

## Special Events Committee

### Agenda

Wednesday, May 1, 2024 | 1:00PM

North Conference Room – City Hall, 203 S. Farwell Street, Eau Claire, WI.

1. **Call to Order**
2. **Open Public Comment Period**
  - a. The public comment period will be for 20 minutes. Each speaker shall be permitted no more than 3 minutes to speak and shall only speak once per session.
3. **New Event Review**
  - a. Chippewa Humane Association Spring Dog Walk
4. **Repeat Event Review**
  - a. HMoob Day Celebration
  - b. Memorial Day Parade
  - c. Eau Claire Maker's Market
  - d. Eau Claire United Soccer Tournament
  - e. Eau Claire Municipal Band Concert Series
5. **Discussion and Direction**
  - a. Discussion on Special Event Process and Procedure
  - b. Future Agenda Items
6. **Adjournment**

In order to accommodate the participation of persons with disabilities at this meeting, the City will provide the services of a sign language interpreter or make other reasonable accommodations on request. To make such a request, please notify the City at (715) 839-4902 at least 2 days prior to the meeting.

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Lane Berg, Community Services Director  
c: News Media



# CITY OF EAU CLAIRE 2024 SPECIAL EVENT APPLICATION

Community Services  
910 Forest Street  
Eau Claire, WI 54703  
715-839-8883

## Summary of Event

EVENT NAME	<input checked="" type="checkbox"/> New Event <input type="checkbox"/> Repeat Event <input type="checkbox"/> Repeat Event with changes (Explain changes in the description below)	
	Event Name: Chippewa Humane Association Spring Dog Walk	
	Event Date(s): June 8, 2024	
	Name of Sponsoring Organization: Chippewa Humane Association	
<input checked="" type="checkbox"/> Non-Profit Group <input type="checkbox"/> For Profit <input type="checkbox"/> Other, please describe:		

EVENT DETAILS	Event description, including changes (attach additional sheet, if necessary):	
	Estimated Daily Attendance: 75 - 100	Estimated Total Attendance: 75 - 100
	Donations, charges or entry fees:	
	Location(s) of Event: Riverview Park - North Pav.	
	Time Set Up Begins: 8:00	Time Event Begins: 9:30
	Time Event Ends: 2:00	Time Clean-up Ends: 3:00

CONTACT DETAILS	Organizer Name: Christine Myers	
	Address: 3730 Lawrence Street, Eau Claire, WI 54703	
	Work Phone: NA/Home: 715-514-4350 Best#	Cell Phone: 715-271-4112
	Email: myharley2010@charter.net	
	Please note if new organizer: Yes	

## Hold Harmless and Payment Agreements

- The applicant agrees to hold harmless, indemnify and defend, at no cost to the City, the City of Eau Claire, 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.
- The applicant agrees to be billed for any City services at the conclusion of their event. Events cancelled with less than 36 hours' notice may be responsible for the cost of planned services.

I also certify by my signature below that I am a duly qualified representative of my organization and authorized to sign this agreement.

Authorized Applicant Signature: Christine Myers Date: 4/2/2024



## Event Infrastructure

Check ALL items that apply to your event. All relevant items must be checked for appropriate approvals.  
 \*Some items require additional forms; see the last page of the application for details.

ADMINISTRATIVE APPROVAL

- 100 or more persons are expected in a single day
- Entry fee or admission is charged
- Donations are accepted
- Merchandise or other items will be sold
- Fireworks, fires or other hazardous activities will be provided
- Overnight Camping
- Drones will be used at the event (Ordinance 9.76.110-B.2.)\*
- Requesting the use of a boat with a motor on Half Moon Lake during the event
- Putting up tents/inflatables that require stakes to be driven into the ground
- Putting up tents larger than 250 square feet\*
- Eau Claire River Lights sponsorship consideration\*
- Food/concessions will be served OR sold\*
- Selling or distributing 2+ kegs/half barrels of fermented malt beverage or wine\*

CITY COUNCIL

- 1,000 or more persons are expected at the event
- Selling or distributing 6+ kegs/half barrels of fermented malt beverage or wine\*
- 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 (Every day, 4am-11pm)

## Event Schedule Worksheet

Include set-up times, event times, race times, food service times, alcoholic beverage service times, firework times, amplified music times, clean-up times, etc. Attach additional sheet, if necessary.

Activity	Location	Date	Start Time	End Time
Set Up	Riverview Park - N. Pav	06/08/2024	8:00	9:30
Registration	Riverview Park - N. Pav	06/08/2024	9:30	10:00
Walk Begins	Riverview Park - N. Pav	06/08/2024	10:00	11:00
Microchipping Clinic	Riverview Park - N. Pav	06/08/2024	9:30	2:00 <i>1:00</i>
Lunch	Riverview Park - N. Pav	06/08/2024	11:00	12:00
Prize Awards	Riverview Park - N. Pav	06/08/2024	12:00	1:00
Raffle Drawings	Riverview Park - N. Pav	06/08/2024	1:00	2:00
Clean Up	Riverview Park - N. Pav	06/08/2024	2:00	3:00

## Event/Services Requested

If you need services or items from the City of Eau Claire for your special event, fill out the form below. Contact Community Services for fee information. This is NOT a comprehensive list of services that may be required for your event. (Item totals may be adjusted for safety reasons by City staff)

Service/Item	# of Items Requested
Police Department Services	
Fire Department Services	
<i>Ambulance Services (please specify EC Fire Dept or outside service)</i>	
Event Panels / Fencing (please specify)	
No Parking Signs (must be posted 24 hours before event start, posts not included)	
Barricades (it takes 4 barricades to close down 1 block of city street)	
Traffic Cones	
Extra Garbage/Recycling Bins <i>(please specify)</i>	2 Garb & 2 Recycle
Other:	

## Emergency Action Plan

**ITEMS TO CONSIDER:** Designated "lost child" area, evacuation procedure, securing valuables, crowd control, emergency response procedures and contact information, weather conditions, etc.

Describe your first aid and emergency action plans for the event. Will you have first aid kit(s) available, and/or more advanced medical care, including AED and/or medical personnel available for participants and spectators? How will you advise participants and spectators of locations for first aid if needed?

We will have a first aid kit available with a sign showing where it is located. It will be located on one of the picnic tables under the pavilion.

How will you monitor weather during the event? Who will monitor the weather? How will you notify participants and spectators of emergency situations?

Via our cell phones with local news channels weather apps.

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

The event is being held at Riverview Park and there is a large parking lot as well as a drive way to access the pavilion.



## Emergency Action Plan (continued)

During an emergency, what communication tools will be available at the event and along race routes? If the event extends outside Eau Claire city limits or on UWEC property, what plans do you have in place?

## Waste Collection/Recycling

Describe the waste disposal and recycling needs/plan for your event.

The bins will be clearly marked for garbage and recycling. We will use the ones that are already at the park as well as requesting 2 more of each item above.

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What, if any, concessions or food products will be sold OR distributed during the event?

Subway subs and cookies. Water will also be available.

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What type of products (cups, plates, etc.) will you use during your event?

Recyclable

Compostable (biodegradable)

Other: Paper plates and napkins

## User and Traffic Impact Plan

If the event will impact neighbors and other park users, contact Neighborhood and Business Associations, Chippewa Valley Museum, or Paul Bunyan Camp. How will you notify the affected users of alternate routes and parking options? Include letters of support from associations/businesses affected

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Describe the traffic and parking control plans for your event. How will you control traffic and parking to keep traffic and pedestrian lanes open?

There is a large parking lot at the park and if there is overflow - there is parking available across from the boat landing as well as on the street.

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Yes	No	Will the event offer off-site parking agreements with other parties or shuttle bus services?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, include information on those agreements.

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Yes	No	Will you contract with a private company or organization to provide such services?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, what company will you use:

## Street Closure Worksheet

If you are requesting street closures, complete this worksheet. Attach additional sheet, if necessary.  
**Please note:** Volunteers CANNOT stop traffic; they can only control the pedestrians with your event.

Street Closure (Example: S. Barstow St from Gray St to Lake St)	Time Closing	Time Reopening
None		

## Firearms Information

Wisconsin residents have the right to carry a concealed weapon upon issuance of a state permit. City of Eau Claire code section 9.32.040 prohibits firearms on certain City property. Answer the following questions to assist City staff in determining the requirements for your special event.

- Is your event being held at one or more of the following City of Eau Claire buildings, facilities, or locations? (These facilities are permanently posted "Firearms Prohibited") Check the correct facility:
  - Carson Park Football Stadium, Baseball Stadium, Hobbs Softball Field, or Gelein Softball Field
  - Chippewa Valley Museum OR Paul Bunyan Museum
  - Hobbs Ice Arena
  - Fairfax Pool
  - Neighborhood Shelter – Boyd, Lakeshore, McDonough, North Riverfronts, Pinehurst, Sundet
  - None of the above OR you are using another public space for your event, answer questions below.

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- Are you charging admission/taking donations to your event AND having a controlled access area (fencing)?
  - Yes  No
  - a. If yes to #2, are you posting your special event "Firearms Prohibited"?  Yes  No

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- Will your event have a Temporary Class B picnic license to serve wine or beer?
  - Yes  No
  - a. If yes to #3, will you be posting the enclosed area (i.e., beer garden) where beer or wine is served as "Firearms Prohibited"?  Yes  No

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- If no to #2a OR #3a then you must include a written explanation that details your plan to ensure the health, safety and welfare of those attending the event.

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- If no to #3a, "Guns and Alcohol Don't Mix" signs are required at each public entrance to the licensed area.

## OFFICE USE ONLY

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> No City Requirements | <input type="checkbox"/> Safety Plan required                       |
| <input type="checkbox"/> Posting "Firearms Prohibited"   | <input type="checkbox"/> "Guns and Alcohol Don't Mix" sign required |





## Non-Profit Temporary Food Service Application

Event: Chippewa Humane Spring Dog Walk

Event Date(s): June 8 Year: 2024 Time: 8:00 - 3:00

Location of this Event (Address): \_\_\_\_\_

***Reminder that if you are not part of a Licensed Special Event then you must be on Private Property.***

Name of Applicant/Organization: Chippewa Humane Association

On Site Operator Name/Contact: CHRISTINE MYERS

Mailing Address: 3730 Lawrence Street, Eau Claire WI 54703

E-mail: myharley2010@charter.net

Phone#: 715-514-4350

Is this organization a religious, fraternal, youth, patriotic, service, or civic group (non-profit)?

Yes  or No

If the answer to the previous question is yes, then has this group served food to the public during the past 12 months?

Yes \_\_\_\_\_, how many days? \_\_\_\_\_

No

Menu: Please list the foods that will be served and equipment used:

Rotella Trays

Fruit/Vegi Trays

Cookie Trays

Where will foods be prepared? ***No home prepared foods allowed!***

Hy-Vee in Eau Claire

Type of structure that will be used for food service (i.e., inside building, pop wagon, tent, a mobile unit).

Pavilion out of the sun.

### Department Use:

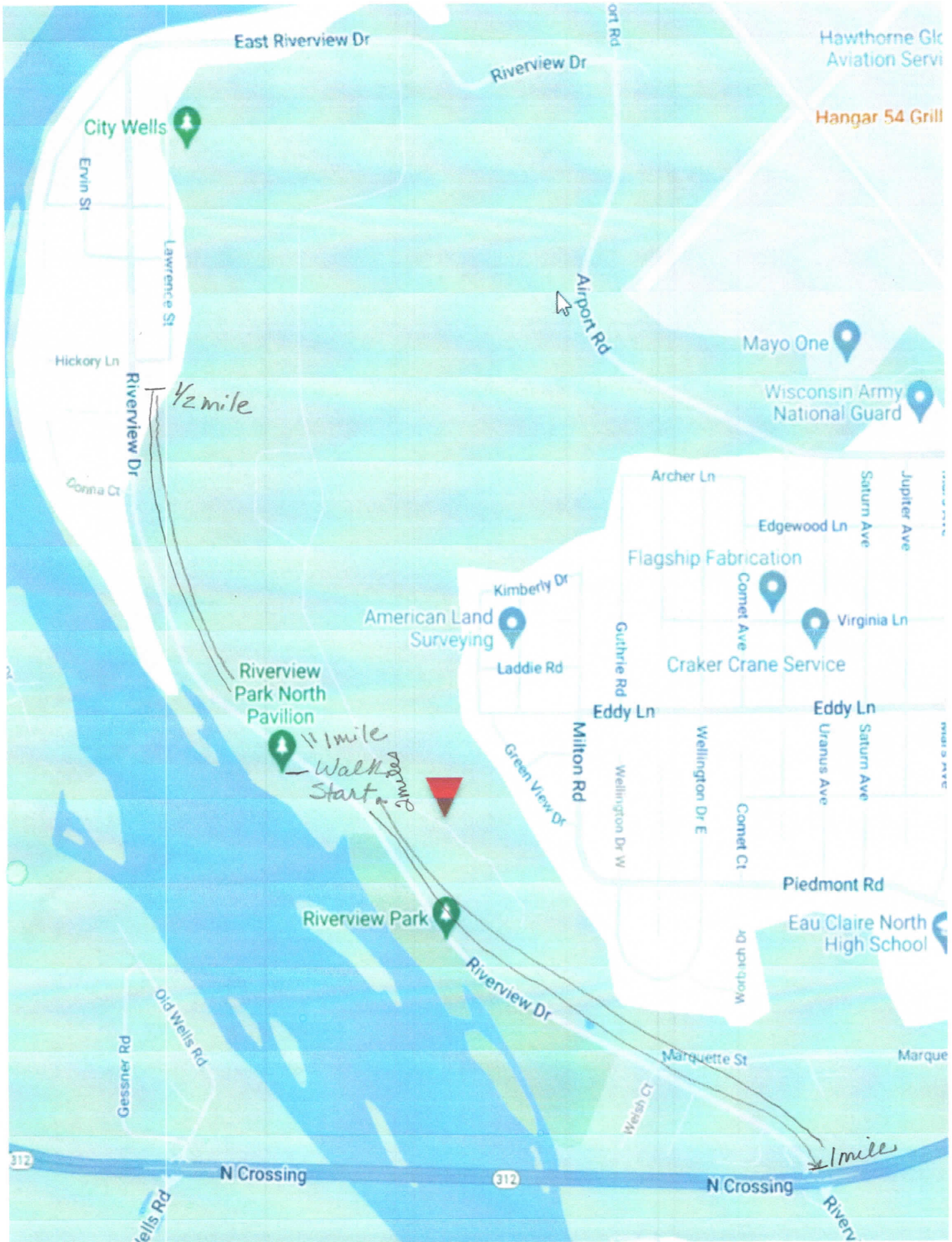
Temporary restaurant license required? Yes \_\_\_\_\_ or No \_\_\_\_\_

Discussed requirements with the Health Department: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
R.S.

Signature



East Riverview Dr

Riverview Dr

Hawthorne Glc  
Aviation Servi

Hangar 54 Grill

City Wells

Ervin St

Lawrence St

Airport Rd

Mayo One

Wisconsin Army  
National Guard

Hickory Ln

1/2 mile

Riverview Dr

Conna Ct

Archer Ln

Edgewood Ln

Saturn Ave

Jupiter Ave

Flagship Fabrication

Kimberly Dr

American Land  
Surveying

Laddie Rd

Craker Crane Service

Virginia Ln

Riverview  
Park North  
Pavilion

1 mile  
Walk Start



Green View Dr

Eddy Ln

Eddy Ln

Milton Rd

Wellington Dr E

Comet Ct

Uranus Ave

Saturn Ave

Riverview Park

Riverview Dr

Piedmont Rd

Eau Claire North  
High School

Old Wells Rd

Gessner Rd

Marquette St

Marque

312

N Crossing

312

N Crossing

River

1 mile







# CITY OF EAU CLAIRE

## 2024 SPECIAL EVENT APPLICATION

Community Services  
 910 Forest Street  
 Eau Claire, WI 54703  
 715-839-8883

### Summary of Event

EVENT NAME	<input type="checkbox"/> New Event <input checked="" type="checkbox"/> Repeat Event <input type="checkbox"/> Repeat Event with changes (Explain changes in the description below)	
	Event Name: HMoob Day Celebration	
	Event Date(s): May 18th, 2024	
	Name of Sponsoring Organization: Black and Brown Womyn Power Coalition, Inc.	
EVENT DETAILS	<input checked="" type="checkbox"/> Non-Profit Group <input type="checkbox"/> For Profit <input type="checkbox"/> Other, please describe:	
	Event description, including changes (attach additional sheet, if necessary):	
	Estimated <b>Daily</b> Attendance: 600	Estimated <b>Total</b> Attendance: 600
	Donations, charges or entry fees: Free public event	
	Location(s) of Event: Phoenix Park	
	Time Set Up Begins: 2pm	Time Event Begins: 5pm
Time Event Ends: 930pm	Time Clean-up Ends: 10pm	
CONTACT DETAILS	Organizer Name: Pa Thao	
	Address: 800 Wisconsin St, D04, Suite 103, Eau Claire, WI 54709	
	Work Phone: 833-942-6226	Cell Phone: 715-497-9499
	Email: pa@bbwpcalition.org	
	Please note if new organizer:	

### Hold Harmless and Payment Agreements

- The applicant agrees to hold harmless, indemnify and defend, at no cost to the City, the City of Eau Claire, 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.
- The applicant agrees to be billed for any City services at the conclusion of their event. Events cancelled with less than 36 hours' notice may be responsible for the cost of planned services.

I also certify by my signature below that I am a duly qualified representative of my organization and authorized to sign this agreement.

Authorized Applicant Signature: Pa Thao Date: 4/16/2024



## Event Infrastructure

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

\*Some items require additional forms; see the last page of the application for details.

### ADMINISTRATIVE APPROVAL

- 100 or more persons are expected in a single day
- Entry fee or admission is charged
- Donations are accepted
- Merchandise or other items will be sold
- Fireworks, fires or other hazardous activities will be provided
- Overnight Camping
- Drones will be used at the event (Ordinance 9.76.110-B.2.)\*
- Requesting the use of a boat with a motor on Half Moon Lake during the event
- Putting up tents/inflatables that require stakes to be driven into the ground
- Putting up tents larger than 250 square feet\*
- Eau Claire River Lights sponsorship consideration\*
- Food/concessions will be served OR sold\*
- Selling or distributing 2+ kegs/half barrels of fermented malt beverage or wine\*

### CITY COUNCIL

- 1,000 or more persons are expected at the event
- Selling or distributing 6+ kegs/half barrels of fermented malt beverage or wine\*
- 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 (Every day, 4am-11pm)

## Event Schedule Worksheet

Include set-up times, event times, race times, food service times, alcoholic beverage service times, firework times, amplified music times, clean-up times, etc. Attach additional sheet, if necessary.

Activity	Location	Date	Start Time	End Time
Set Up	Phoenix Park	5/18/2024	2pm	4pm
Event time, vendors, food service time, music	Phoenix Park	5/18/2024	5pm	930pm
Clean Up	Phoenix Park	5/18/2024	10pm	11pm
Clean Up				

## Event/Services Requested

If you need services or items from the City of Eau Claire for your special event, fill out the form below. Contact Community Services for fee information. This is NOT a comprehensive list of services that may be required for your event. (Item totals may be adjusted for safety reasons by City staff)

Service/Item	# of Items Requested
Police Department Services	
Fire Department Services	
<i>Ambulance Services (please specify EC Fire Dept or outside service)</i>	
Event Panels / Fencing (please specify)	
No Parking Signs (must be posted 24 hours before event start, posts not included)	
Barricades (it takes 4 barricades to close down 1 block of city street)	
Traffic Cones	
Extra Garbage/Recycling Bins <i>(please specify)</i>	
Other:	

## Emergency Action Plan

**ITEMS TO CONSIDER:** Designated “lost child” area, evacuation procedure, securing valuables, crowd control, emergency response procedures and contact information, weather conditions, etc.

Describe your first aid and emergency action plans for the event. Will you have first aid kit(s) available, and/or more advanced medical care, including AED and/or medical personnel available for participants and spectators? How will you advise participants and spectators of locations for first aid if needed?

Event staff will communicate by phone and text during the event. We will have a sound system to make announcements. Staff and volunteers will also be in touch and easily identified with specialty t-shirts.

How will you monitor weather during the event? Who will monitor the weather? How will you notify participants and spectators of emergency situations?

Check forecast during the week and will monitor the weather and notify participants on social media in the event of a cancellation.

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

We will have staff as point of contact and make sure there will be access for ambulance and fire truck during medical emergencies.



## Emergency Action Plan (continued)

During an emergency, what communication tools will be available at the event and along race routes? If the event extends outside Eau Claire city limits or on UWEC property, what plans do you have in place?

All staff and volunteers will have their cell phone on hand for communication.

## Waste Collection/Recycling

Describe the waste disposal and recycling needs/plan for your event.

We request trash cans and recycl bins from the city or parks and rec to be dropped off of tht event.

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What, if any, concessions or food products will be sold OR distributed during the event?

Food truck/food vendors

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What type of products (cups, plates, etc.) will you use during your event?

Recyclable       Compostable (biodegradable)       Other:

## User and Traffic Impact Plan

If the event will impact neighbors and other park users, contact Neighborhood and Business Associations, Chippewa Valley Museum, or Paul Bunyan Camp. How will you notify the affected users of alternate routes and parking options? Include letters of support from associations/businesses affected

N/A

---

Describe the traffic and parking control plans for your event. How will you control traffic and parking to keep traffic and pedestrian lanes open?

---

Yes	No	Will the event offer off-site parking agreements with other parties or shuttle bus services?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, include information on those agreements.

---

Yes	No	Will you contract with a private company or organization to provide such services?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, what company will you use:

## Street Closure Worksheet

If you are requesting street closures, complete this worksheet. Attach additional sheet, if necessary.  
**Please note:** Volunteers CANNOT stop traffic; they can only control the pedestrians with your event.

Street Closure (Example: S. Barstow St from Gray St to Lake St)	Time Closing	Time Reopening
N/A		

## Firearms Information

Wisconsin residents have the right to carry a concealed weapon upon issuance of a state permit. City of Eau Claire code section 9.32.040 prohibits firearms on certain City property. Answer the following questions to assist City staff in determining the requirements for your special event.

- Is your event being held at one or more of the following City of Eau Claire buildings, facilities, or locations? (These facilities are permanently posted “Firearms Prohibited”) Check the correct facility:
  - Carson Park Football Stadium, Baseball Stadium, Hobbs Softball Field, or Gelein Softball Field
  - Chippewa Valley Museum OR Paul Bunyan Museum
  - Hobbs Ice Arena
  - Fairfax Pool
  - Neighborhood Shelter – Boyd, Lakeshore, McDonough, North Riverfronts, Pinehurst, Sundet
  - None of the above OR you are using another public space for your event, answer questions below.

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- Are you charging admission/taking donations to your event AND having a controlled access area (fencing)?
  - Yes  No
  - a. If yes to #2, are you posting your special event “Firearms Prohibited”?  Yes  No

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- Will your event have a Temporary Class B picnic license to serve wine or beer?
  - Yes  No
  - a. If yes to #3, will you be posting the enclosed area (i.e., beer garden) where beer or wine is served as “Firearms Prohibited”?  Yes  No

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- If no to #2a OR #3a then you must include a written explanation that details your plan to ensure the health, safety and welfare of those attending the event.

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- If no to #3a, “Guns and Alcohol Don’t Mix” signs are required at each public entrance to the licensed area.

## OFFICE USE ONLY

- |  |   |
|--|---|
| <input type="checkbox"/> No City Requirements          | <input type="checkbox"/> Safety Plan required                       |
| <input type="checkbox"/> Posting “Firearms Prohibited” | <input type="checkbox"/> “Guns and Alcohol Don’t Mix” sign required |



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/25/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Matthew Volgren Agency 312 Main St PO Box 188 Balsam Lake WI 54810-7262	<b>CONTACT NAME:</b> Michelle Buech <b>PHONE (A/C, No, Ext):</b> 715-485-3194 <b>E-MAIL ADDRESS:</b> michelle.mvlgren@farmersagency.com	<b>FAX (A/C, No):</b> 715-485-3537	
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> Black and Brown Womyn Power Group 800 Wisconsin st., Bld. D04, Suite 103 Mailbox 62 Eau Claire WI 54703	<b>INSURER A:</b> United States Liability Insurance Company		<b>NAIC #</b> 25895
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b>			NPP1600776C	02/09/2024	02/09/2025	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X				MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> OCCUR							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	<input type="checkbox"/> DED							\$
	<input type="checkbox"/> RETENTION \$							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N		N / A			E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City of Eau Claire is listed as an additional insured and subrogation waived.

**CERTIFICATE HOLDER****CANCELLATION**

City of Eau Claire 203 S. Farwell St. Eau Claire, WI 54703 pa@bbwpcalition.org	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> Matthew Volgren





# CITY OF EAU CLAIRE 2024 SPECIAL EVENT APPLICATION

Community Services  
910 Forest Street  
Eau Claire, WI 54703  
715-839-8883

## Summary of Event

EVENT NAME	<input type="checkbox"/> New Event <input checked="" type="checkbox"/> Repeat Event <input type="checkbox"/> Repeat Event with changes (Explain changes in the description below)	
	Event Name: Eau Claire Memorial Day Parade and Program	
	Event Date(s): Monday, May 27, 2024	
	Name of Sponsoring Organization: Eau Claire Patriotic Council	
<input checked="" type="checkbox"/> Non-Profit Group <input type="checkbox"/> For Profit <input type="checkbox"/> Other, please describe: <b>Volunteers</b>		

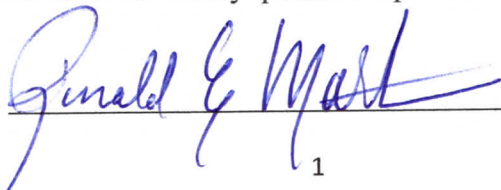
EVENT DETAILS	Event description, including changes (attach additional sheet, if necessary): No changes in what we have done in the past 50+ years. It is our annual Memorial Day Parade that includes civic organizations, patriotic organizations, veterans organizations, political officials, school marching bands, and youth organizations. The program follows at Owen Park.	
	Estimated <b>Daily</b> Attendance: 1,000 +	Estimated <b>Total</b> Attendance: 1,000 +
	Donations, charges or entry fees: no entry fee.	
	Location(s) of Event: Parade (traditional route) and Program (Owen Park Band shell)	
	Time Set Up Begins: 7:00 a.m.	Time Event Begins: 9:00 a.m.
	Time Event Ends: 11:30 a.m.	Time Clean-up Ends: Noon

CONTACT DETAILS	Organizer Name: Ron Duff Martin	
	Address: 3390 Beverly Hills Drive, Eau Claire, WI 54701	
	Work Phone: 715-379-5583	Cell Phone: 715-379-5583
	Email: historygeek2468@gmail.com	
	Please note if new organizer: <b>same organizer</b>	

## Hold Harmless and Payment Agreements

- The applicant agrees to hold harmless, indemnify and defend, at no cost to the City, the City of Eau Claire, 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.
- The applicant agrees to be billed for any City services at the conclusion of their event. Events cancelled with less than 36 hours' notice may be responsible for the cost of planned services.

I also certify by my signature below that I am a duly qualified representative of my organization and authorized to sign this agreement.

Authorized Applicant Signature:  Date: 11/26/2023



## Event Infrastructure

**Check ALL items that apply to your event.** All relevant items must be checked for appropriate approvals.  
 \*Some items require additional forms; see the last page of the application for details.

ADMINISTRATIVE APPROVAL

- 100 or more persons are expected in a single day
- Entry fee or admission is charged
- Donations are accepted
- Merchandise or other items will be sold
- Fireworks, fires or other hazardous activities will be provided
- Overnight Camping
- Drones will be used at the event (Ordinance 9.76.110-B.2.)\*
- Requesting the use of a boat with a motor on Half Moon Lake during the event
- Putting up tents/inflatables that require stakes to be driven into the ground
- Putting up tents larger than 250 square feet\*
- Eau Claire River Lights sponsorship consideration\*
- Food/concessions will be served OR sold\*
- Selling or distributing 2+ kegs/half barrels of fermented malt beverage or wine\*
- Intoxicating liquor will be served\*

CITY COUNCIL

- 1,000 or more persons are expected at the event
- Selling or distributing 6+ kegs/half barrels of fermented malt beverage or wine\*
- 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 (Every day, 4am-11pm)

## Event Schedule Worksheet

Include set-up times, event times, race times, food service times, alcoholic beverage service times, firework times, amplified music times, clean-up times, etc. Attach additional sheet, if necessary.

Activity	Location	Date	Start Time	End Time
Set Up	Owen Park Band Shell	5/27/24	7:00 a.m.	7:45 a.m.
	Wilson Park (streets)	5/27/24	7:45 a.m.	9:00 a.m.
	Traditional Parade Route	5/27/24	9:00 a.m.	10:30 a.m.
	Program at Owen Park	5/27/24	10:45 a.m.	11:30 a.m.
Clean Up	Parade Route and Owen Park	5/27/24	11:45 a.m.	Noon



## Event/Services Requested

If you need services or items from the City of Eau Claire for your special event, fill out the form below. Contact Community Services for fee information. This is NOT a comprehensive list of services that may be required for your event. (Item totals may be adjusted for safety reasons by City staff)

Service/Item	# of Items Requested
Police Department Services	Yes (not sure #)
Fire Department Services	
Event Panels / Fencing <i>(please specify)</i>	
No Parking Signs <i>(must be posted 24 hours before event start, posts not included)</i>	60
Barricades <i>(it takes 4 barricades to close down 1 block of city street)</i>	28
Traffic Cones	
Spider Box <i>(electrical extension equipment, comes with either 25' or 100' cord)</i>	
Extra Garbage/Recycling Bins <i>(please specify)</i>	
Other:	

## Emergency Action Plan

**ITEMS TO CONSIDER:** Designated "lost child" area, evacuation procedure, securing valuables, crowd control, emergency response procedures and contact information, weather conditions, etc.

Describe your first aid and emergency action plans for the event. Will you have first aid kit(s) available, and/or more advanced medical care, including AED and/or medical personnel available for participants and spectators? How will you advise participants and spectators of locations for first aid if needed?

The EC Fire and Rescue has been part of the parade, they are at the end (or near the end) of the parade line-up so that if an emergency arises they can assist (easily move out of line-up). The lead vehicle will have one of the EC Patriotic Council Officers with a cell phone as well as an officer of the EC Patriotic Council will be at the end of the parade with a cell phone.

How will you monitor weather during the event? Who will monitor the weather? How will you notify participants and spectators of emergency situations?

The EC Patriotic Council Chair monitors weather several days out, working with the other officers. Weather will be monitored on event day and if a need to delay or cancel it will be communicated with local media.

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

See above.



## Emergency Action Plan (continued)

During an emergency, what communication tools will be available at the event and along race routes? If the event extends outside Eau Claire city limits or on UWEC property, what plans do you have in place?

We will work with the EC Police and EC Fire/Rescue Depts. The entire parade route and program are within the city limits. EC Police are the leads in the parade. EC Police and Chair of the EC Patriotic Council have each others cell numbers to use in an emergency.

## Waste Collection/Recycling

Describe the waste disposal and recycling needs/plan for your event.

Not applicable.

---

What, if any, concessions or food products will be sold OR distributed during the event?

Not applicable.

---

What type of products (cups, plates, etc.) will you use during your event?

Recyclable       Compostable (biodegradable)       Other:

## User and Traffic Impact Plan

If the event will impact neighbors and other park users, contact Neighborhood and Business Associations, Chippewa Valley Museum, or Paul Bunyan Camp. How will you notify the affected users of alternate routes and parking options? Include letters of support from associations/businesses affected

Not applicable.

---

Describe the traffic and parking control plans for your event. How will you control traffic and parking to keep traffic and pedestrian lanes open?

arking during hte parade at least 48 hours prior to the event. EC Schools are notified as to when and where to drop off and pick up band students. The Chair of the EC Patriotic Council walks the parade route 48 hours prior to the parade and notifies any residents of the upcoming parking restrictions and the parade

---

Yes    No    Will the event offer off-site parking agreements with other parties or shuttle bus services?  
        If yes, include information on those agreements.

---

Yes    No    Will you contract with a private company or organization to provide such services?  
        If yes, what company will you use:

## Street Closure Worksheet

If you are requesting street closures, complete this worksheet. Attach additional sheet, if necessary.  
**Please note:** Volunteers CANNOT stop traffic; they can only control the pedestrians with your event.

Street Closure (Example: S. Barstow St from Gray St to Lake St)	Time Closing	Time Reopening
Streets around Wilson Park (north, west and south)	7:45 a.m.	9:15 a.m.
Barstow and Lake Street	8:30 a.m.	10:45 a.m.
First Avenue and Streets Connecting to First	8:50 a.m.	10:45 a.m.

## Firearms Information

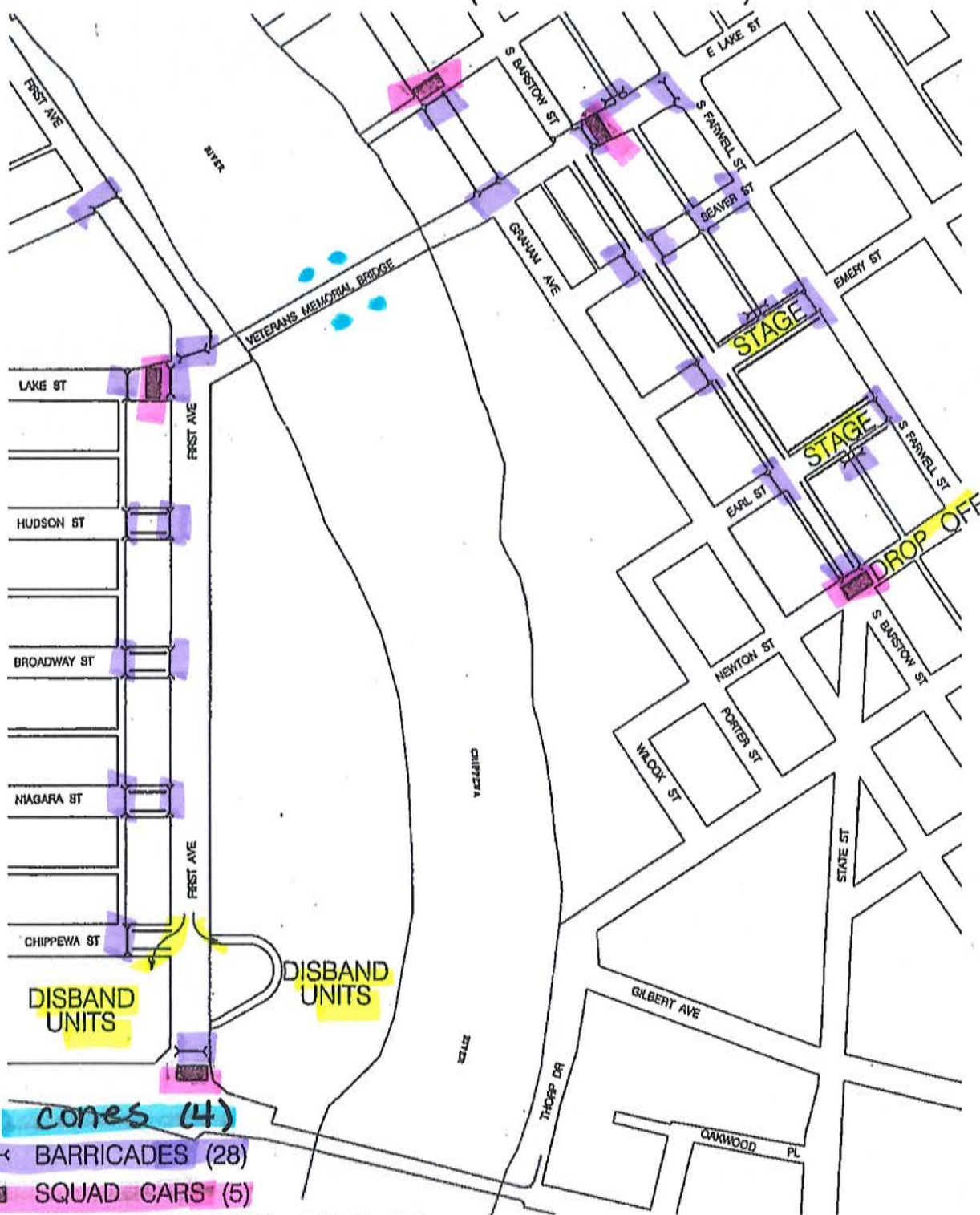
Wisconsin residents have the right to carry a concealed weapon upon issuance of a state permit. City of Eau Claire code section 9.32.040 prohibits firearms on certain City property. Answer the following questions to assist City staff in determining the requirements for your special event.

- Is your event being held at one or more of the following City of Eau Claire buildings, facilities, or locations? (These facilities are permanently posted "Firearms Prohibited") Check the correct facility:
  - Carson Park Football Stadium, Baseball Stadium, Hobbs Softball Field, or Gelein Softball Field
  - Chippewa Valley Museum OR Paul Bunyan Museum
  - Hobbs Ice Arena
  - Fairfax Pool
  - Neighborhood Shelter – Boyd, Lakeshore, McDonough, North Riverfronts, Pinehurst, Sundet
  - None of the above OR you are using another public space for your event, answer questions below.
- Are you charging admission/taking donations to your event AND having a controlled access area (fencing)?
  - Yes  No
  - a. If yes to #2, are you posting your special event "Firearms Prohibited"?  Yes  No
- Will your event have a Temporary Class B picnic license to serve wine or beer?
  - Yes  No
  - a. If yes to #3, will you be posting the enclosed area (i.e., beer garden) where beer or wine is served as "Firearms Prohibited"?  Yes  No
- If no to #2a OR #3a then you must include a written explanation that details your plan to ensure the health, safety and welfare of those attending the event.
- If no to #3a, "Guns and Alcohol Don't Mix" signs are required at each public entrance to the licensed area.

## OFFICE USE ONLY

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> No City Requirements | <input type="checkbox"/> Safety Plan required                       |
| <input type="checkbox"/> Posting "Firearms Prohibited"   | <input type="checkbox"/> "Guns and Alcohol Don't Mix" sign required |





CONES (4)

- BARRICADES (28)
- DISBAND UNITS
- SQUAD CARS (5)

— POST NO PARKING SIGNS (64)  
 INSTALL 8 NO PARKING SIGNS PER CITY BLOCK.

CLOSURE = 13 BLOCKS





# CITY OF EAU CLAIRE 2023 SPECIAL EVENT APPLICATION

Community Services  
910 Forest Street  
Eau Claire, WI 54703  
715-839-8883

## Summary of Event

EVENT NAME	<input type="checkbox"/> New Event <input checked="" type="checkbox"/> Repeat Event <input type="checkbox"/> Repeat Event with changes (Explain changes in the description below)	
	Event Name: <b>Eau Claire Makers Market</b>	
	Event Date(s): 6/7/24, 7/12/24, 8/2/24, 9/6/24	
	Name of Sponsoring Organization: <b>Eau Claire Makers Markets</b>	
EVENT DETAILS	<input type="checkbox"/> Non-Profit Group <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Other, please describe:	
	Event description, including changes (attach additional sheet, if necessary): Local maker market with food trucks. Local vendors will sell their wares. There will probably be music.	
	Estimated <b>Daily</b> Attendance: 500	Estimated <b>Total</b> Attendance: 2000
	Donations, charges or entry fees: <b>Donations if they feel so obliged</b>	
	Location(s) of Event: <b>Pheonix Park Pavilion</b>	
	Time Set Up Begins: <b>3 PM</b>	Time Event Begins: <b>4 PM</b>
Time Event Ends: <b>8 PM</b>	Time Clean-up Ends: <b>9 PM</b>	
CONTACT DETAILS	Organizer Name: <b>Eau Claire Makers Market</b>	
	Address: 1204 1/2 Birch St. Eau Claire WI 54703	
	Work Phone:	Cell Phone: 7155292252
	Email: <b>ecmakersmarket@gmail.com</b>	
	Please note if new organizer:	

## Hold Harmless and Payment Agreements

The applicant agrees to hold harmless, indemnify and defend, at no cost to the City, the City of Eau Claire, 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.

The applicant agrees to be billed for any City services at the conclusion of their event. Events cancelled with less than 36 hours' notice may be responsible for the cost of planned services.

I also certify by my signature below that I am a duly qualified representative of my organization and authorized to sign this agreement.

Authorized Applicant Signature: Kala Rehberger Date: 2/28/24

## Event Infrastructure

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

\*Some items require additional forms; see the last page of the application for details.

ADMINISTRATIVE APPROVAL

- 100 or more persons are expected in a single day
- Entry fee or admission is charged
- Donations are accepted
- Merchandise or other items will be sold
- Fireworks, fires or other hazardous activities will be provided
- Overnight Camping
- Drones will be used at the event (Ordinance 9.76.110-B.2.)\*
- Requesting the use of a boat with a motor on Half Moon Lake during the event
- Putting up tents/inflatables that require stakes to be driven into the ground
- Putting up tents larger than 250 square feet\*
- Eau Claire River Lights sponsorship consideration\*
- Food/concessions will be served OR sold\*
- Selling or distributing 2+ kegs/half barrels of fermented malt beverage or wine\*
- Intoxicating liquor will be served\*

CITY COUNCIL

- 1,000 or more persons are expected at the event
- Selling or distributing 6+ kegs/half barrels of fermented malt beverage or wine\*
- 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 (Every day, 4am-11pm)

## Event Schedule Worksheet

Include set-up times, event times, race times, food service times, alcoholic beverage service times, firework times, amplified music times, clean-up times, etc. Attach additional sheet, if necessary.

Activity	Location	Date	Start Time	End Time
Set Up	Pheonix Park Pavilion	All	3 PM	4 PM
Event Start	Pheonix Park Pavilion	All	4 PM	
Clean Up	Pheonix Park Pavilion	All	8 PM	9 PM

## Event/Services Requested

If you need services or items from the City of Eau Claire for your special event, fill out the form below. Contact Community Services for fee information. This is NOT a comprehensive list of services that may be required for your event. (Item totals may be adjusted for safety reasons by City staff)

Service/Item	# of Items Requested
Barricades (it takes 4 barricades to close down 1 city street)	
Fire Department Services	
Installation of temporary fencing-plastic-4'	
No Parking Signs ( <i>must be posted 24 hours before event time by organizer</i> )	
Police Department Services	
Spider Box ( <i>electrical extension equipment</i> )	A bunch probably
Traffic control vests	
Traffic cones	
200 Amp Electrical Panels ( <i>Installed by your licensed electrician at Carson Park ONLY</i> )	
Other:	

## Emergency Action Plan

**ITEMS TO CONSIDER:** Designated “lost child” area, evacuation procedure, securing valuables, crowd control, emergency response procedures and contact information, weather conditions, etc.

Describe your first aid and emergency action plans for the event. Will you have first aid kit(s) available, and/or more advanced medical care, including AED and/or medical personnel available for participants and spectators? How will you advise participants and spectators of locations for first aid if needed?

We will have a first aid kit on hand, and will make organizers apparent in order for people to ask for help if necessary.

---

How will you monitor weather during the event? Who will monitor the weather? How will you notify participants and spectators of emergency situations?

... will monitor the weather and post to social media should the event need to be canceled.

---

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

They will need to be called and will be able to access the park.



## Emergency Action Plan (continued)

During an emergency, what communication tools will be available at the event and along race routes? If the event extends outside Eau Claire city limits or on UWEC property, what plans do you have in place?

Due to the nature of smart phones, we will all be able to be in constant communication with oneanother throughout the event.

## Waste Collection/Recycling

Describe the waste disposal and recycling needs/plan for your event.

**What is already provided at the park will be more than acceptable.**

What, if any, concessions or food products will be sold OR distributed during the event?

We are going to contact local food trucks to see if they are interested in attending the event.

What type of products (cups, plates, etc.) will you use during your event?

Recyclable

Compostable (biodegradable)

Other: **Whatever they provide**

## User and Traffic Impact Plan

If the event will impact neighbors and other park users, contact Neighborhood and Business Associations, Chippewa Valley Museum, or Paul Bunyan Camp. How will you notify the affected users of alternate routes and parking options? Include letters of support from associations/businesses affected

**N/A**

Describe the traffic and parking control plans for your event. How will you control traffic and parking to keep traffic and pedestrian lanes open?

**N/A**

Yes No Will the event offer off-site parking agreements with other parties or shuttle bus services?  
  If yes, include information on those agreements.

Yes No Will you contract with a private company or organization to provide such services?  
  If yes, what company will you use:

## Street Closure Worksheet

If you are requesting street closures, complete this worksheet. Attach additional sheet, if necessary.  
**Please note:** Volunteers CANNOT stop traffic; they can only control the pedestrians with your event.

Name of Street/Intersection Being Closed	Time Closing	Time Reopening	Volunteer OR Police Monitor

## Firearms Information

Wisconsin residents have the right to carry a concealed weapon upon issuance of a state permit. City of Eau Claire code section 9.32.040 prohibits firearms on certain City property. Answer the following questions to assist City staff in determining the requirements for your special event.

- Is your event being held at one or more of the following City of Eau Claire buildings, facilities, or locations? (These facilities are permanently posted “Firearms Prohibited”) Check the correct facility:
  - Carson Park Football/baseball stadium or Carson Park softball fields
  - Chippewa Valley Museum OR Paul Bunyan Museum
  - Hobbs Ice Arena
  - Fairfax Pool
  - Neighborhood Shelter – Boyd, Lakeshore, McDonough, North Riverfronts, Pinehurst, Sundet
  - None of the above OR you are using another public space for your event, answer questions below.

---

- Are you charging admission/taking donations to your event AND having a controlled access area (fencing)?
  - Yes  No
  - a. If yes to #2, are you posting your special event “Firearms Prohibited”?  Yes  No

---

- Will your event have a Temporary Class B picnic license to serve wine or beer?
  - Yes  No
  - a. If yes to #3, will you be posting the enclosed area (i.e., beer garden) where beer or wine is served as “Firearms Prohibited”?  Yes  No

---

- If no to #2a OR #3a then you must include a written explanation that details your plan to ensure the health, safety and welfare of those attending the event.

---

- If no to #3a, “Guns and Alcohol Don’t Mix” signs are required at each public entrance to the licensed area.

### OFFICE USE ONLY

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> No City Requirements | <input type="checkbox"/> Safety Plan required                       |
| <input type="checkbox"/> Posting “Firearms Prohibited”   | <input type="checkbox"/> “Guns and Alcohol Don’t Mix” sign required |

## Non-Profit Temporary Food Service Application

Event: Eau Claire Makers Market

Event Date(s): 06/09, 07/07, 08/11, 09/15 Year: 2020 Time: 4PM - 8PM

Location of this Event (Address): 330 Riverfront Terrace, Eau Claire, WI 54703

***Reminder that if you are not part of a Licensed Special Event then you must be on Private Property.***

Name of Applicant/Organization: Eau Claire Makers Market

On Site Operator Name/Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone#: \_\_\_\_\_

Is this organization a religious, fraternal, youth, patriotic, service, or civic group (non-profit)?

Yes  or No \_\_\_\_\_

If the answer to the previous question is yes, then has this group served food to the public during the past 12 months?

Yes \_\_\_\_\_, how many days? \_\_\_\_\_

No

Menu: Please list the foods that will be served and equipment used:

Food trucks (TBD, didn't want to reach out until we had approval)

Where will foods be prepared? **No home prepared foods allowed!**

Food trucks

Type of structure that will be used for food service (i.e., inside building, pop wagon, tent, a mobile unit).

Food trucks

### Department Use:

Temporary restaurant license required? Yes \_\_\_\_\_ or No \_\_\_\_\_

Discussed requirements with the Health Department: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
R.S.

Signature





# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

03/01/2023

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Cover Wallet (Aon-US)		PHONE (A/C, No, Ext): (646) 844-9933	COMPANY ACE Fire Underwriters Insurance Company (SCI)	
FAX (A/C, No):	E-MAIL ADDRESS: miriam.hertzler@coverwallet.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #:		LOAN NUMBER		POLICY NUMBER D95853031
INSURED Forage EC 403 South Barstow Street Eau Claire, WI, 54701		EFFECTIVE DATE 02/05/2023	EXPIRATION DATE 02/05/2024	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

## PROPERTY INFORMATION

LOCATION/DESCRIPTION 403 South Barstow Street, Eau Claire, WI, 54701
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

## COVERAGE INFORMATION

PERILS INSURED	BASIC	BROAD	SPECIAL
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COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Business Personal Property Valuation: Replacement Cost Coinsurance: 80%	\$ 5,511	\$ 2,500

## REMARKS (Including Special Conditions)

Certificate holder is included as additional insured with respect to the Business Owner's Policy per the policy terms and conditions.
---

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

NAME AND ADDRESS  City of Eau Claire 203 S. Farwell St Eau Claire, WI, 54703	<input checked="" type="checkbox"/>	ADDITIONAL INSURED	<input type="checkbox"/>	LENDER'S LOSS PAYABLE	<input type="checkbox"/>	LOSS PAYEE
	<input type="checkbox"/>	MORTGAGEE				
	LOAN #					
AUTHORIZED REPRESENTATIVE <i>Margaret M. Reff</i>						



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/09/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> CoverWallet, Inc. 25 W 45th Street, Floor 15 New York NY 10036	<b>CONTACT NAME:</b> Nicholas Talarico <b>PHONE (A/C No. Ext):</b> (646) 844-9933 <b>E-MAIL ADDRESS:</b> customer.service@coverwallet.com	<b>FAX (A/C, No):</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Forage EC 403 South Barstow Street Eau Claire, WI, 54701	<b>INSURER A:</b> ACE Fire Underwriters Insurance Company (SCI)		_20702
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		D95853031	02/05/2022	02/05/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 0
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is included as additional insured with respect to the Business Owner Policy per the policy terms and conditions

**CERTIFICATE HOLDER****CANCELLATION**

City of Eau Claire 203 S. Farwell St. Eau Claire, WI, 54703	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Margaret M. Reff</i>

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# CITY OF EAU CLAIRE 2024 SPECIAL EVENT APPLICATION

Community Services  
910 Forest Street  
Eau Claire, WI 54703  
715-839-8883

## Summary of Event

EVENT NAME

New Event  Repeat Event  Repeat Event with changes (Explain changes in the description below)

Event Name: Eau Claire United Soccer Tournament 2024

Event Date(s): June 7-8-9, 2024

Name of Sponsoring Organization: Eau Claire United Soccer Club

Non-Profit Group  For Profit  Other, please describe:

EVENT DETAILS

Event description, including changes (attach additional sheet, if necessary):  
Regional Soccer Tournament

Estimated **Daily** Attendance: 800-1100

Estimated **Total** Attendance: 2200

Donations, charges or entry fees: \$0.00

Location(s) of Event: Eau Claire Soccer Park and Bollinger Fields

Time Set Up Begins: 6/7 6:30am

Time Event Begins: 6/7 5:00pm

Time Event Ends: 6/9 4:00pm

Time Clean-up Ends: 6/9 8:00pm

CONTACT DETAILS

Organizer Name: Amanda Schmidt

Address: 3456 Craig Rd, Eau Claire, WI 54701

Work Phone: 715-830-0782

Cell Phone: 715-828-9590

Email: schmidtama@hotmail.com

Please note if new organizer: **yes but did assist in 2023**

## Hold Harmless and Payment Agreements

The applicant agrees to hold harmless, indemnify and defend, at no cost to the City, the City of Eau Claire, 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.

The applicant agrees to be billed for any City services at the conclusion of their event. Events cancelled with less than 36 hours' notice may be responsible for the cost of planned services.

I also certify by my signature below that I am a duly qualified representative of my organization and authorized to sign this agreement.

Authorized Applicant Signature:

*Amanda F. Schmidt*

Date:

*3/24/2024*

## Event Infrastructure

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

\*Some items require additional forms; see the last page of the application for details.

ADMINISTRATIVE APPROVAL

- 100 or more persons are expected in a single day
- Entry fee or admission is charged
- Donations are accepted
- Merchandise or other items will be sold
- Fireworks, fires or other hazardous activities will be provided
- Overnight Camping
- Drones will be used at the event (Ordinance 9.76.110-B.2.)\*
- Requesting the use of a boat with a motor on Half Moon Lake during the event
- Putting up tents/inflatables that require stakes to be driven into the ground
- Putting up tents larger than 250 square feet\*
- Eau Claire River Lights sponsorship consideration\*
- Food/concessions will be served OR sold\*
- Selling or distributing 2+ kegs/half barrels of fermented malt beverage or wine\*
- Intoxicating liquor will be served\*

CITY COUNCIL

- 1,000 or more persons are expected at the event
- Selling or distributing 6+ kegs/half barrels of fermented malt beverage or wine\*
- 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 (Every day, 4am-11pm)

## Event Schedule Worksheet

Include set-up times, event times, race times, food service times, alcoholic beverage service times, firework times, amplified music times, clean-up times, etc. Attach additional sheet, if necessary.

Activity	Location	Date	Start Time	End Time
<b>Set Up</b>	Soccer Park and Bollinger Fields	06/06/2024	7:00am	8:00pm
	Soccer Park and Bollinger Fields	06/07/2024	7:00am	8:00pm
	Soccer Park and Bollinger Fields	06/08/2024	7:00am	8:00pm
	Soccer Park and Bollinger Fields	06/09/2024	7:00am	8:00pm
<b>Clean Up</b>	Soccer Park and Bollinger Fields	06/09/2024	11:00am	6:00pm



## Event/Services Requested

If you need services or items from the City of Eau Claire for your special event, fill out the form below. Contact Community Services for fee information. This is NOT a comprehensive list of services that may be required for your event. (Item totals may be adjusted for safety reasons by City staff)

Service/Item	# of Items Requested
Police Department Services	On call
Fire Department Services	On call
Event Panels / Fencing <i>(please specify)</i>	yes. 2 locations
No Parking Signs <i>(must be posted 24 hours before event start, posts not included)</i>	
Barricades <i>(it takes 4 barricades to close down 1 block of city street)</i>	
Traffic Cones	yes. 2 locations
Spider Box <i>(electrical extension equipment, comes with either 25' or 100' cord)</i>	
Extra Garbage/Recycling Bins <i>(please specify)</i>	yes. same as previous years
Other:	

## Emergency Action Plan

**ITEMS TO CONSIDER:** Designated “lost child” area, evacuation procedure, securing valuables, crowd control, emergency response procedures and contact information, weather conditions, etc.

Describe your first aid and emergency action plans for the event. Will you have first aid kit(s) available, and/or more advanced medical care, including AED and/or medical personnel available for participants and spectators? How will you advise participants and spectators of locations for first aid if needed?

We will have First-Aid onsite with experienced and knowledgeable representatives the entire time. We will have identified locations and will advise participants and spectators through registration, maps and on location.

How will you monitor weather during the event? Who will monitor the weather? How will you notify participants and spectators of emergency situations?

We have an assigned team monitoring the weather via internet and weather apps. We utilize our scoring update notification (internet application), as well as our field marshalls, tournament director and ref assignor.

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

We keep the main walkways and driveways clear to ensure access is available.

## Emergency Action Plan (continued)

During an emergency, what communication tools will be available at the event and along race routes? If the event extends outside Eau Claire city limits or on UWEC property, what plans do you have in place?

We utilize walkie talkies and have emergency contact sheet of identified team members. No activity is being held outside the city.

## Waste Collection/Recycling

Describe the waste disposal and recycling needs/plan for your event.

We utilize the city recycling and trash bins (about 12-18 per day).

---

What, if any, concessions or food products will be sold OR distributed during the event?

We intend to have concessions (operated by Parks and Rec) and Food Trucks available to participants. We will not utilize them if the city/county health dept does not advise.

---

What type of products (cups, plates, etc.) will you use during your event?

Recyclable       Compostable (biodegradable)       Other:

## User and Traffic Impact Plan

If the event will impact neighbors and other park users, contact Neighborhood and Business Associations, Chippewa Valley Museum, or Paul Bunyan Camp. How will you notify the affected users of alternate routes and parking options? Include letters of support from associations/businesses affected

Minimal impact to local community. Increased traffic on streets near Soccer Park and Bollinger fields.

---

Describe the traffic and parking control plans for your event. How will you control traffic and parking to keep traffic and pedestrian lanes open?

We assign a team to manage incoming/outgoing traffic. We also assign a volunteer to assist at the cross-walk between soccer park and bollinger fields.

---

Yes	No	Will the event offer off-site parking agreements with other parties or shuttle bus services?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, include information on those agreements.

---

Yes	No	Will you contract with a private company or organization to provide such services?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, what company will you use:

## Street Closure Worksheet

If you are requesting street closures, complete this worksheet. Attach additional sheet, if necessary.  
**Please note:** Volunteers CANNOT stop traffic; they can only control the pedestrians with your event.

Street Closure (Example: S. Barstow St from Gray St to Lake St)	Time Closing	Time Reopening

## Firearms Information

Wisconsin residents have the right to carry a concealed weapon upon issuance of a state permit. City of Eau Claire code section 9.32.040 prohibits firearms on certain City property. Answer the following questions to assist City staff in determining the requirements for your special event.

- Is your event being held at one or more of the following City of Eau Claire buildings, facilities, or locations? (These facilities are permanently posted “Firearms Prohibited”) Check the correct facility:
  - Carson Park Football Stadium, Baseball Stadium, Hobbs Softball Field, or Gelein Softball Field
  - Chippewa Valley Museum OR Paul Bunyan Museum
  - Hobbs Ice Arena
  - Fairfax Pool
  - Neighborhood Shelter – Boyd, Lakeshore, McDonough, North Riverfronts, Pinehurst, Sundet
  - None of the above OR you are using another public space for your event, answer questions below.

---

- Are you charging admission/taking donations to your event AND having a controlled access area (fencing)?
  - Yes  No
  - a. If yes to #2, are you posting your special event “Firearms Prohibited”?  Yes  No

---

- Will your event have a Temporary Class B picnic license to serve wine or beer?
  - Yes  No
  - a. If yes to #3, will you be posting the enclosed area (i.e., beer garden) where beer or wine is served as “Firearms Prohibited”?  Yes  No

---

- If no to #2a OR #3a then you must include a written explanation that details your plan to ensure the health, safety and welfare of those attending the event.

---

- If no to #3a, “Guns and Alcohol Don’t Mix” signs are required at each public entrance to the licensed area.

## OFFICE USE ONLY

- |  |   |
|--|---|
| <input type="checkbox"/> No City Requirements          | <input type="checkbox"/> Safety Plan required                       |
| <input type="checkbox"/> Posting “Firearms Prohibited” | <input type="checkbox"/> “Guns and Alcohol Don’t Mix” sign required |



# 2023 TENT & GREENHOUSE PERMIT APPLICATION

Required 10 Days Prior to Inspection Date

**2023 APPLICATION FEE – \$52**

NOTE: Any structure that is erected for longer than 180 days is considered permanent therefore not authorized by this permit

**Permit Applicant Contact Information:**

Name: Amanda Schmidt Phone: 715-828-9590  
Address: 3456 Craig Rd, Eau Claire, WI 54701

**Tent/Greenhouse Information:**

Group/Organization using the Tent: Eau Claire United Soccer Club  
Location of Tent: Eau Claire Soccer Park  
Number of Tents/Greenhouses: 3 (A single permit is required for each site but not each tent/greenhouse)  
Purpose or Use of Tent/Greenhouse: Vendor/First-Aid/Refs and Volunteers Expected maximum occupancy: 50  
Company Erecting Tent/Greenhouse: Eau Claire Soccer Club Volunteers

**\*\*\*\*\*INSPECTION OF THE TENT/GREENHOUSE IS REQUIRED PRIOR TO OCCUPANCY\*\*\*\*\***

Date Tent will be Set-Up: 06/07/2024 Date Tent will be Taken Down: 06/09/2024  
Approximate Date & Time of Inspection: 06/07/2024 3pm

**\*\*\*\*\*PLEASE CALL AHEAD TO SCHEDULE AN INSPECTION 715-839-4825\*\*\*\*\***

Applicant agrees to abide by the Eau Claire Fire Department Fire Prevention Code Requirements as they relate to this permit.

Signature: Amanda Schmidt Date: \_\_\_\_\_

**PLEASE ATTACH A SITE PLAN/MAP INDICATING THE LOCATION OF THE TENT(S)  
IN RELATION TO BUILDINGS, PARKING AND ACCESS ROADS**

Mail completed form with payment to:  
Eau Claire Fire and Rescue, 216 South Dewey Street, Eau Claire, WI 54701  
Check Payable to: City of Eau Claire Treasurer

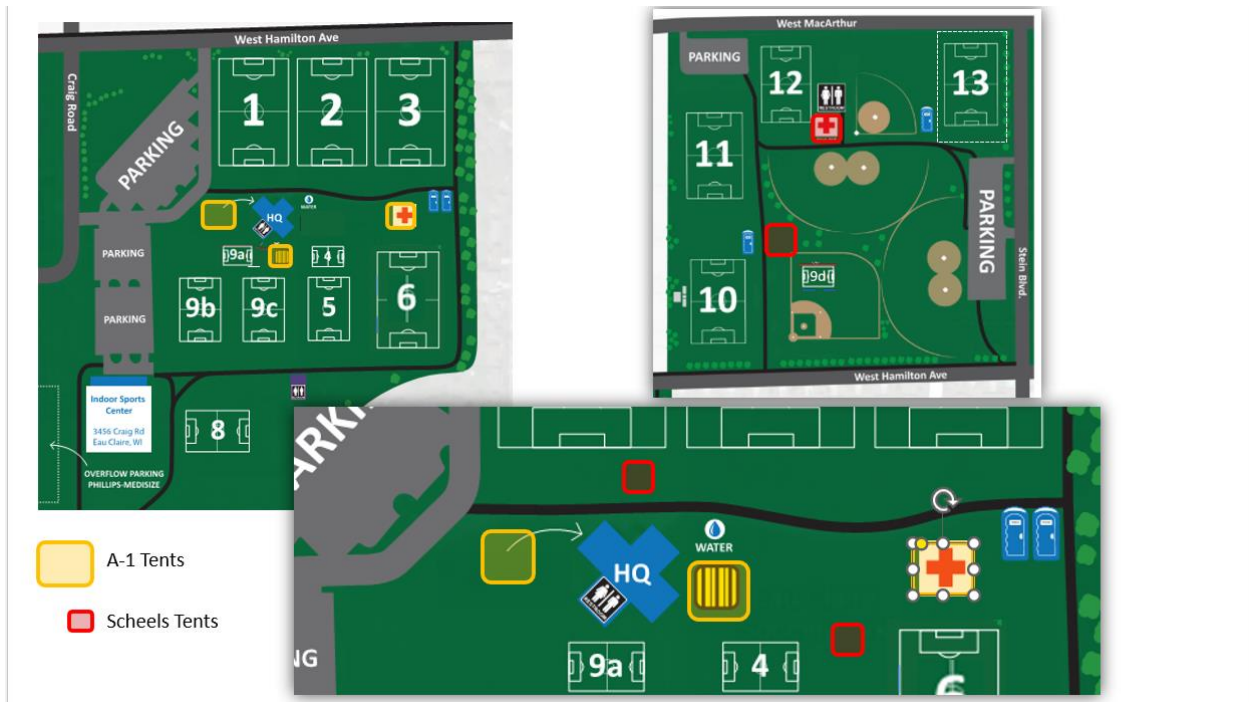
**\*\*\* If erected on City Property a Special Events application must also be completed \*\*\***  
That application can be found online at: [www.eauclairewi.gov/recreation/special-events](http://www.eauclairewi.gov/recreation/special-events)  
OR in person at 910 Forest Street, Eau Claire, WI 54703

<b>OFFICE USE ONLY</b>	
Permit Number: _____	Received By: _____
Payment: \$52 Cash _____	Check _____ Ck Number _____ Treasury Use #2524



# Field Map for Tent Permit Application

**\*\*Note\*\*** We will likely be moving the First-Aid Tent next to the Ref/Volunteer Tent.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/8/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> LIC #40558248 Player's Health Cover USA Inc. 718 Washington Ave North #402 Minneapolis MN 55401		<b>CONTACT NAME:</b> <b>PHONE (A/C No. Ext):</b> 612-345-9683 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> certificates@playershealth.com	
<b>INSURED</b> Wisconsin Youth Soccer Association 10427 W. Lincoln Ave., STE 1100 West Allis WI 53227		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Everest National Insurance Company <b>NAIC #</b> 10120 <b>INSURER B:</b> Great American Insurance Company <b>16691</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 109399

REVISION NUMBER: 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: PER EVENT			SI8ML03074-231	9/1/2023	9/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIAB \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			SI8ML03074-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ 0			SI8EX01998-232	9/1/2023	9/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Accident Medical			E758914-02	9/1/2023	9/1/2024	PER INJURY LIMIT \$ 250,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Certificate issued for sanctioned activities of the state soccer association.

Certificate Holder is Additional Insured as required by written agreement per policy endorsement ECG 20 600 05 09. This certificate is issued on behalf of: Eau Claire United Soccer Club

**CERTIFICATE HOLDER****CANCELLATION**

City of Eau Claire  203 S. Farwell Street Eau Claire WI 54703	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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CITY OF EAU CLAIRE  
**2024 SPECIAL EVENT APPLICATION**

Community Services  
 910 Forest Street  
 Eau Claire, WI 54703  
 715-839-8883

**Summary of Event**

<b>EVENT NAME</b>	<input type="checkbox"/> New Event <input checked="" type="checkbox"/> Repeat Event <input type="checkbox"/> Repeat Event with changes (Explain changes in the description below)	
	Event Name: Eau Claire Municipal Band Concert Series	
	Event Date(s): 6/10, 6/17, 6/24, 7/1, 7/8, 7/15, 7/22, 7/29	
	Name of Sponsoring Organization: Eau Claire Municipal Band	
<b>EVENT DETAILS</b>	<input checked="" type="checkbox"/> Non-Profit Group <input type="checkbox"/> For Profit <input type="checkbox"/> Other, please describe:	
	Event description, including changes (attach additional sheet, if necessary): Band Concert hosted by the ECMB	
	Estimated <b>Daily</b> Attendance: 250	Estimated <b>Total</b> Attendance: 2200
	Donations, charges or entry fees: donations	
	Location(s) of Event: Band Shell in Owen Park	
	Time Set Up Begins:	Time Event Begins: 7:30
	Time Event Ends: 8:30	Time Clean-up Ends: 9:00
<b>CONTACT DETAILS</b>	Organizer Name: Kesinee Carroll	
	Address: 2434 Haanstad Rd	
	Work Phone: 715-797-6441	Cell Phone: 715-797-6441
	Email: kesinee_carroll@charter.net	
	Please note if new organizer: <b>New band president</b>	

**Hold Harmless and Payment Agreements**

- The applicant agrees to hold harmless, indemnify and defend, at no cost to the City, the City of Eau Claire, 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.
- The applicant agrees to be billed for any City services at the conclusion of their event. Events cancelled with less than 36 hours' notice may be responsible for the cost of planned services.

I also certify by my signature below that I am a duly qualified representative of my organization and authorized to sign this agreement.

Authorized Applicant Signature:     Kesinee Carroll     Date: \_\_\_\_\_



## Event Infrastructure

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

\*Some items require additional forms; see the last page of the application for details.

### ADMINISTRATIVE APPROVAL

- 100 or more persons are expected in a single day
- Entry fee or admission is charged
- Donations are accepted
- Merchandise or other items will be sold
- Fireworks, fires or other hazardous activities will be provided
- Overnight Camping
- Drones will be used at the event (Ordinance 9.76.110-B.2.)\*
- Requesting the use of a boat with a motor on Half Moon Lake during the event
- Putting up tents/inflatables that require stakes to be driven into the ground
- Putting up tents larger than 250 square feet\*
- Eau Claire River Lights sponsorship consideration\*
- Food/concessions will be served OR sold\*
- Selling or distributing 2+ kegs/half barrels of fermented malt beverage or wine\*

### CITY COUNCIL

- 1,000 or more persons are expected at the event
- Selling or distributing 6+ kegs/half barrels of fermented malt beverage or wine\*
- 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 (Every day, 4am-11pm)

## Event Schedule Worksheet

Include set-up times, event times, race times, food service times, alcoholic beverage service times, firework times, amplified music times, clean-up times, etc. Attach additional sheet, if necessary.

Activity	Location	Date	Start Time	End Time
Set Up	Band Shell	all dates	6:30pm	7:30pm
concessions	Band Shell grounds	all dates	7:00pm	8:00pm
Concert	Band Shell	all dates	7:00pm	8:00pm
clean-up	Band Shell	all dates	8:00pm	8:30pm
Clean Up				

## Event/Services Requested

If you need services or items from the City of Eau Claire for your special event, fill out the form below. Contact Community Services for fee information. This is NOT a comprehensive list of services that may be required for your event. (Item totals may be adjusted for safety reasons by City staff)

Service/Item	# of Items Requested
Police Department Services	
Fire Department Services	
<i>Ambulance Services (please specify EC Fire Dept or outside service)</i>	
Event Panels / Fencing (please specify)	
No Parking Signs (must be posted 24 hours before event start, posts not included)	
Barricades (it takes 4 barricades to close down 1 block of city street)	
Traffic Cones	
Extra Garbage/Recycling Bins <i>(please specify)</i>	
Other:	

## Emergency Action Plan

**ITEMS TO CONSIDER:** Designated “lost child” area, evacuation procedure, securing valuables, crowd control, emergency response procedures and contact information, weather conditions, etc.

Describe your first aid and emergency action plans for the event. Will you have first aid kit(s) available, and/or more advanced medical care, including AED and/or medical personnel available for participants and spectators? How will you advise participants and spectators of locations for first aid if needed?

---

How will you monitor weather during the event? Who will monitor the weather? How will you notify participants and spectators of emergency situations?

I will monitor the weather and alert the band members and attendees via FB page if the concert needs to be cancelled.

---

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

Access is available from service road near tennis courts.

## Emergency Action Plan (continued)

During an emergency, what communication tools will be available at the event and along race routes? If the event extends outside Eau Claire city limits or on UWEC property, what plans do you have in place?

We have cell phones available to contact the needed services.

## Waste Collection/Recycling

Describe the waste disposal and recycling needs/plan for your event.

The provided waste containers will be adequate.

---

What, if any, concessions or food products will be sold OR distributed during the event?

There will be concessions of pie and ice cream sold during the concerts.

---

What type of products (cups, plates, etc.) will you use during your event?

Recyclable       Compostable (biodegradable)       Other:

## User and Traffic Impact Plan

If the event will impact neighbors and other park users, contact Neighborhood and Business Associations, Chippewa Valley Museum, or Paul Bunyan Camp. How will you notify the affected users of alternate routes and parking options? Include letters of support from associations/businesses affected

n/a

---

Describe the traffic and parking control plans for your event. How will you control traffic and parking to keep traffic and pedestrian lanes open?

band members and attendees park on side streets as well as the University FA parking lot. Disabled individuals park closer to the shell on the service road.

---

Yes	No	Will the event offer off-site parking agreements with other parties or shuttle bus services?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, include information on those agreements.

---

Yes	No	Will you contract with a private company or organization to provide such services?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, what company will you use:



## Street Closure Worksheet

If you are requesting street closures, complete this worksheet. Attach additional sheet, if necessary.  
**Please note:** Volunteers CANNOT stop traffic; they can only control the pedestrians with your event.

Street Closure (Example: S. Barstow St from Gray St to Lake St)	Time Closing	Time Reopening
n/a		

## Firearms Information

Wisconsin residents have the right to carry a concealed weapon upon issuance of a state permit. City of Eau Claire code section 9.32.040 prohibits firearms on certain City property. Answer the following questions to assist City staff in determining the requirements for your special event.

- Is your event being held at one or more of the following City of Eau Claire buildings, facilities, or locations? (These facilities are permanently posted “Firearms Prohibited”) Check the correct facility:
  - Carson Park Football Stadium, Baseball Stadium, Hobbs Softball Field, or Gelein Softball Field
  - Chippewa Valley Museum OR Paul Bunyan Museum
  - Hobbs Ice Arena
  - Fairfax Pool
  - Neighborhood Shelter – Boyd, Lakeshore, McDonough, North Riverfronts, Pinehurst, Sundet
  - None of the above OR you are using another public space for your event, answer questions below.

---

- Are you charging admission/taking donations to your event AND having a controlled access area (fencing)?
  - Yes  No
  - a. If yes to #2, are you posting your special event “Firearms Prohibited”?  Yes  No

---

- Will your event have a Temporary Class B picnic license to serve wine or beer?
  - Yes  No
  - a. If yes to #3, will you be posting the enclosed area (i.e., beer garden) where beer or wine is served as “Firearms Prohibited”?  Yes  No

---

- If no to #2a OR #3a then you must include a written explanation that details your plan to ensure the health, safety and welfare of those attending the event.

---

- If no to #3a, “Guns and Alcohol Don’t Mix” signs are required at each public entrance to the licensed area.

## OFFICE USE ONLY

- |  |   |
|--|---|
| <input type="checkbox"/> No City Requirements          | <input type="checkbox"/> Safety Plan required                       |
| <input type="checkbox"/> Posting “Firearms Prohibited” | <input type="checkbox"/> “Guns and Alcohol Don’t Mix” sign required |

## Non-Profit Temporary Food Service Application

Event: ECMB 8 week concert series

Event Date(s): Mondays in June and July Year: 2024 Time: 7:00-8:30

Location of this Event (Address): Owen Park Band Shell

***Reminder that if you are not part of a Licensed Special Event then you must be on Private Property.***

Name of Applicant/Organization: Eau Claire Municipal Band

On Site Operator Name/Contact: Kesine Carroll

Mailing Address: PO Box 1361 Eau Claire, WI 54703

E-mail: kesinee\_carroll@chartet.net Phone#: 715-797-6441

Is this organization a religious, fraternal, youth, patriotic, service, or civic group (non-profit)?

Yes  or No

If the answer to the previous question is yes, then has this group served food to the public during the past 12 months?

Yes , how many days?         

No

Menu: Please list the foods that will be served and equipment used:

Bakery Pies. Ice Cream, bottled water

Where will foods be prepared? **No home prepared foods allowed!**

Grocery stores

Type of structure that will be used for food service (i.e., inside building, pop wagon, tent, a mobile unit).

pop up tent and tables

### Department Use:

Temporary restaurant license required? Yes  or No

Discussed requirements with the Health Department:

Date: 04/15/2024

Kesine Carroll R.S.

*Signature*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/30/2024

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Strobel Insurance Agency, Inc. 130 S Barstow St  Eau Claire WI 54701		<b>CONTACT NAME:</b> Dave Strobel <b>PHONE (A/C, No, Ext):</b> (715) 835-8030 <b>E-MAIL ADDRESS:</b> dave@strobelinsurance.net	<b>FAX (A/C, No):</b> (715) 838-0699
<b>INSURED</b>  Eau Claire Municipal Band PO Box 1361  Eau Claire WI 54702		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> West Bend Mutual Insurance <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 15350	

**COVERAGES****CERTIFICATE NUMBER:** CL2443004385**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		A927754	06/01/2024	06/01/2025	EACH OCCURRENCE	\$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Certificate holder is also listed as an additional insured.

**CERTIFICATE HOLDER**

City of Eau Claire 203 S. Farwell Street  Eau Claire WI 54701
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**CANCELLATION**

<p><b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b></p> <p><b>AUTHORIZED REPRESENTATIVE</b> <i>Joel Gardner</i></p>
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