



City of La Crosse, Wisconsin

APPLICATION FOR SPECIAL EVENT PERMIT

New Event Repeat Event Repeat Event with Changes (explain in the description)

Date Received: _____ Fee: _____
*Deadline 60 days prior to event or a late fee is applied. Payment is due when application is submitted.

EVENT ORGANIZER – Information about the person, entity or organization holding the special event.*

Legal/Real Name: A+S Foster LLC

Address: Street 500 Copeland Ave. City LaCrosse State WI Zip Code 54603

Phone: _____ Email: _____ Website: _____

Nonprofit Tax-Exempt Number
501(c)3, if applicable (include photocopy)

Wisconsin Seller Permit Number
Sales Tax, if applicable (include photocopy)
If the named organization is not required to hold a Wisconsin Seller's Permit pursuant to s. 77.54 (7m), Wis. Stats., check this box

EVENT COORDINATOR – Information for person to contact before, during and after event, if necessary.

Contact Name: First Shannan Middle G. Last Foster

Address: Street 817 Liberty st. City LaCrosse State WI Zip Code 54603

Phone: _____ Email: _____

*Personal Data Sheet MUST be completed for each Officer/Member of the Organization AND Event Coordinator.

EVENT INFORMATION

Event Name: Block Party Rockin the Viaduct

Event Location: 500 block copeland Ave Is the location: Park/Public Property ___ Street/Alley/Right-of-Way ___ Private Property ___

Event Date(s): June 13, 2024
List each date of multi-day event

Event Time: Start Time 12pm End Time 10pm

Set Up/Take Down: Set Up Begins 7am Take Down Ends 11pm

Total Anticipated Attendance:
Base off previous events if recurring

Daily Anticipated Attendance:
If a multi-day event (circle one) 0-250 250-500 500-1000 1000 – 5000 5000

Admission Requirements:
If applicable

Event Description (purpose, activity, who can participate, etc. Attach additional sheet if necessary.)

If you have multiple activities in your event that include closure or use of right-of-way i.e. two parades or a combination of parade and run/walk, etc., a separate activity summary describing each event is required and must be submitted with this application.

If you are using a City park or facility, you must make the reservation through the Parks, Recreation & Forestry Department prior to filing the Special Event Application. The Park Office phone number is 608-789-7533.

If said location is private property, and is not owned by organizer, a signed statement from property owner that applicant has permission to use said property for the special event is required.

Applicant is responsible for assuring they have all necessary reservations, permits, and licenses prior to hosting the special event. Relevant information and contacts are provided in the Policies & Procedures Manual as well as below. **Answer all questions regardless the size of the event; incomplete applications will be returned.**

City Clerk – Call 608-789-7510 for the following additional licenses, permits and necessary information.		
Will there be food prepared/served at the event? If yes, EXPLAIN (i.e. food truck, food stand, catered, etc.): <div style="font-size: 1.5em; text-align: center;">Food truck</div>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	While food vendors are exempt from City permitting, event organizers MUST ensure vendors are properly permitted with County Health or the State of Wisconsin. Not doing so may delay the permit or require a vendor to be removed. A list of vendors MUST be submitted prior to the event with applicable information. <i>For questions regarding food service, contact the La Crosse County Health Dept at 608-785-9771.</i>
Will there be vendors selling merchandise?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Merchandise vendors are exempt from City permitting when participating in a special event; however, a list of vendors must be submitted. DOR reporting required.
Will alcohol beverages be sold/served/consumed? If yes, EXPLAIN (how, who, where): *Fencing required. *Licensed beverage operators must be present. *Beer/wine must be purchased from a wholesaler. *Liquor Liability Insurance Required. See FAQs and Excerpts for additional information.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	A Temporary Class B Retail License is required to sell, serve or consume beer or wine (no liquor). Eligibility requirements apply. If you are expanding an establishment license, an Expansion license is required: <ul style="list-style-type: none"> • <u>Expansion to Private Property</u> • <u>Expansion to Public Property</u> If a producer (brewery, winery, or distillery) is using a full-service outlet or secondary location, please explain and provide a copy of the Dept. of Revenue application.
Will there be a live amplified outdoor music? If yes, EXPLAIN: Band <input checked="" type="checkbox"/> DJ _____ Other _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noise is regulated in the City of La Crosse; see <u>Sec. 32-134</u> of the Municipal Code. <i>Notify nearby properties so they are aware of the event.</i>
Will your event include any of the following: run ___ walk ___ bike tour ___ bike race ___ parade ___ other procession _____ Is the event timed? If a recurring event, are you using the same route? <small>*If multiple activities, please complete an Activity Summary for each. *If closing a highway, a highway closure form must be submitted. This information is provided to the Wisconsin Department of Transportation.</small>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	A legible route map or turn-by-turn list MUST be submitted; include assembly area, starting point and termination point. Complete <u>Activity Summary</u> if necessary. Visit the <u>Engineering/Construction Projects</u> to view upcoming projects to ensure your route is not affected.
Will your event include a carnival or amusement of any kind? i.e. bounce house, amusement rides, etc. EXPLAIN (what, how many):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	A <u>Carnival, Circus or Menagerie</u> License is required. *Additional insurance required.
Will your event include animals, petting zoo or other animal exhibition? If yes, describe (type of animals): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Certain domesticated animals are allowed; see Sec. 6-8 of the Municipal Code. Events with wild or vicious animals, a <u>Carnival, Circus or Menagerie</u> License is required.
Will your event include horse drawn carriage rides? If yes, who is the operator?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operator must be licensed for <u>Horse Drawn vehicles</u> .
Fire Department – Community Risk Management (CRM) – Call 608-789-7530 for the following additional permits, requirements and necessary information.		
Will there be a tent or canopy more than 400 sq feet?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	An <u>Application for Tent/Structure Permit</u> is required and an inspection prior to occupancy. <i>Event organizer is responsible for calling Digger's Hotline and coordinating, as necessary.</i>
Will fireworks or pyrotechnic special effects be used during event?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	An <u>Application for Display of Firework/ Pyrotechnic Special Effects</u> File directly with the Fire Department.
Will you be providing portable toilets? If so, how many? _____ portable toilets <u>2</u> accessible portable toilets	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Based on capacity as required by Ch.29 of IBC. <i>Portable toilets are not provided by the City; you are responsible to contract those services.</i>
Will you be running temporary water/plumbing or electrical services to the event site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, contact CRM. An inspection will be required.
Will you be using temporary fencing for the site area? If yes, size of exits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide fencing details in the site map. <i>Event organizer is responsible for calling Digger's Hotline and coordinating, as necessary.</i>

Do you intend to have Fire/EMS vehicle access lanes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Required: emergency vehicle access lanes (min. 20').
Do you have an emergency plan?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	For accidents, injuries, fires, severe weather, etc.
Parking Utility – Call 608-789-4908 for parking requirements and necessary information.		
Do you have a parking plan?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have handicap parking?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Parks, Recreation & Forestry Department – Call 608-789-7533 for the requirements and necessary information.		
Will the event be held in a City park or utilize any park facility? Park Board approval was granted:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Reservation needs to be confirmed before Special Event Application can be filed. <i>City property may require approval by Bd of Public Works</i>
Police Department – Call 608-789-7238 (non-emergency) for necessary information.		
Do you have a security plan?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Department – Call 608-789-7340 for the necessary information.		
Do you intend to use a street, alley or right-of-way?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Describe area in event description and site plan.
Closure of a highway - state or county?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes, complete a <u>Request for Highway Closure</u> .
Do you need barricades or signage for your event? If yes, include barricade placement in the site plan. If no, provide a traffic control plan*. If yes, do you want to pick up <input checked="" type="checkbox"/> or have delivered <input type="checkbox"/> <i>Delivery by City required for larger events.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Barricades/signage can be provided by the city. A cost estimate based on needs will be provided with your permit; actual costs invoiced after the event. *If you are using equipment from a third party, you must provide a map showing placement
Do you have an established traffic control plan? If not using City traffic control equipment, submit your proposed traffic control plan with application.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Describe your plan in the event map. The Police & Traffic Engineer will assist with developing a plan i.e. barricades/signage and if Police assistance is needed.
Do you have a waste management plan? Acknowledge that garbage & recycling will be separated? Contact Recycling Supervisor with questions 608-789-7507	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	A solid waste and recycling plan must be provided detailing receptacle quantities and layout – note location(s) of separate receptacles on event map.
Applicant understands that extraordinary service fees may be billed because of the event. Applicant will pay the actual costs for the use of equipment, resources, or services if the event requires more than the reasonable and necessary services provided by the city. If money is owed from a previous event, the permit may not be approved until paid. If any traffic control materials are missing or returned damaged, fee for replacement/repair will be invoiced. <i>Note: Extraordinary service fees are an addendum to the Policies & Procedures Manual.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	The City will invoice the event organizer after the conclusion of the event. Payment shall be made within thirty (30) days of the invoice. <i>Organizers must notify the city if the event is cancelled or altered for any reason. If notice isn't given until after traffic control materials have been delivered, organizers will still be billed the cost of materials and labor.</i>

**Special Event Checklist. All forms are to be turned into the City Clerk's Office unless otherwise noted.
Incomplete applications will be returned. Please call if you have questions.**

- ___ Special Event Application (complete and signed). Include additional Activity Summaries or Highway Closure, if necessary.
 - ___ Special Event Fee (cash, check payable to City Treasurer or credit with a convenience fee).
 - ___ Certificate of Liability Insurance AND Additional Insured Endorsement.
 - ___ Photocopy of Tax-Exempt Number, if applicable. *Required to avoid sales tax if being billed for materials i.e. barricades.
 - ___ Photocopy of Wisconsin Seller Permit, if applicable. *Required unless exempt pursuant to s. 77.54 (7m).
 - ___ Statement from property owner, if applicable.
 - ___ Map of Special Event area (site plan); include any street, alley or right-of-way closed for the special event and placement of barricades. Site plan must include, as applicable, alcohol sales location(s), location of tents, stages, vendors, carnival, portable toilets, garbage/recycling receptacles/dumpsters, fencing and exit locations, accessible paths, handicap parking, access for emergency vehicles and personnel.
 - ___ Map of Parade/Procession (and turn-by-turn list); also include assembly area, starting point and termination point.
 - ___ Traffic Control Plan showing where barricades and signage will be placed, if necessary.
 - ___ Waste Management Plan including quantity of receptacles for solid waste and recycling and their locations.
 - ___ Merchandise/Food Vendor List, with all applicable information. *Due no less than fourteen (14) days before the event.
- The following additional applications (and associated fee) if applicable:
- ___ Application for Temporary Class B Retail Alcohol License (*liquor liability insurance required*).
 - ___ Application to Expand Alcohol Beverage License – public or private property (*liquor liability insurance required*)
 - ___ Application for Carnival, Circus or Menagerie (*additional liability insurance required*).
 - ___ Application for Tent/Structure Permit.

Indemnification and Hold Harmless

(Read carefully before signing!)

Indemnification: By signing below, I acknowledge that for good and valuable consideration, I (applicant), on behalf of myself and the organization, if applicable, agree to indemnify, defend and hold harmless the City of La Crosse 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 of omission of the applicant/organization, anyone directly or indirectly employed by any of them or anyone whose acts may be liable, except where caused by the sole negligence or willful misconduct of the City.

Certification: By signing below, I certify that I am at least 18 years of age, that I have read and understand the Special Event Policy and that I agree to the terms and conditions contained in the Special Event Policy. My signature further confirms: (i) I understand the filing of this application does not ensure the issuance of a Special Event License. (ii) The special event permit fee is non-refundable pursuant to the terms of the Special Event Policy. (iii) I will be responsible for ensuring the event and event participants comply with all applicable City ordinances, traffic rules, park rules, state health laws, fire codes and alcohol licensing regulations and any other applicable laws, rules and regulations including the Special Event Policy. (iv) Fees for park facilities, food vendor permits, tent and fireworks permits, other municipal services and equipment, etc., are in addition to the Special Event Permit fee. (v) I am authorized to apply for this Special Event Permit on behalf of the organization holding the event (if applicable). (vi) The information contained in this application is true and correct to the best of my knowledge. I understand that intentionally providing false or misleading information in this application will be basis for denial/revocation of the permit and may lead to civil or criminal penalties.

Signature of Applicant (required):  Date: 12.30.25
 Printed Name of Applicant: Shannan Foster

Submit Special Event Application and fee (including any other applicable license/permit applications and fees) to:

City Clerk
 400 La Crosse Street
 La Crosse WI 54601
 Questions: 608-789-7510 or email licenses@cityoflacrosse.org

Date Routed:	For Office Use Only			
DEPARTMENT	APPROVE	DENY	BY	REASON (if denied)
Special Event Staff				
La Crosse County Health				
Parks, Recreation & Forestry				
Police				
Fire Department - CRM				
Engineering & Public Works				
Streets				
Recycling				
Parking Utility				
Transit				
City Clerk				
Investigation – Personal Data Sheet				
Police – Records				
Delinquencies – Organization and Personal Data Sheet				
Legal				
Treasurer				
Utilities (water, storm, sewer)				
Municipal Court				
Parking Utility				

License Issue Date:	License No:
---------------------	-------------

Personal Data Sheet

(Please PRINT All Information)

Each Officer/Member **AND** Event Coordinator must complete all the information and must indicate if they have been convicted of any of the following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none".

This information is strictly confidential and is shared only with the La Crosse Police Department for background checks.

EVENT COORDINATOR			
Name: First	Full Middle	Last	Alias
Shannan	Gail	Foster	
Home Address: Street		City	State Zip Code
817 Liberty St.			
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
OFFICER/MEMBER			
Name: First	Full Middle	Last	Alias
Home Address: Street		City	State Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
Violations:			
OFFICER/MEMBER			
Name: First	Full Middle	Last	Alias
Home Address: Street		City	State Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
Violations:			
OFFICER/MEMBER			
Name: First	Full Middle	Last	Alias
Home Address: Street		City	State Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
Violations:			
OFFICER/MEMBER			
Name: First	Full Middle	Last	Alias
Home Address: Street		City	State Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
Violations:			