and confirmed food vendors <input type="checkbox"/> I understand that food vendors at my event must have valid permits and inspections as required by the Pepin County Health Department/State of WI <input type="checkbox"/> My event will serve/sell food prepared by a non-profit group <input type="checkbox"/> My event will serve/sell alcohol <ul style="list-style-type: none"> <input type="checkbox"/> I have included a Temporary Class B License Application and the required supporting documents <input type="checkbox"/> My event will have a tent larger than 250 square feet <input type="checkbox"/> My tent will have or need electricity <input type="checkbox"/> My event will require street closures. <input type="checkbox"/> My event will impact neighboring businesses/residences

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EVENT SUMMARY			
EVENT DETAILS	<input type="checkbox"/> New Event	<input type="checkbox"/> Repeat Event	<input type="checkbox"/> Repeat Event with changes (explain changes in description)
	Event Name:		
	Event Date(s):		
	Event Times:		
	Sponsoring Organization:		
	Event Description. (If this is a repeat event with changes, describe the changes). Use an additional sheet, if necessary.		
	Estimated Daily Attendance:		Estimated Total Attendance:
	Location(s) of Event:		
	When will you begin event set-up?		When will you complete event clean-up?
	Comments:		
CONTACT	Organizer Name:		Organizer Address:
	Phone:	Email:	
	Day-of-Event Contact Name:		Day-of-Event Contact Phone:
HOLD HARMLESS AND PAYMENT AGREEMENTS			
<p>The applicant agrees to hold harmless, indemnify and defend, at no cost to the city, the City of Durand, its employees, agents, representatives and elected city officials, for any and all claims, demands, suits, losses, costs, expenses (including attorney fees), or any other type of damages, that result from the Special Event. Applicant is responsible for any and all losses or claims that are in any way connected to their Special Event.</p> <p>The applicant agrees to be billed for any City services at the conclusion of their event. I also certify by my signature below that I am a duly qualified representative of my organization and authorized to sign this agreement.</p> <p>Authorized Applicant Signature: _____ Date: _____</p>			

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APPROVAL REQUIREMENTS

Check ALL items that apply to your event. All relevant items must be checked for appropriate approvals.

CITY COUNCIL APPROVAL

- 100-499 persons are expected in a single day OR
- 500-999 persons are expected OR
- 1000+ persons are expected.
- Entry fee or admission is charged
- Donations will be accepted for the event.
- Merchandise or other items will be sold
- Food/concessions will be served or sold
- Putting up tents/inflatables that require stakes greater than 6" in length to be driven into the ground OR use of concrete blocks for support.
- Putting up tents larger than 250 square feet
- Fireworks, fires or other hazardous activities will be provided.
- Alcohol will be served past sunset or 8:00 pm in the evening, whichever is later
- Alcohol will be served on the streets, sidewalks, alleys or boulevards
- The event will close city streets, alley, sidewalk or boulevard
- The event will require the alteration of park operational hours

CITY SERVICES REQUESTED

Police Department Services. If yes, please describe desired level of service:

Fire Department / EMS Services. If yes, please describe desired level of service:

<input type="checkbox"/> Number of barricades requested:	<i>If yes, indicate barricade location(s) on the event map. Count and placement are subject to adjustment for safety reasons.</i>
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<input type="checkbox"/> Number of garbage bins needed:	<i>Confirm with Public Works Department for number requested and placement.</i>
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<input type="checkbox"/> Number of picnic tables:	<i>Confirm with Public Works Department for number requested and placement.</i>
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<input type="checkbox"/> Utility Locate (for stakes over 6" in length)	<i>If yes, indicate tent/inflatable location on map.</i>
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No Parking/Handicap Signs. # of No Parking Signs requested: _____ # of Handicap Signs requested: _____

Other requests

Please describe:

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EMERGENCY ACTION PLAN

Items to consider: designated "lost child" area, evacuation procedure, securing valuables, crowd control, emergency response procedures, weather conditions, etc. Please attach additional sheet if necessary.

Describe your first aid and emergency action plans for the event:

- | | | |
|---------------------------------------------------|--------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> On-site first aid kit(s) | <input type="checkbox"/> On-site AED | <input type="checkbox"/> On-site medical personnel |
|---------------------------------------------------|--------------------------------------|----------------------------------------------------|

How will you monitor weather and notify participants and spectators of emergency situations?

How will you provide access to ambulance and fire trucks for the event in case of emergency?

During an emergency, what communication tools will be available at the event and/or along race routes?

STREET CLOSURES

Include all requested street and intersection closures. Attach additional sheet, if necessary. Include letters of support from affected neighbors and/or businesses.

Street Closed	From	To	Closing	Reopening
<i>Example: Main St.</i>	<i>2nd Ave. E</i>	<i>3rd Ave. W</i>	<i>8:00am</i>	<i>4:00pm</i>

TRAFFIC IMPACT PLAN

Describe the traffic and parking control plans for your event:

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If your event will close streets, how will you notify the affected users of alternate routes and parking options?

If your event will offer off-site parking, detail any agreements with other parties and/or shuttle services:

FOOD SERVICE PLAN

My event will not serve or sell food or beverages

My event will include for-profit food vendors.

My event will include non-profit food vendors

Please provide a list of food vendors for your event. Attach additional sheet if needed.

Describe your layout plan for food service or show on a map:

ALCOHOL SERVICE PLAN

My event will not serve or sell alcohol

My event is requesting a Temporary Class B picnic license to serve wine or beer.

I have included the following fees: \$20/picnic license; \$20/operator license; \$10/wine license

If yes, include picnic license application, temporary operators license applications and fees.

Describe how you will control serving alcohol to patrons 21 or older. (ie – fenced area around beer tent, checking ID's, wrist bands etc.).

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SUBMISSION	
<p>Submit completed applications and all supporting materials by email, postal mail, or in-person at least 30 days in advance of the event. Utilize the checklist at the front of the application to ensure you include all required elements.</p> <p style="text-align: center;">Incomplete applications will be returned for completion.</p>	
<p style="text-align: center;">E-Mail: tcarlson@durandwi.gov</p>	<p style="text-align: center;">Mail/Drop-Off Address: 104 E. Main St. PO Box 202 Durand, WI 54736</p>
OFFICE USE ONLY	
<p>RECEIVED BY: POSTAL MAIL EMAIL DROPPED OFF</p>	<p>Date application received: _____ Date payments received: _____ Date applicant notified of approval: _____</p>
<p>Police Department Review</p>	<p>Notes: _____</p> <p>Approved by: _____ Date: _____</p>
<p>Public Works Department Review</p>	<p>Notes: _____</p> <p>Approved by: _____ Date: _____</p>
<p>Administrative/Clerk Review</p>	<p>Notes: _____</p> <p>Approved by: _____ Date: _____</p>
<p>Council Approval</p>	<p>Notes: _____</p> <p>Date approved: _____</p>