



VILLAGE OF PLOVER

NOTICE OF / APPLICATION FOR LICENSING OF LARGE ASSEMBLIES

NAME OF EVENT: _____

DATE(S) OF EVENT: _____

APPLICATION DATE: _____
(Must be 60 or more days prior to anticipated date of event)

LIST BELOW THE NAME, ADDRESS, AGE AND TELEPHONE NUMBER(S) OF APPLICANT(S):

LIST BELOW THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE PROPERTY OWNER(S):

LIST BELOW, IN DETAIL, THE NATURE/TYPE OF ACTIVITIES THAT WILL TAKE PLACE (Attach extra itinerary if necessary):

ESTIMATED NUMBER OF PERSONS IN ATTENDANCE THROUGHOUT THE EVENT:

LIST BELOW THE EXACT HOURS THAT ACTIVITIES WILL BE TAKING PLACE:

IF YOUR ORGANIZATION IS CLAIMING AN EXEMPTION FROM THE PROVISIONS OF THIS ORDINANCE BY VIRTUE OF BEING STATE OR FEDERALLY CHARTERED LIST THE CHARTER BELOW AND ATTACH A COPY OF THE CHARTER:

LIST BELOW THE PLANS FOR FOOD CONCESSIONS AND CONCESSIONAIRES WHO WILL BE ALLOWED TO OPERATE ON THE GROUNDS, INCLUDING THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL CONCESSIONAIRES AND THEIR LICENSE OR PERMIT NUMBERS (Attach extra documentation if needed):

LIST THE PLANS FOR TELEPHONE SERVICE, INCLUDING THE SOURCE, NUMBER AND LOCATION OF TELEPHONES.

LIST BELOW THE PLANS FOR PARKING VEHICLES, INCLUDING THE SIZE AND LOCATION OF PARKING AREAS (Attach map or diagram if needed):

LIST BELOW IF THERE IS AN ADMISSION/PARKING CHARGE ASSOCIATED WITH THIS EVENT:

LIST BELOW IF ALCOHOLIC BEVERAGES WILL BE AVAILABLE AT THIS EVENT, FROM WHAT ORGANIZATION OR VENDOR AND SHOW PROOF OF LICENSE:

LIST BELOW IF CAMPING OR OTHER OVERNIGHT ACTIVITIES WILL BE PERMITTED:

LIST BELOW THE PLANS FOR SUPPLYING POTABLE WATER INCLUDING THE SOURCE, AMOUNT AVAILABLE, AND LOCATION OF OUTLETS:

LIST BELOW THE DUST CONTROL PLAN IF NEEDED:

LIST THE PLANS FOR PROVIDING TOILET AND LAVATORY FACILITIES, INCLUDING THE SOURCE, NUMBER, TYPE, LOCATION AND THE MEANS OF DISPOSING OF THE WASTE DEPOSITED:

LIST BELOW THE PLANS FOR HOLDING, COLLECTION AND DISPOSAL OF SOLID WASTE MATERIALS:

LIST BELOW THE PLANS TO PROVIDE FOR MEDICAL FACILITY SERVICES, INCLUDING THE LOCATION AND NAME OF SUCH MEDICAL FACILITY, THE NAMES, ADDRESSES AND HOURS OF AVAILABILITY OF PHYSICIANS AND NURSES, AND PROVISION FOR EMERGENCY AMBULANCE SERVICE:

LIST BELOW THE PLANS FOR FENCING AND CONTAINMENT OF THE EVENT:

LIST BELOW, OR ATTACH, THE SECURITY AND CROWD CONTROL PLAN FOR THE EVENT. WILL LAW ENFORCEMENT OR A SECURITY SERVICE CONTRACTOR PROVIDE SECURITY FOR THE EVENT? PROVIDE AN EXPLANATION OF THE NUMBER OF OFFICERS AND HOURS OF SHIFTS.

IF CROWD CONTROL STAFF WILL BE USED BY THE EVENT ORGANIZER(S), PROVIDE A LIST OF THE FULL NAMES, BIRTH DATES, ADDRESSES, PHONE NUMBERS OF THE CROWD CONTROL STAFF (PER Conditions of License requirements) AND ATTACH EXTRA DOCUMENTATION IF NEEDED.

IF APPLICABLE, LIST BELOW THE PLANS TO ILLUMINATE THE LOCATION OF THE EVENT, INCLUDING THE SOURCE AND AMOUNT OF POWER FOR LIGHTING AND LOCATIONS OF LAMPS:

LIST BELOW THE PLANS FOR FIRE PROTECTION, INCLUDING THE NUMBER, TYPE AND LOCATION OF ALL PROTECTIVE DEVICES, INCLUDING ALARMS, EXTINGUISHERS AND NUMBER OF EMERGENCY FIRE PERSONNEL AVAILABLE TO OPERATE THE EQUIPMENT:

PROPERTY OWNER'S SIGNATURE WHO GRANTED PERMISSION FOR USE OF THE LAND TO HOLD THIS EVENT:

DATE: _____ SIGNATURE: _____

PRINTED NAME: _____

I HEREBY CERTIFY THAT ALL OF THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE: _____ APPLICANT'S SIGNATURE: _____

WITNESS: _____

SIGNED BEFORE ME THIS ____ DAY OF _____, 20____.

WITNESS: _____

NOTARY PUBLIC
COUNTY, WI
MY COMMISSION EXPIRES: _____

THE FOLLOWING ITEMS MUST ACCOMPANY THE APPLICATION:

- A. PUBLIC LIABILITY INSURANCE: 500,000/1,000,000 with Village of Plover named as an additional insured.
- B. LICENSE FEE: \$100 per each day of the proposed event.
- C. BOND: \$2.00 per person based on estimated attendance.