|  |  |  |
| --- | --- | --- |
|  | CITY OF OAK CREEKAPPLICATION FOR SPECIAL EVENT |  |

Contact Name:

Contact Phone:

Address:

Organization/Business Name:

E-mail Address:

[ ]  Athletic Activity (tournament, sports event) [ ]  Block Party

[ ]  Runs/walks [ ]  Community/Park Event

Event Date(s): Start/End time:

Name of activity:

Purpose:

Assembly/Dispersal area:

Estimated attendance:

Set-up Date/Time:

Block party location**:**

**Please attach a rough drawing that shows the location of the event and placement of barricades (include activities and parking areas, when applicable.)**

**Check Yes or No for each item:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes | No |  | Yes | No |  |
| [ ]  | [ ]  | Admission/entry fee charged | [ ]  | [ ]  | Fireworks/Fires/Candles |
| [ ]  | [ ]  | Financial gain activity | [ ]  | [ ]  | Temporary Signage |
| [ ]  | [ ]  | Concession sales | [ ]  | [ ]  | Tents (check yes for staked tents only) |
| [ ]  | [ ]  | Vendor displays/sales | [ ]  | [ ]  | Amplification equipment |
| [ ]  | [ ]  | Alcohol Consumption | [ ]  | [ ]  | Musical bands |
| [ ]  | [ ]  | Portable toilets | [ ]  | [ ]  | Horses/animals |
| [ ]  | [ ]  | Street closure | [ ]  | [ ]  | Waste/recyclables generated |
| [ ]  | [ ]  | Barricades needed (Qty:\_\_\_\_\_) | [ ]  | [ ]  | Food Trucks |

Applications will not be reviewed for approval until all supporting documentation and fees have been received.

**All Applicants must follow processes outlined in the Special Event Guidelines booklet.**

Check #: Cash: Rcvd. By:

Date: Applicant’s Signature:

**RETURN TO CITY CLERK**, Catherine A. Roeske, croeske@oakcreekwi.org

**8040 S. 6th Street, Oak Creek, WI 53154 Phone: 414.766-7023 Fax: 414.766-7976**

The approval and granting of a Special Event Permit does not guarantee the availability of any park, area, shelter or pavilion. Those requests must be made through a separate application process at the Recreation Department, also located in City Hall.

**DEPARTMENT REVIEW / APPROVAL / COMMENTS:**

|  |  |
| --- | --- |
| **Street Department** |  |
| **Fire Department** |  |
| **Police Department** |  |
| **Alderperson** |  |
| **Clerk** |  |
| **Other** |  |
| **Attachments** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date Received |  | Council Action | Approved / Denied |
| License Cte. Review |  |  |  |

**8040 S. 6th Street, Oak Creek, WI 53154 Phone: 414.766-7000 Fax: 414.766-7976**