

Phone: (715) 839-5039 CommunityServices@EauClaireWI.gov

Special Events Committee

Agenda Amended 06.03.24
Wednesday, June 5, 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. Eau Claire Marathon

- a. 2024 Post-Race Review
- b. 2025 Event Preview

4. New Event Review

a. First Fridays/Sidewalk Saturdays

5. Repeat Event Review

- a. Fall Festival
- b. Grand Evening on the Bridge
- c. Eau Claire Fastpitch Classic
- d. The Tusenbeiner
- e. Eau Freedom Fun Run & Fest
- f. HDSA Team Hope Run/Walk
- g. North High School Husky Cross-Country Meet

6. Discussion and Direction

- a. Discussion on Special Event Process and Procedure
- b. Future Agenda Items

7. 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.

Lane Berg, Community Services Director	
c: News Media	

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

Sumr	nary of Event			
נד)	☑ New Event ☐ Repeat Event ☑ Repeat Event with changes (Explain changes in the description below)			
EVENT NAME	Event Name: First Fridays / Sidewalk Saturdays			
L L	Event Date(s): Fridays: 7/5, 8/2, 6/6, 10/4; Saturdays: 6/15, 6/22, 6/29, 7/6, 7/13, 7/20, $\frac{1}{2}$, 7/27, 8/3, 8/10, 8/17, 8/31, 9/7, 9/21, 9/28, 10/5, 10/12,10/19, 10/26		
EVE	Name of Sponsoring Organization: Downtown Eau Claire, Ir	nc.		
	☑ Non-Profit Group ☐ For Profit ☐ Other, please describe:			
	Event description, including changes (attach additional sheet, is	f necessary):		
VILS				
EVENT DETAILS	Estimated Daily Attendance: 500	Estimated Total Attendance: 500 / event		
AT L	Donations, charges or entry fees: free			
3VE	Location(s) of Event: Downtown Districts (North Barstow, South B	Barstow, Water Street, West Grand Ave)		
Н	Time Set Up Begins:9:00 am	Time Event Begins: 10 am		
	Time Event Ends:4pm (S.Sat) 8 pm (F.Fri)	Time Clean-up Ends: 5 pm (S.Sat) 9 pm (F.Fri)		
TS	Organizer Name: Downtown Eau Claire, Inc. (Erin Klaus)			
ETAI	Address: 203 S. Farwell Street			
T DE	Work Phone: 715-839-8063	Cell Phone: 715-579-2885		
CONTACT DETAILS	Email:erin.klaus@eauclairewi.gov			
CON	Please note if new organizer: Erin Klaus			
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.				
	applicant agrees to be billed for any City services at the conclus 6 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.				
Author	Authorized Applicant Signature: Date: 6/2/2024			

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	Start Time	End Time			
Tionvity	Location	Date	Start Time	Liid Time	
Set Up	sidewalk in front of participating business	first friday of month July-Oct	9 am	10 am	
event times (F.Fri)	sidewalk in front of participating business	first friday of month July-Oct	10 am	8 pm	
set up (S.Sat)	sidewalk in front of participating business	Saturdays June - Oct	9 am	10 am	
event times (S.Sat)	sidewalk in front of participating business	Saturdays June - Oct	10 am	4 pm	
Clean Up (F.Fri)	sidewalk in front of participating business	first friday of month July-Oct	8 pm	9 pm	
Clean Up	sidewalk in front of participating business	Saturdays June - Oct	4 pm	5 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
Police Department Services	
Fire Department Services	
Ambulance Services (please specify EC Fire Dept or outside service)	
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 ofcity street)	
Traffic Cones	
Extra Garbage/Recycling Bins (please specify)	
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?

N/A

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

Each participating business will be responsible for monitoring weather and removing products and displays from the sidewalkl.

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

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? N/A

Waste Collection/Recycling				
Describe the waste disposal and recyc N/A	cling needs/plan for your event.			
What, if any, concessions or food pro N/A	ducts will be sold <u>OR</u> distributed during the event?			
What type of products (cups, plates, e	etc.) will you use during your event?			
☐ Recyclable ☐ Composta	able (biodegradable)			
User and Traffic Impact Plan	1			
Chippewa Valley Museum, or Paul B	d other park users, contact Neighborhood and Business Associations, unyan Camp. How will you notify the affected users of alternate routes of support from associations/businesses affected			
Describe the traffic and parking contr traffic and pedestrian lanes open? all traffic and parking will be as n	ol plans for your event. How will you control traffic and parking to keep ormal, nothing will be affected.			
	f-site parking agreements with other parties or shuttle bus services? mation on those agreements.			
Yes No Will you contract with If yes, what company	a private company or organization to provide such services? y 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 Reopeni						
Firearms Information						
Wisconsin residents have the right to carry a concealed weapon upon Claire code section 9.32.040 prohibits firearms on certain City propagation assist City staff in determining the requirements.	perty. Answer the follow					
1. Is your event being held at one or more of the following City of locations? (These facilities are permanently posted "Firearms Pro						
□ 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.						
2. Are you charging admission/taking donations to your event <u>AND</u> having a controlled access area (fencing)? □Yes □No						
a. If yes to #2, are you posting your special event "Firearms Prohibited"? □Yes □ No						
 3. 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 						
4. 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.						
5. If no to #3a, "Guns and Alcohol Don't Mix" signs are required at each public entrance to the licensed area.						
OFFICE USE ONLY						
☑ No City Requirements ☐ Safety Plan require						
☐ Posting "Firearms Prohibited" ☐ "Guns and Alcoho	ol Don't Mix" sign requ	ıred				





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/01/2024

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).

PRODUCER			CONTACT Customer	Care			
West Bend Mutual Insurance Company			NAME: PHONE (866) 926-4244 FAX (262) 365-2200				
1900 South 18th Avenue	1000 South 18th Avenue			E-MAIL customercare@whmi.com			
West Bend WI 53095	ADDRESS: Costonic cost cost cost cost cost cost cost cos						
vest bend vii 55555		-	Mark Day		DING COVERAGE rance Company	-+	NAIC # 15350
INSURED	IIYOOKLINA,	na wataa maa	ance company	-+	13000		
Downtown Eau Claire, Inc		ł	INSURER B:				
PO Box 5148	INSURER C:	-		-			
FO BOX 5146			INSURER D :				
			INSURER E :				
Eau Claire		WI 54702	INSURER F:	×			
	_	ATE NUMBER: CL242167849	IOOUED TO THE INOUE		REVISION NUMBER:	20	
THIS IS TO CERTIFY THAT THE POLICIES OF IN INDICATED. NOTWITHSTANDING ANY REQUIR CERTIFICATE MAY BE ISSUED OR MAY PERTA EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.	REMEN IN, THI LICIES	NT, TERM OR CONDITION OF ANY (IE INSURANCE AFFORDED BY THE B. LIMITS SHOWN MAY HAVE BEEN	CONTRACT OR OTHER POLICIES DESCRIBEI REDUCED BY PAID CL	R DOCUMENT V D HEREIN IS SU -AIMS.	VITH RESPECT TO WHICH TH		
INSR LTR TYPE OF INSURANCE	ADDL S	SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
COMMERCIAL GENERAL LIABILITY						\$ 1,000	
CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	000
						s Exclu	ided
A	Υ	0983376	03/15/2024	03/15/2025		1,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						2,000	,000
POLICY PRO-		,			PRODUCTS - COMP/OP AGG	2,000	,000
OTHER:		p-				\$	1
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$.	
ANYAUTO						\$.	·
OWNED SCHEDULED					BODILY INJURY (Per accident)	\$	
AUTOS ONLY AUTOS NON-OWNED					PROPERTY DAMAGE	\$	
AUTOS ONLY AUTOS ONLY					(Per accident)	\$	
UMBRELLA LIAB OCCUR						_	
EVOCESCIAN						\$	
CLAIWS-WADE						\$	
DED RETENTION \$ WORKERS COMPENSATION	-				PER OTH- STATUTE ER	\$	
AND EMPLOYERS' LIABILITY Y/N							-
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					\$	
(Mandatory in NH) If yes, describe under						\$	
DESCRIPTION OF OPERATIONS below	\vdash				E.L. DISEASE - POLICY LIMIT	\$	
		ODD 464 A J. W					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE			may be attached if more s	pace is required)			
Certificate holder is additional insured for general	al liabili	lity per form CG2026.					
CERTIFICATE HOLDER	111/11/1		CANCELLATION	25 CHO IN XV			
City of Eau Claire, Dept of Parks 915 Menomonie St	& Rec	creation	THE EXPIRATION D ACCORDANCE WIT	DATE THEREOF TH THE POLICY	SCRIBED POLICIES BE CANC F, NOTICE WILL BE DELIVERE Y PROVISIONS.		BEFORE
o to monomonie ot			AUTHORIZED REPRESE	NTATIVE		22	
Eau Claire	Claire WI 54703-5679 THE QUELTYLE						
				© 1988-2015	ACORD CORPORATION.	All righ	nts reserved

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

Sumr	nary of Event				
H	□ New Event □ Repeat Event □ Repeat Event with changes (Explain changes in the description below)				
EVENT NAME	Event Name: 2024 Fall Festival				
	Event Date(s): Saturday, September 14th				
EVI	Name of Sponsoring Organization: Downtown Eau Claire, Ir	nc.			
	☑ Non-Profit Group ☐ For Profit ☐ Other, please describe: no	on-profit tax id: 03-0376253			
VILS	Event description, including changes (attach additional sheet, in Fall Festival is a street festival held on South Barstow Street. The event include performances, and experience zones, We are planning a performance by the with South Barstow and Downtown business / organizations to create "experience" experiences.	ludes exhibitors, craft vendors, food vendors, ne Blugold Marching Band. DECI is planning to partner			
ETA	Estimated Daily Attendance: 3500	Estimated Total Attendance: 3500			
EVENT DETAILS	Donations, charges or entry fees: free to attend, vendor	fees range from \$0 - \$250			
VE	Location(s) of Event: South Barstow District - South Barstow Stre	et from Eau Claire Street to Lake Street			
Щ	Time Set Up Begins: 4 pm on 9/13	Time Event Begins: 10 am on 9/14			
	Time Event Ends: 4 pm on 9/14	Time Clean-up Ends: 6 pm on 9/14			
LS	Organizer Name: Downtown Eau Claire, Inc.				
TAI	Address: 203 S Farwell Street, Eau Claire Wi 54701				
CONTACT DETAILS	Work Phone:715-839-8063	Cell Phone: 715-579-2885			
TAC	Email: erin.klaus@eauclairewi.gov				
CON	Please note if new organizer: Erin Klaus				
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.					
	applicant agrees to be billed for any City services at the conclus 6 hours' notice may be responsible for the cost of planned services.				
	ertify by my signature below that I am a duly qualified represents agreement.	ntative of my organization and authorized to			
Author	rized Applicant Signature: Erin Klaus	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	Four Corners Lot	9/13/2024	3 pm	8 pm
Set Up (Day of)	South Barstow Street	9/14/2024	5 am	10 am
Vendors Arrive	South Barstow Street	9/14/2024	8 am	9 am
Event Begins	South Barstow Street	9/14/2024	10 am	4 pm
Event Concludes	South Barstow Street	9/14/2024	4 pm	
Clean Up	South Barstow Street	9/14/2024	4 pm	6 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
Police Department Services	36
Fire Department Services	
Ambulance Services (please specify EC Fire Dept or outside service)	
Event Panels / Fencing (please specify)	
No Parking Signs (must be posted 24 hours before event start, posts not included)	we have them
Barricades (it takes 4 barricades to close down 1 block ofcity street)	
Traffic Cones	25
Extra Garbage/Recycling Bins (please specify)	TBD
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?

A basic first aid kit will be on hand at the registration table for the event. DECI Staff will call emergency services if a more advanced medical emergency arises. Staff and volunteers can make any emergency announcements as needed.

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

Staff will monitor the weather using mobile phones. Emergency situations will be communicated using our PA System.

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

Emergency vehicles will be able to access South Barstow Street as needed. Event staff will assist the crowd control as needed.

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?

Event staff will communicate by phone and text during the event. PAs will be available at a few locations

Waste Collection/Recycling

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

We will work in coordination with Parks to provide trash receptacles for the event. Event staff and volunteers will monitor and empty receptacles in a central location as needed. We ask that garbage cans be delivered to the Four Corners Lot and lined up along the conference halls, volunteers will distribute and collect cans for the event, garbage can be picked up after the event from the same location.

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

Health		s from the region will be invited to participate in rtment to ensure all have a license to operate in	the event. DECI will coordinate with the name the city. A list of vendors will be provided to the Health
What	type of	f products (cups, plates, etc.) will you use d	uring your event?
∠ I	Recycla	able	e) Other: disposable food containers
User	and '	Traffic Impact Plan	
Chipp and pa The da emails	ewa Va arking o ate has s to bus	alley Museum, or Paul Bunyan Camp. Horoptions? Include letters of support from as been shared with the South Barstow BID and	downtown businesses. DECI staff has send out informational ont their website. Physical flyers will be distributed to
traffic South Farwel	and pe Barstow S I St. Patro	edestrian lanes open? St. will be closed from Eau Claire Street to Lake St. Side sons will be directed to park in the N & S Barstow Parking F	
Yes	No		ements with other parties or shuttle bus services?
V		If yes, include information on those ag	greements.
Yes	No	Will you contract with a private company	y or organization to provide such services?
~		Ur Ur	e are considering workingg with Right Way Shuttles to provide a shuttle service from either the iiversity's Water reet lot and/or the County parking lot in the West Grand District.

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
South Barstow Street (EC to Lake Street)	5 am	6 pm
Gibson, East Grand, Main and Grey (Farwell to Graham)	5 am	6 pm
Four Corners Lot	4 pm (9/13)	6 pm (9/14)

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.

1.	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.
2.	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
3.	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
4.	If no to #2a <u>OR</u> #3a then you must include a written explanation that details your plan to ensure the health, safety and welfare of those attending the event.
5.	If no to #3a, "Guns and Alcohol Don't Mix" signs are required at each public entrance to the licensed area.

OFFICE USE ONLY □ No City Requirements □ Safety Plan required □ "Guns and Alcohol Don't Mix" sign required



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/01/2024

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PRODUCER Customer Care							
West Bend Mutual Insurance Company	PHONE (866) 926-4244 FAX (262) 365-2200						
1900 South 18th Avenue	E-MAIL customercare@whmi.com						
West Bend WI 53095	ADDRESS: Customoroare@wbm.com						
vest bend vii 55555	INSURER(S) AFFORDING COVERAGE			NAIC # 15350			
INSURED	_		INSURERA.				13000
Downtown Eau Claire, Inc		ł	INSURER B:				
PO Box 5148			INSURER C:			-	
FO BOX 5146			INSURER D :				
Face Olaire		VAI 54700	INSURER E :				
Eau Claire		WI 54702	INSURER F:	×			
	_	ATE NUMBER: CL242167849	IOOUED TO THE INOUE		REVISION NUMBER:	20	
THIS IS TO CERTIFY THAT THE POLICIES OF IN INDICATED. NOTWITHSTANDING ANY REQUIR CERTIFICATE MAY BE ISSUED OR MAY PERTA EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.	REMEN IN, THI LICIES	NT, TERM OR CONDITION OF ANY (IE INSURANCE AFFORDED BY THE B. LIMITS SHOWN MAY HAVE BEEN	CONTRACT OR OTHER POLICIES DESCRIBEI REDUCED BY PAID CL	R DOCUMENT V D HEREIN IS SU -AIMS.	VITH RESPECT TO WHICH TH		
INSR LTR TYPE OF INSURANCE	ADDL S	SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
COMMERCIAL GENERAL LIABILITY						\$ 1,000	
CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	000
						s Exclu	ided
A	Υ	0983376	03/15/2024	03/15/2025		1,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						2,000	,000
POLICY PRO-		,			PRODUCTS - COMP/OP AGG	2,000	,000
OTHER:		p-				\$	1
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$.	
ANYAUTO						\$.	·
OWNED SCHEDULED					BODILY INJURY (Per accident)	\$	
AUTOS ONLY AUTOS NON-OWNED					PROPERTY DAMAGE	\$	
AUTOS ONLY AUTOS ONLY					(Per accident)	\$	
UMBRELLA LIAB OCCUR						_	
EVOCESCIAN						\$	
CLAIWS-WADE						\$	
DED RETENTION \$ WORKERS COMPENSATION	-				PER OTH- STATUTE ER	\$	
AND EMPLOYERS' LIABILITY Y/N							-
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					\$	
(Mandatory in NH) If yes, describe under						\$	
DESCRIPTION OF OPERATIONS below	\vdash				E.L. DISEASE - POLICY LIMIT	\$	
		ODD 464 A J. W					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE			may be attached if more s	pace is required)			
Certificate holder is additional insured for general	al liabili	lity per form CG2026.					
CERTIFICATE HOLDER	111/11/1		CANCELLATION	25 CHO IN XV			
City of Eau Claire, Dept of Parks 915 Menomonie St	& Rec	creation	THE EXPIRATION D ACCORDANCE WIT	DATE THEREOF TH THE POLICY	SCRIBED POLICIES BE CANC F, NOTICE WILL BE DELIVERE Y PROVISIONS.		BEFORE
9 to Michightonia of			AUTHORIZED REPRESENTATIVE				
Eau Claire		WI 54703-5679		Jugu	utype		
				© 1988-2015	ACORD CORPORATION.	All righ	nts reserved

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

Sumr	nary of Event			
ME	□ New Event □ Repeat Event □ Repeat Event with changes (Explain changes in the description below) Event Name: Grand Evening on the Bridge			
EVENT NAME	Event Name. Grand Evening on the Bridge			
ENT	Event Date(s): Wednesday, August 14th, 2024			
EV]	Name of Sponsoring Organization: Downtown Eau Claire, Ir	nc.		
	☑ Non-Profit Group ☐ For Profit ☐ Other, please describe:			
ILS	Event description, including changes (attach additional sheet, if necessary): A Grand Evening on the Bridge is a fundraiser for Downtown Eau Claire, Inc. events and partners with other local organizations to help fund special downtown projects and events. This year's event will again be a ticketed event featuring a meal prepared by local restaurants with live musical entertainment and a selection of beer and wine all served on the Grand Ave Footbridge. We are requesting the Phoenix Park Pavilion as a backup spot			
ETA	Estimated Daily Attendance: 185	Estimated Total Attendance: 185		
EVENT DETAILS	Donations, charges or entry fees: \$125 individual; \$600	table of 6		
VEN	Location(s) of Event: Grand Ave Pedestrian Bridge			
Щ	Time Set Up Begins:8 am	Time Event Begins: 5:30 pm		
	Time Event Ends:8:30 pm	Time Clean-up Ends: 11 pm		
LS	Organizer Name: Downtown Eau Claire, Inc			
TAI	Address: 203 S. Farwell Street, Eau Claire WI 547	01		
CONTACT DETAILS	Work Phone:715-839-8063	Cell Phone: 715-579-2885		
TAC	Email:erin.klaus@eauclairewi.gov; downtowneauc	clairedeci@gmail.com		
CON	Please note if new organizer: Erin Klaus			
Hold	Harmless and Payment Agreements			
employ expens	applicant agrees to hold harmless, indemnify and defend, at no cyees, agents, representatives and elected city officials, for any an es (including attorney fees), or any other type of damages, that resible for any and all losses or claims that are in any way connected.	ad all claims, demands, suits, losses, costs, result from the Special Event. Applicant is		
	applicant agrees to be billed for any City services at the conclus 6 hours' notice may be responsible for the cost of planned services.			
	certify by my signature below that I am a duly qualified represent is agreement.	ntative of my organization and authorized to		
Author	rized Applicant Signature:	Date: 5/31/2024		

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	Grand Ave Pedestrian Bridge	8/14/2024	8 am	5 pm
	Grand Ave Pedstrian Bridge	8/14/2024	5:30 pm	8:30 pm
Clean Up	Grand Ave Pedestrian Bridge	8/14/2024	8:30 pm	11 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
Police Department Services	4
Fire Department Services	
Ambulance Services (please specify EC Fire Dept or outside service)	
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 ofcity street)	
Traffic Cones	
Extra Garbage/Recycling Bins (please specify)	
Other:	4 of each

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?

A basic first aid kit will be on hand at the registration table for the event. DECI Staff will call emergency services if a more advanced medical emergency arises. Staff and volunteers can make anyemergency announcements as needed.

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

Staff will monitor the weather using mobile phones. Emergency situations will be communicated using our PA System.

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

Emergency personnel will be able to access the bridge from both East Grand Ave and West Grand Ave.

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? A speaker system will be set up. We will also notify patrons in person as needed.

Wasta ('alla ati am	Recycling
Wagte L		K ACVOITAG
	OHOUUUI	

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

We will have minimal waste. We will be using glass place settings, serving utensils and glasses. The waste that is generated will be collected in receptacles. We do request four Parks rolling garbage cans and four recycling cans for waste collection at the event.

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

Appetizers supplied by Court N House, Salad course prepared by TBD, Main course prepared by Houligan's Steak & Seafood, Dessert course prepared by The Informalist.

What type of products (cups, plates, etc.) will you use during your event?					
Recyclable Compostable (biodegradable)					
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 Downtown Eau Claire, Inc and the city will post notices on social media announcing the closure of the Grand Ave. Bridge and outline alternative routes. Minimal disruption is anticipated for the neighborhood as all other sidewalks and streets will remain open. DECI has shared event dates for all events, including Grand Evening with our BIDs.					
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 will encourage participants to park in the County lot off West Grand and First (open to the public after 5 pm) and access the bridge from the West Grand Avenue side of the bridge. We will also publicize public parking options should attendees want to access from the east side of the bridge.					
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				
•	closures, complete this worksheet. NOT stop traffic; they can only c		•	
Street Closure (Example: S. Barstow	St from Gray St to Lake St)	Time Closing	Time Reopening	
Grand Ave Footbridge		8 am	11 pm	
Firearms Information				
	t to carry a concealed weapon upo ibits firearms on certain City prop in determining the requirements f	erty. Answer the follo		
1. Is your event being held at one locations? (These facilities are	or more of the following City of I permanently posted "Firearms Pro			
☐ Chippewa Valley Museum C☐ Hobbs Ice Arena☐ Fairfax Pool☐ Neighborhood Shelter – Boy	m, Baseball Stadium, Hobbs Softh OR Paul Bunyan Museum rd, Lakeshore, McDonough, North re using another public space for y	n Riverfronts, Pinehurs	t, Sundet	
☑Yes □No	king donations to your event <u>AND</u> g your special event "Firearms Pro		χ Ο,	
☑Yes □No	rary Class B picnic license to server sting the enclosed area (i.e., beer g Yes \(\Boxed{\text{ No}}\)		wine is served as	
	4. 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.			
5. If no to #3a, "Guns and Alcoho	ol Don't Mix" signs are required a	t each public entrance	to the licensed area.	
	OFFICE USE ONLY			
☐ No City Requirements	☐ Safety Plan require	ed		

☐ "Guns and Alcohol Don't Mix" sign required

 \square Posting "Firearms Prohibited"

Additional Application Information

- 1. Certificate of Insurance
 - The City requires that all organizers of Special Events provide liability insurance.
 - An event sponsor is required to provide a valid certificate of insurance evidencing limits of liability not less than \$1,000,000
 - Name the City of Eau Claire, 203 S. Farwell St., Eau Claire WI 54703 as an additional insured.
 - Name the City of Eau Claire as a certificate holder in the description.
- 2. Map of event layout or route showing use of public streets or trails
 - Include written step-by-step description of any routes
 - Include barricade drop off sites on map
- 3. Payments due with the application:
 - \$60 Special Event Application Fee (required)
 - \$10 Class B Application Alcohol (if applicable)
 - \$62 Tent Permit Application Fee (if applicable)
 - Make check payable to *City of Eau Claire* or complete credit card authorization form
 - All other fees will be billed to the organizer <u>after</u> the event takes place.

Checklist

Required for all events:
☐ I have submitted a "Save the Date Form"
☑ I have signed the "Hold Harmless Agreement" on the first page of this application
☑ I have filled out this application fully and accurately
☐ My Certificate of Insurance is being submitted with this application
A map of my event is attached to this application, including written directions for any run/walk routes
☐ My application fee payment is attached to this application
Additional items, if applicable:
Referenced forms are available at www.eauclairewi.gov/specialevent
☑ My event will serve/sell food, and I have included a Temporary Food Service Application
☑ My event will serve/sell alcohol so I have included each of the required documents and fee.
☑ Alcohol Worksheet
☑ Temporary Class B License Application and fee
☑ Checklist for Temporary Beer/Wine "Picnic License" applications
☐ My event will have a tent larger than 250 sq. ft. so I have included a Tent Permit Application and fee
Cylenit completed annication any additional forms and norment by small smill on in narrow to

Submit completed application, any additional forms, and payment by email, mail, or in person to:

Address: City of Eau Claire 910 Forest St Eau Claire, WI 54703 Email:

specialevents@eauclairewi.gov



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/01/2024

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).

PRODUCER			CONTACT Customer	Care			
West Bend Mutual Insurance Company		ľ	PHONE (866) OF		FAX (A/C, No):	(262) 36	35-2200
1900 South 18th Avenue			E-MAIL customercare@whmi.com				
West Bend WI 53095		-	ADDRESS.				
vest bend vii 55555	Mark Band Maked Incomes Commence				NAIC # 15350		
INSURED	_		IIYOOKLINA,	na mataan maan	ance company	-+	13000
Downtown Eau Claire, Inc		ł	INSURER B:				
PO Box 5148			INSURER C:			-	
FO BOX 5146			INSURER D :				
Face Olaire		VM 54700	INSURER E :				
Eau Claire		WI 54702	INSURER F:	×			
	_	ATE NUMBER: CL242167849	IOOUED TO THE INOUE		REVISION NUMBER:	20	
THIS IS TO CERTIFY THAT THE POLICIES OF IN INDICATED. NOTWITHSTANDING ANY REQUIR CERTIFICATE MAY BE ISSUED OR MAY PERTA EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.	REMEN IN, THI LICIES	NT, TERM OR CONDITION OF ANY (IE INSURANCE AFFORDED BY THE B. LIMITS SHOWN MAY HAVE BEEN	CONTRACT OR OTHER POLICIES DESCRIBEI REDUCED BY PAID CL	R DOCUMENT V D HEREIN IS SU -AIMS.	VITH RESPECT TO WHICH TH		
INSR LTR TYPE OF INSURANCE	ADDL S	SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
COMMERCIAL GENERAL LIABILITY						\$ 1,000	
CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	000
						s Exclu	ided
A	Υ	0983376	03/15/2024	03/15/2025		1,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						2,000	,000
POLICY PRO-		,			PRODUCTS - COMP/OP AGG	2,000	,000
OTHER:		p-				\$	1
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$.	
ANYAUTO						\$.	·
OWNED SCHEDULED					BODILY INJURY (Per accident)	\$	
AUTOS ONLY AUTOS NON-OWNED					PROPERTY DAMAGE	\$	
AUTOS ONLY AUTOS ONLY					(Per accident)	\$	
UMBRELLA LIAB OCCUR						_	
EVOCESCIAN						\$	
CLAIWS-WADE						\$	
DED RETENTION \$ WORKERS COMPENSATION	-				PER OTH- STATUTE ER	\$	
AND EMPLOYERS' LIABILITY Y/N							-
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					\$	
(Mandatory in NH) If yes, describe under						\$	
DESCRIPTION OF OPERATIONS below	\vdash				E.L. DISEASE - POLICY LIMIT	\$	
		ODD 464 A J. W					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE			may be attached if more s	pace is required)			
Certificate holder is additional insured for general	al liabili	lity per form CG2026.					
CERTIFICATE HOLDER	111/11/1		CANCELLATION	25 CHO IN XV			
City of Eau Claire, Dept of Parks 915 Menomonie St	& Rec	creation	THE EXPIRATION D ACCORDANCE WIT	DATE THEREOF TH THE POLICY	SCRIBED POLICIES BE CANC F, NOTICE WILL BE DELIVERE Y PROVISIONS.		BEFORE
o to monomonie ot			AUTHORIZED REPRESE	NTATIVE		22	
Eau Claire		WI 54703-5679		Jugu	utype		
				© 1988-2015	ACORD CORPORATION.	All righ	nts reserved

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

Sumr	nary of Event					
ליו	☐ New Event ☐ Repeat Event ☐ Repeat Event with change	ges (Explain changes in the description below)				
EVENT NAME	Event Name: Eau Claire Classic					
L	Event Date(s): June 14-16					
EVE	Name of Sponsoring Organization: Eau Claire Fastpitch					
	☑ Non-Profit Group ☐ For Profit ☐ Other, please describe:					
VILS	Event description, including changes (attach additional sheet, i 8 teams at Carson Park 30 Teams at Jeffers park	f necessary):				
EVENT DETAILS	Estimated Daily Attendance: 450 at jeffers 250 at Carson	Estimated Total Attendance: 1000				
T L	Donations, charges or entry fees: \$400-\$600					
SVE	Location(s) of Event: Carson Park and Jeffers Park					
	Time Set Up Begins:June 13 5pm	Time Event Begins: June 14 5pm				
	Time Event Ends: June 16 7pm	Time Clean-up Ends: June 16 8pm				
LS	Organizer Name: Dain Wold					
TAI	Address: 3334 Rosewood Ln					
TDE	Work Phone: Cell Phone: 608-406-7353					
CONTACT DETAILS	Email:wolddain@hotmail.com					
CON	Please note if new organizer:					
Hold	Harmless and Payment Agreements					
employ expense	applicant agrees to hold harmless, indemnify and defend, at no crees, agents, representatives and elected city officials, for any anes (including attorney fees), or any other type of damages, that is sible for any and all losses or claims that are in any way connected.	nd all claims, demands, suits, losses, costs, result from the Special Event. Applicant is				
The a	applicant agrees to be billed for any City services at the concluse hours' notice may be responsible for the cost of planned services.	sion of their event. Events cancelled with less ces.				
I also c sign thi	ertify by my signature below that I am a duly qualified represens agreement.	ntative of my organization and authorized to				
Author	ized Applicant Signature:	Date: <u>5-24-24</u>				

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.

	☑ 100 or more persons are expected in a single day
H	☑ Entry fee or admission is charged
N	☑ Donations are accepted
80	☑ Merchandise or other items will be sold
PP	☐ Fireworks, fires or other hazardous activities will be provided
A	□ Overnight Camping
ADMINISTRATIVE APPROVAL	☐ Drones will be used at the event (Ordinance 9.76.110-B.2.)*
AT	☐ Requesting the use of a boat with a motor on Half Moon Lake during the event
K	☐ Putting up tents/inflatables that require stakes to be driven into the ground
SIS	☐ Putting up tents <u>larger</u> than 250 square feet*
B	☐ Eau Claire River Lights sponsorship consideration*
	☑ Food/concessions will be served OR sold*
1	☐ Selling or distributing 2+ kegs/half barrels of fermented malt beverage or wine*
片	☑ 1,000 or more persons are expected at the event
ž	☐ Selling or distributing 6+ kegs/half barrels of fermented malt beverage or wine*
ğ	☐ Alcohol will be served past sunset or 8:00 pm in the evening, whichever is later
N C	☐ Alcohol will be served on the streets, sidewalks, alleys or boulevards
CITY COUNCIL	☐ The event will close city streets, alley, sidewalk or boulevard
0	☐ 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	Carson Park	June 13	5pm	7pm
-4	Jeffers Park	June 13	5pm	7pm
Clean Up	Jeffers/Carson	June 16	5pm	7pm

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	
Ambulance Services (please specify EC Fire Dept or outside service)	
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 ofcity street)	
Traffic Cones	
Extra Garbage/Recycling Bins (please specify)	
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?

There will be first aid kits and ice packs available for common injuries placed at the concessions or pavilions

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

Site directors at each location will monitor and communicate to teams and spectators. Communications will be ran through SportsEngine tournament app.

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

There will be designated spectator parking only. All entrances to fields will be clear for emergency response teams

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? SE tournament app for text and email. As well as on site communications from site directors

Waste Collection/Recycling						
Describe the waste disposal and recycling needs/plan for your event. Designated trash and recycling bins at each location						
What, if any, concessions or food products will be sold <u>OR</u> distributed during the event? Jeffers licensed full concessions and Carson Park full concessions						
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 We do not need parking outside of the parks. Traffic will not be blocked						
Describe the traffic and parking control plans for your event. How will you control traffic and parking to keep traffic and pedestrian lanes open? Each facility has a designated parking area for the park						
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 workshe Please note: Volunteers CANNOT stop traffic; they can only	eet. Attach additional sheety control the pedestrians	et, if necessary. 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 u Claire code section 9.32.040 prohibits firearms on certain City prassist City staff in determining the requirement	operty. Answer the follow	ermit. City of Eau wing questions to
1. Is your event being held at one or more of the following City of locations? (These facilities are permanently posted "Firearms I	of Eau Claire buildings, fa Prohibited") Check the co	acilities, or orrect facility:
 □ Carson Park Football Stadium, Baseball Stadium, Hobbs So □ Chippewa Valley Museum OR Paul Bunyan Museum □ Hobbs Ice Arena □ Fairfax Pool □ Neighborhood Shelter – Boyd, Lakeshore, McDonough, No □ None of the above OR you are using another public space for 	rth Riverfronts, Pinehurst	t, Sundet
 Are you charging admission/taking donations to your event All ☐Yes ☐ No a. If yes to #2, are you posting your special event "Firearms F 	ND having a controlled ac	ccess area (fencing)?
3. Will your event have a Temporary Class B picnic license to see ☐ Yes ☐ No a. If yes to #3, will you be posting the enclosed area (i.e., bee "Firearms Prohibited"? ☐ Yes ☐ No		vine is served as
4. If no to #2a <u>OR</u> #3a then you must include a written explanation health, safety and welfare of those attending the event.	on that details your plan to	o ensure the
5. If no to #3a, "Guns and Alcohol Don't Mix" signs are required	at each public entrance t	o the licensed area.
OFFICE USE ONL	Y	
☑ No City Requirements☐ Posting "Firearms Prohibited"☐ "Guns and Alcol	ired nol Don't Mix" sign requ	ired



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/12/2024

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 (ses) must be endorsed. If SUBROGATION IS WAIVED, subject to the teams and conditions of the policy certain policies may require an endorsement. A statement on this certificate does not consider the certificate does not consider the certificate does not consider the certificate holder is an ADDITIONAL INSURED, the policy certain policies may require an endorsement. A statement on this certificate does not consider the certificate does not consider the certificate holder is an ADDITIONAL INSURED.

IMPORTANT: If the certificate holder is the terms and conditions of the policy, certifi cate holder in lieu of such endors	certai	in pol	ONAL INSURED, the policy licies may require an endor	/(ies) m rsemen	iust be endor it. A stateme	sed. If SUBF nt on this cer	ROGATION IS W rtificate does no	AIVED, sonter i	ubject t	to o the
PRODUCER	811.0.	ittoj.		CONTAC NAME:	ст					
Southard Insurance Agency Inc.				PHONE	745 004	2-7927		FAX (A/C, No):	715 0	332-4343
2779 S. Hastings Way				E-MAIL ADDRE		E-1321		(A/C, No):	/ 10-0	32-4343
PO BOX 593				ADDRE		PUDEBIE! AEEO!	TOWIS COURSEASE			
Eau Claire, WI 54702-0593				INSURER(S) AFFORDING COVERAGE NA INSURER A : Secura Insurance Companies					NAIC#	
INSURED						nsurance och	ipariies			
Eau Claire Fury LTD				INSURE						
3334 Rosewood LN				INSURE						
Eau Claire, WI 54703				INSURE						
			大型 · · · · · · · · · · · · · · · · · · ·	INSURE						
COVERAGES CER	RTIFIC	CATE	NUMBER:	INSURE	RF:		REVISION NUM	OED.		
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH F	TAIN,	MENT, THE II IES LI	TERM OR CONDITION OF AN' INSURANCE AFFORDED BY TH IMITS SHOWN MAY HAVE BEE	IY CONT	FRACT OR OTH ICIES DESCRIE UCED BY PAID	SURED NAMED HER DOCUMEN BED HEREIN IS CLAIMS.	D ABOVE FOR TH NT WITH RESPEC S SUBJECT TO AL	E POLICY	CH THIS	;
TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	_	
							EACH OCCURRENT		-	00,000
CLAIMS-MADE OCCUR	1						PREMISES (Ea occ	mueuce)	-	0,000
A	Y	1-0	3408124		24/24/2004	24717000	MED EXP (Any one	person)	\$ 10,0	
	1		3400124		04/01/2024	04/01/2025	PERSONAL & ADV	INJURY		00,000
GEN'LAGGREGATE LIMIT APPLIES PER POLICY PRO- JECT LOC							GENERAL AGGREC		-	00,000
POLICY JECT V LOC						1	PRODUCTS - COM	P/OP AGG		00,000
AUTOMOBILE LIABILITY	-						COMBINED SINGLE	FIRMIT	\$	
							(Ea accident)		\$	
ANYAUTO ALLOWNED SCHEDULED			CT CARLES				BODILY INJURY (Pe	, ,	\$	
AUTOS AUTOS HIRED AUTOS NON-OWNED							PROPERTY DAMAGE		\$	
AUTOS AUTOS							(Per accident)	J	\$	
UMBRELLA LIAB OCCUR	+	-							\$	
EXCESS LIAB CLAIMS-MADE		12/1					EACH OCCURRENT	CE	\$	
DED RETENTION \$	-	1					AGGREGATE		\$	
WORKERS COMPENSATION	-	-					I PER	T OTH-	\$	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							PER STATUTE	OTH- ER		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E L EACH ACCIDEN	_	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below				3			E L. DISEASE - EA E			
DESCRIPTION OF OPERATIONS DELIW	+	\vdash		-			EL DISEASE - POL	ICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC City of Eau Claire is listed as Additional Insured Ref: Jeffers Park Fields, Carson Park Fields &	d on th	ne Gen	neral Liability.	le, may b	e attached if mor	e space is requi	red)			
CERTIFICATE HOLDER				CANCI	ELLATION					
City of Eau Claire 203 S Farwell St.				ACCC	EXPIRATION DA	ATE THEREOF, H THE POLICY	SCRIBED POLICIE F, NOTICE WILL BE PROVISIONS.	S BE CAN E DELIVER	ICELLED) BEFORE
Eau Claire, WI 54703			V	What Michels						

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

Sum	mary of Event						
Ш	☐ New Event ☐ Repeat Event ☐ Repeat Event with change	ges (Explain changes in the description below)					
EVENT NAME	Event Name: The Tusenbeiner						
TNS	Event Date(s): July 20, 2024						
Name of Sponsoring Organization: Waldemar Ager Association							
	☑ Non-Profit Group ☐ For Profit ☐ Other, please describe:						
VILS	Event description, including changes (attach additional sheet, i 5K and 2K fun run/walk	if necessary):					
EVENT DETAILS	Estimated Daily Attendance: 50 - 100	Estimated Total Attendance: 50					
NTD	Donations, charges or entry fees: Registration fee of \$20						
EVE	Location(s) of Event: on city trail starting at Mayo parking lot on E. Madison, carrying on to Roa	adside Diner, then up the hill into Carson and back to Mayo					
	Time Set Up Begins:4 p.m.	Time Event Begins: 5:30 p.m.					
	Time Event Ends: 6:30 p.m.	Time Clean-up Ends: 7:00 p.m.					
TS	Organizer Name: Waldemar Ager Association						
ETAJ	Address: 514 W. Madison Street						
TDI	Work Phone:	Cell Phone: 715 834 5204					
CONTACT DETAILS	Email:pearsoda@uwec.edu						
CON	Please note if new organizer:						
Hold	Harmless and Payment Agreements						
employ expens	applicant agrees to hold harmless, indemnify and defend, at no covees, agents, representatives and elected city officials, for any an es (including attorney fees), or any other type of damages, that is sible for any and all losses or claims that are in any way connected.	ed all claims, demands, suits, losses, costs, result from the Special Event. Applicant is					
The than 36	applicant agrees to be billed for any City services at the conclus bours' notice may be responsible for the cost of planned services.	ion of their event. Events cancelled with less					
I also o	ertify by my signature below that I am a duly qualified represent is agreement.						
Author	ized Applicant Signature. The and I can	March 15, 2024 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	Mayo parking lot on West Madison St	July 20, 2024	4 p.m.	7 p.m.
Clean Up	Mayo Parking lot and route	July 20, 2024	6:30 p.m.	7:00 p.m.

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	
Ambulance Services (please specify EC Fire Dept or outside service)	
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 ofcity street)	
Traffic Cones	8 /0
Extra Garbage/Recycling Bins (please specify)	
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? First aid kit will be at start area. Race finishes where it starts. Monitors on course will have phones to call for needed help.

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

Race director will monitor weather conditions up to the moment of the start and during the race. Race director will contact race official on course if it is advisable to stop the race and seek shelter. We will also post on our website if weather conditions require stopping the race.

How will you provide access to ambulance and fire trucks for the event in case of medical emergencies? We will call 911. The start and finish of the race and the geography of the course are very close to Emergency services at the Mayo Clinic.

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? Race director will have phone contact with race monitors at 3 - 4 locations along the 5K course and at the turn-around point for the 2K race/walk.

Waste Collection/Recycling							
Describe the waste disposal and recycling needs/plan for your event. We will have bins for waste and plastic and aluminum recycling.							
What, if any, concessions or food products will be sold <u>OR</u> distributed during the event? None							
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 Parking will be in Mayo lot west of the start/finish line. A sign and cones will establish parking area.							
Describe the traffic and parking control plans for your event. How will you control traffic and parking to keep traffic and pedestrian lanes open? Drivers will turn into the parking area coming from east or west on West Madison Street. We foresee no complications for traffic or pedestrians.							
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			
No closures, but crossing Grand an	d Lake Streets will be	No closing				
	8					
Firearms Information						
Wisconsin residents have the right to Claire code section 9.32.040 prohibit assist City staff in	carry a concealed weapon upon is s firearms on certain City property determining the requirements for y	. Answer the follow	ermit. City of Eau wing questions to			
1. Is your event being held at one or locations? (These facilities are per	more of the following City of Eau manently posted "Firearms Prohib	Claire buildings, fa ted") Check the co	acilities, or orrect 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. 						
 2. 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 						
 3. 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 						
4. 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.						
5. If no to #3a, "Guns and Alcohol D	on't Mix" signs are required at eac	h public entrance to	o the licensed area.			
	OFFICE USE ONLY		The Artist Control			
☑ No City Requirements ☐ Posting "Firearms Prohibited"	☐ Safety Plan required ☐ "Guns and Alcohol Do	n't Mix" sign requi	ired			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/06/2024

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 floider in fled of Such e	nuoraemenua).				
PRODUCER		CONTACT NAME:	Eventsured Customer Service		
Foresite Sports, Inc.		PHONE (A/C, No, Ex	t): 888-882-5902	FAX (A/C, No):	
DBA: Eventsured		E-MAIL ADDRESS:	info@eventsured.com		
3553 West Chester Pike #418			INSURER(S) AFFORDING COVERAGE		NAIC #
Newtown Square, PA 19073		INSURER A	: Houston Casualty Company		42374
INSURED		INSURER B	:		
Waldemar Ager Associa	ation	INSURER C	:		
Douglas Pearson		INSURER D	:		
514 W. Madison Street		INSURER E	:		
Eau Claire, WI 54703		INSURER F	:		
COVERAGES	CERTIFICATE NUMBER: TM348482		REVISION NU	MRFR.	

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.

	ISR ADDLISUBRI POLICY EFF POLICY EXP								
INSR LTR			WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	GENERAL LIABILITY						EACH OCCURRENCE	\$ 1	1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	1,000
Α	X	Υ		H23SE00155/TM348482		07/21/2024 2:01AM	PERSONAL & ADV INJURY	\$ 1	1,000,000
					12:01AM	2:01AW	GENERAL AGGREGATE	\$ 2	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1	1,000,000
	X POLICY PRO- JECT LOC						DEDUCTIBLE	\$	0
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	

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

Additional Insureds must be venue managers or municipalities and are added with respect to our insureds operations only. Waiver of Subrogation (WOS) and Primary & Non-Contributory (PNC) wording applies only when coverage is purchased by the insured, required by written contract and as indicated below. This coverage is with respect to the Run/Fun Run/Race to be held on 07/20/2024 - 07/20/2024 with 100 attendees at City Trail 514 W. Madison Street Event starts across the street from 514. Eau Claire, WI 54703. Additional Insureds include: City Trail 514 W. Madison Street Event starts across the street from 514. Eau Claire, WI 54703; City of Eau Claire.

CERTIFICATE HOLDER	CANCELLATION
City Trail 514 W. Madison Street Event starts across the	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Eau Claire WI, 54703	AUTHORIZED REPRESENTATIVE

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

Sumi	mary of Event					
[2]	☐ New Event ☐ Repeat Event ☐ Repeat Event with change	ges (Explain changes in the description below)				
EVENT NAME	Event Name: Eau Freedom: Fun Run and Fest					
L	Event Date(s): July 24, 2024					
Name of Sponsoring Organization: Fierce Freedom						
	Non-Profit Group ☐ For Profit ☐ Other, please describe: ☐	ix Exempt #: 46-1001360				
ILS	Event description, including changes (attach additional sheet, is Our event consists of a fun run, merchandise booths, live music by a DJ, food trucks, and a choour event in 2023 with the fun run course	f necessary):				
ETA	Estimated Daily Attendance: 500	Estimated Total Attendance: 500				
EVENT DETAILS	Donations, charges or entry fees: Fun Run Ray 3 tration is 5	25/person, #15/12+under, #75/ family				
Location(s) of Event: Carson Park's Oak Pavilion and Pine Pavilion Areas for Main Ev						
Щ	Time Set Up Begins: Nooh Time Event Begins: 5:00 p.m.					
	Time Event Ends: 8:00 p.m.	Time Clean-up Ends: 9:00 p.m.				
rs	Organizer Name: Catherine Morgan					
TAI	Address: PO Box 246 Altoona, WI 54720					
T DE	Work Phone: 715-514-2890	Cell Phone: 715-533-552				
CONTACT DETAILS	Email: cat & fiercefreedom.org					
CON	Please note if new organizer: 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.						
-	applicant agrees to be billed for any City services at the conclus 6 hours' notice may be responsible for the cost of planned services.					
	certify by my signature below that I am a duly qualified represents agreement.					
Autho	rized Applicant Signature:	Date: 5/7/24				

1

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.

times, amplitude messe amies, creating times, or a reason and a second a second and				
Activity	Location	Date	Start Time	End Time
Set Up	Carson Park Oak+Pine Pavilion Areas	7-24-24	Noon	4:30 pm.
Registration	Carson Park Oak+ Pine Pavilion Areas	7-24-24	4:00 pim.	8:00pm.
Food Service	Carson Park Oak & Pine Pavilion Areas	1	4:00 p.m.	8:00 p.m.
Amplified Music	Carson Park Oak & Pine Parilian Arms		4:00 pm.	8:00pm.
	Causen Park Oak & Pine Pavilion Areas	7-24-24	4:00 pm.	8:00 pm.
Fun Run	Please see Fun Run Course Shret	7-24-24	5:00 p.m.	7:00 p.m.
Chair Program	Calson Park Out + Pine Pavilion Areas			8:00 p.m.
Clean Up	Casson Park Oak + Pine Pavilion Areas	7-24-24	8:00 pm.	9:00 p.m.

2

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	n/a
Fire Department Services	n/a
Ambulance Services (please specify EC Fire Dept or outside service)	n/a
Event Panels / Fencing (please specify)	n/a
No Parking Signs (must be posted 24 hours before event start, posts not included)	n/a
Barricades (it takes 4 barricades to close down 1 block ofcity street)	20
Traffic Cones	n/a
Extra Garbage/Recycling Bins (please specify)	n/a
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 medic onsite with a first aid kit. We can use the DT sound equipment to convey emergency information onsite, and volunteers on the race route will be asked to register their phone numbers at volunteer check-in.

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

The race director will monitor live radar and will consult with the local TV station meteorologist as needed. We also have a volunteer who is trained with the National Weather Service. Should threatening or dangerous weather occur, attended will be notified pre-event via the website or at the event via DI sound system and cell phone correspondence with volunteers on the route.

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

Fire lanes will be kept open. There is adequate parking for our event in the main lot, and we will not allow people to park in other areas. We will have volunteers who will monitor this.

Emergency	Action Plan ((continued)
THE PERSON OF TH		The state of the last of the l

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? If an emergency situation occurs, by sound and make announcements at the event site. Volunteers will be used to applify sound and make announcements at the event site. Volunteers will be asked to register their cell phone numbers at volunteer check in so that we can communicate with them should an emergency develop during the event fun run.

Magta		Han/De	ecycling
WASIE			
	COLLO	TOTAL TOTAL	

Describe the waste disposal and recycling needs/plan for your event. Recyclable containers will be used for food service, and garbage/recycling bins provided by the City will be placed near the food stations. Volunteers will clean up any littler after the event, both at the event site and the water station.
What, if any, concessions or food products will be sold <u>OR</u> distributed during the event? The following food trucks will be selling food onsite: Ne Ne Tacos, Smack Daddy, Fry Bread Company, and Egg Roll Plus. There will be a variety of baked goods for sale. There will also be post-race shacks and water available.
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 The only impact will be that from noon to 9.00 pm., park users cannot park by the mapplyground. We will barricade the section of Pavilion Drive from the main parking let to "I" in tersection of that Moon Drive. Park users can still park in the main parking hot a wark to kee the park. Describe the traffic and parking control plans for your event. How will you control traffic and parking to keep traffic and pedestrian lanes open? Our event is small enough that parking in the main lot will be adequate. We will he volunteers stationed near the parking lot to ensure that people do not park in unauthor areas, including fire lanes.	
Volunteers stationed hear the parking lot to ensure that people do not park in	
areas, including tire lanes.	_
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:	

	The second second	Marian Marian Parks	THE RESIDENCE TO SHARE	
Stuart	Clagari		* zaho	~+
Street				

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
Part of Pavilion Drive in Carson Park	Noon	9:00 p.m.
Part of Carson Park Drive in Carson Park	Noon	9:00 p.m.
* We regrest that the entire fun run course		/
be closed to traffic. Please refer to attached		
map.		

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.

	assist City staff in determining the requirements for your special event.
1.	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 ☐ Nighborhood Shelter - Boyd Lekeshere McDenough North Biverfronts Binehurst Sundat
	☐ 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.
2.	Are you charging admission/taking donations to your event <u>AND</u> having a controlled access area (fencing)? □Yes ☑No a. If yes to #2, are you posting your special event "Firearms Prohibited"? □Yes □No
3.	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
4.	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.
5.	If no to #3a, "Guns and Alcohol Don't Mix" signs are required at each public entrance to the licensed area.

	OFFICE USE ONLY	
☐ No City Requirements	☐ Safety Plan required	
☐ Posting "Firearms Prohibited"	☐ "Guns and Alcohol Don't Mix" sign required	





720 Second Ave, Eau Claire, WI 54703 www.echealthdepartment.org
P: 715-839-4718
F: 715-839-1674

Non-Profit Temporary Food Service Application

Event: Eau Freedom! tun Run and Fest
Event Date(s): July 24th Year: 2024 Time: 4:00 p.m 8:00 p.m.
Location of this Event (Address): Carson Park near Oak Pavilion and Pine Pavilion Reminder that if you are not part of a Licensed Special Event then you must be on Private Property.
Name of Applicant/Organization: Fierce Freedom On Site Operator Name/Contact: Catherine Morgan Mailing Address: PO Box 246 Altona, WI 54720 E-mail: Cat & fierce freedom. Org Phone#:
Is this organization a religious, fraternal, youth, patriotic, service, or civic group (non-profit)? YesX 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? NoX
Menu: Please list the foods that will be served and equipment used: The following vendors will prepare and serve food from their food trucks: Ne le Tacos, Smack Dardy, Fry Bread Company, and Egg Roll Plus, There will be a variety of baked good for sale. Great Harvest Bread Company will provide post-race rolls, and water will be available onsite and at the water station.
Where will foods be prepared? No home prepared foods allowed! In the food trucks, at Great Harvest Breed Company, and in private Kitchens as that restriction has been lifted. Type of structure that will be used for food service (i.e., inside building, pop wagon, tent, a mobile unit). Food trucks, small tents
Department Use:
Temporary restaurant license required? Yes or No
Discussed requirements with the Health Department:
Date:
R.S.
MYBRIDIE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/01/2024

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

R	REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.											
II	IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.											
lf 41	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).											
	DUCE		Jule	Cert	incate noider in ned or st	CONTAC NAME:	Dawn		entreprise d'Arendere de l'acceptant			
FRO	DUCE	Lauer Insurance Agency,	Inc			PHONE	/74 E\4	835-9698	FAX	10. (7	15)835-1	850
		4330 Golf Terrace Suite 1				E-MAIL	, EAU.	@lauerinsur		10): (1	10,000	000
		Eau Claire, WI 54701				ADDRE			DING COVERAGE			NAIC#
						INCHE	RA: Secu		DING GOVERNOL			11/10 #
INSL	RED					INSURE		14				
		Fierce Freedom Inc.				INSURE						
		PO Box 246				INSURE						
		Altoona, WI 54720-2588				INSURE						
						INSURE	RF:					
					NUMBER: 00002148-2				REVISION NUMBER		-	
Т	HIS IS	S TO CERTIFY THAT THE POLICIES C	F IN	SURA	NCE LISTED BELOW HAVE	BEEN IS	SSUED TO TH	E INSURED N	AMED ABOVE FOR TH	E POL	ICY PERIO	OD
IN	IDICA FRTI	ATED. NOTWITHSTANDING ANY REC FICATE MAY BE ISSUED OR MAY PE	RTAI	MEN N TH	T, TERM OR CONDITION OF F INSURANCE AFFORDED F	- ANY C	POLICIES DE	SCRIBED HER	EIN IS SUBJECT TO A	L THE	TERMS.	115
E	XCLL	ISIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE	BEEN F	REDUCED BY	PAID CLAIMS.				
INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		IMITS		
Α	X	COMMERCIAL GENERAL LIABILITY	Υ		CP003318493		02/11/2024	02/11/2025	EACH OCCURRENCE DAMAGE TO RENTED	\$		000,000
		CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) \$	1	100,000
									MED EXP (Any one person	\$		10,000
									PERSONAL & ADV INJURY	1 \$		000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		000,000
	X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP A			000,000
		OTHER:		-					COMBINED SINGLE LIMIT	\$		
	AU1	OMOBILE LIABILITY							(Ea accident)	Ψ		
	-	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per personal BODILY INJURY (Per accided)	,		
	-	AUTOS ONLY HIRED AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	-	AUTOS ONLY AUTOS ONLY							(Per accident)	s		
	-	UMBRELLA LIAB OCCUP	-						EACH OCCURRENCE	\$		
		-VO-TOO VO							AGGREGATE	\$		
		CEAINIO-NIADE							, CONLONIE	\$		
-	WOF	DED RETENTION \$ RKERS COMPENSATION							PER OT STATUTE ER	H-		
		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFF	CER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLO	YEE \$		
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LI	MIT \$		
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHICL	LES (ACORE	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)			
Ci	ty o	f Eau Claire is additional insu	red	on g	eneral liability.							
1												

CERTIFICATE HOLDER	

City of Eau Claire 203 S. Farwell St. Eau Claire, WI 54701

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.

AUTHORIZED REPRESENTATIVE

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

Sumr	nary of Event					
נד)	☐ New Event ☐ Repeat Event ☐ Repeat Event with change	ges (Explain changes in the description below)				
EVENT NAME	Event Name: Huntington's Disease Society of America Team Hope Run/Walk Eau Claire					
LN	Event Date(s): 08/17/2024					
EVE	Name of Sponsoring Organization: Huntington's Disease Sc	ociety of America - Wisconsin Chapter				
	☑ Non-Profit Group ☐ For Profit ☐ Other, please describe:					
ILS	Event description, including changes (attach additional sheet, i A run/walk through Carson Park benefiting the Huntingto Wisconsin Chapter. A silent auction and music are part of	n's Disease Society of America's				
EVENT DETAILS	Estimated Daily Attendance: 250	Estimated Total Attendance: 250				
VT D	Donations, charges or entry fees: \$20, \$25, or \$30 dependi	ng on walking or running.				
VEN	Location(s) of Event: Carson Park Pine Pavillioin					
Щ	Time Set Up Begins:7:30am	Time Event Begins: 9am				
	Time Event Ends: Noon	Time Clean-up Ends: 1:30pm				
LS	Organizer Name: Shana Verstegen					
TAI	Address: 1021 Seminole Hwy, Madison, WI 53711					
r DE	Work Phone:608274-5080	Cell Phone: 608-698-8171				
IAC	Email:shana@shanaverstegen.com					
CONTACT DETAILS	Please note if new organizer:					
Hold	Harmless and Payment Agreements					
employ expens	applicant agrees to hold harmless, indemnify and defend, at no divees, agents, representatives and elected city officials, for any an es (including attorney fees), or any other type of damages, that is sible for any and all losses or claims that are in any way connected.	d all claims, demands, suits, losses, costs, result from the Special Event. Applicant is				
	applicant agrees to be billed for any City services at the conclus 6 hours' notice may be responsible for the cost of planned services.					
sign th	ertify by my signature below that I am a duly qualified represents agreement.					
Authorized Applicant Signature:						

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.

times, amplified music times, cream up times, etc. Trituen additional sheet, if necessary.												
Activity	Location	Date	Start Time	End Time								
Set Up	Carson Park Pine Pavillion	8/17/2024	7:30am	9am								
Registration	Carson Park Pine Pavillion	8/17/2023	9am	10am								
Run/Walk + Silent Auction	Carson Park Pine Pavillion	8/17/2023	10am	Noon								
Clean Up	Carson Park Pine Pavillion	8/17/2023	Noon	1:30pm								

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	
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	
Spider Box (electrical extension equipment, comes with either 25' or 100' cord)	
Extra Garbage/Recycling Bins (please specify)	
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?

For injuries, heat issues, etc. all volunteers are instructed to call course director Peter Verstegen at

For injuries, heat issues, etc. all volunteers are instructed to call course director Peter Verstegen at 608-616-2331. 911 will be dialed for an extreme emergency. We have 1 nurse and 2 doctors on our volunteer team working at registration.

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

If there is lightning people will be brought under the shelter, depending on where they are on the course. It is a short course so sound system can alert of weather issues- we also have a vehicle that can quickly cover the course and pick people up.

How will you provide access to ambulance and fire trucks for the event in case of medical emergencies? Access should not be an issue.

Emergency Action Plan (continued)

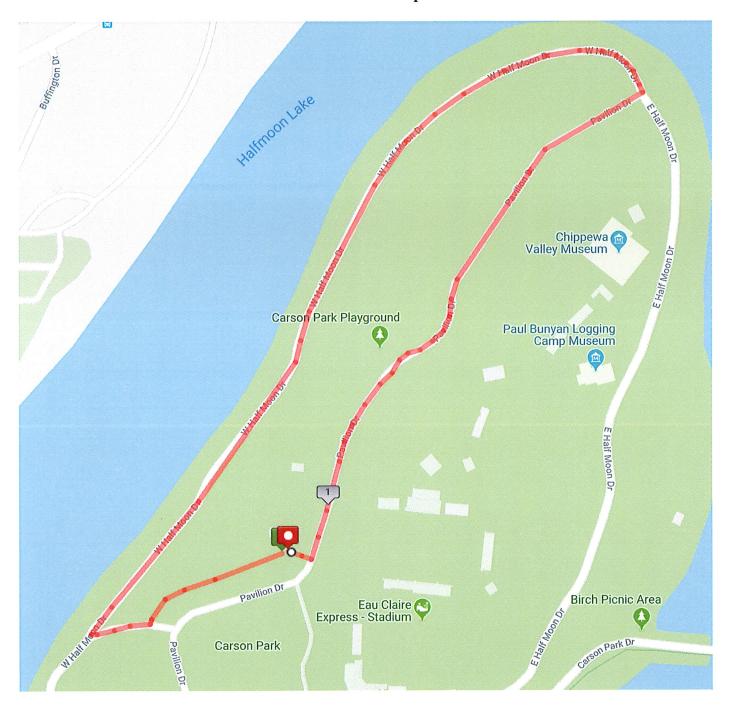
During an emergency, what communication tools will be available at the event and along race routes? If the event extends outside Eau Claire city limits or on UWEC property, what plans do you have in place? Sound system, cell phones, vehicle to drive around.

Waste Collection/Recycling
Describe the waste disposal and recycling needs/plan for your event. Receptacles at the shelter are sufficient.
What, if any, concessions or food products will be sold <u>OR</u> distributed during the event? Hot dog lunch for participants.
What type of products (cups, plates, etc.) will you use during your event?
Recyclable Compostable (biodegradable)
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.											
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 up. Claire code section 9.32.040 prohibits firearms on certain City practice assist City staff in determining the requirement	operty. Answer the follow	• • • • • • • • • • • • • • • • • • •										
1. Is your event being held at one or more of the following City o locations? (These facilities are permanently posted "Firearms F												
☐ Carson Park Football Stadium, Baseball Stadium, Hobbs So ☐ Chippewa Valley Museum OR Paul Bunyan Museum ☐ Hobbs Ice Arena ☐ Fairfax Pool ☐ Neighborhood Shelter – Boyd, Lakeshore, McDonough, Noo ☐ None of the above OR you are using another public space for	rth Riverfronts, Pinehurs	t, Sundet										
2. Are you charging admission/taking donations to your event AN ☐Yes ☐ No a. If yes to #2, are you posting your special event "Firearms F		, ,,,										
3. Will your event have a Temporary Class B picnic license to set ☐ Yes ☑ No a. If yes to #3, will you be posting the enclosed area (i.e., bee "Firearms Prohibited"? ☐ Yes ☐ No		wine is served as										
4. If no to #2a OR #3a then you must include a written explanation health, safety and welfare of those attending the event.	on that details your plan t	to ensure the										
5. If no to #3a, "Guns and Alcohol Don't Mix" signs are required	l at each public entrance	to the licensed area.										
OFFICE USE ONL	Y											
☑ No City Requirements☐ Posting "Firearms Prohibited"☐ "Guns and Alcol	iired hol Don't Mix'' sign requ	iired										

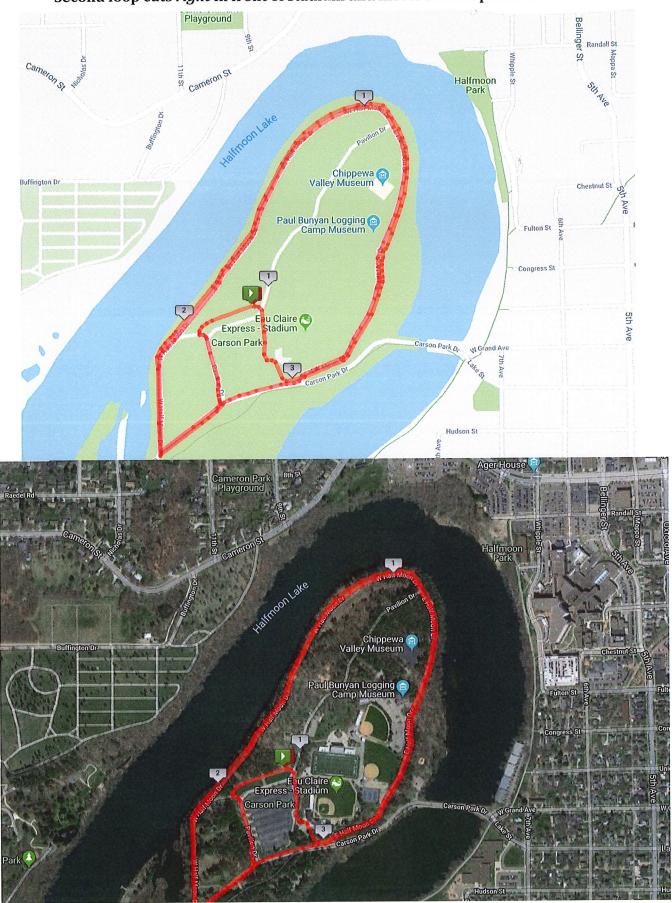
HDSA Team Hope 1 Mile Walk Course

1 Clockwise loop



HDSA Team Hope 5K Run Course

 ${\bf 2} \ {\bf Clockwise \ Loops} \\ {\bf Second \ loop \ cuts \ } {\bf right \ in \ front \ of \ stadium \ and \ meets \ back \ at \ pavilion \\ {\bf 1} \\ {\bf 1} \\ {\bf 2} \\ {\bf 1} \\ {\bf 2} \\ {\bf 1} \\ {\bf 2} \\ {\bf 1} \\ {\bf 3} \\ {\bf 2} \\ {\bf 3} \\ {\bf 3} \\ {\bf 3} \\ {\bf 3} \\ {\bf 4} \\ {\bf 5} \\ {\bf 2} \\ {\bf 3} \\ {\bf 4} \\ {\bf 5} \\ {\bf 3} \\ {\bf 5} \\ {\bf 4} \\ {\bf 5} \\ {\bf 5$





P: 715-839-4718 F: 715-839-1674



Non-Profit Temporary Food Service Application

Event: HDSA Team Hope Run/Walk Eau Claire
Event Date(s): August 17th Year: 2024 Time: 9am - Noon
Location of this Event (Address): Carson Park Pine Pavillion Reminder that if you are not part of a Licensed Special Event then you must be on Private Property.
Name of Applicant/Organization: Huntington's Disease Society of America - Wisconsin Chapter On Site Operator Name/Contact: Shana Verstegen Mailing Address: 1021 Seminole Hwy, Madison, WI 53711
E-mail: shana@shanaverstegen.com Phone#:608-698-8171
Is this organization a religious, fraternal, youth, patriotic, service, or civic group (non-profit)? Yes x 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 x how many days? 4 No
Menu: Please list the foods that will be served and equipment used: Hot Dogs: Tongs and a Roaster - volunteers are gloved for serving
Chips
Water Bottles
Where will foods be prepared? <i>No home prepared foods allowed!</i> Carson Park Pine Pavillion in the roaster
Type of structure that will be used for food service (i.e., inside building, pop wagon, tent, a mobile unit). On a picnic table in the pavillion
Department Use:
Temporary restaurant license required? Yes or No
Discussed requirements with the Health Department:
Date:
R.S.
Signature



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/29/2023

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).

	SUBROGATION IS WAIVED, Subject his certificate does not confer rights to							equire an endorsement	. A Sta	atement on		
	DUCER	_			CONTACT NAME:							
Art	hur J. Gallagher Risk Management O Madison Avenue	Serv	ices,	LLC	PHONE (A/C, No, Ext): 212-994-7100 FAX (A/C, No): 212-994-7047							
	th Floor				E-MAIL ADDRESS:							
Ne	w York NY 10017						NAIC#					
					INSURE	R A : AMGUAF	RD Insurance	Company		42390		
	IRED			HUNTDIS-01	INSURE	кв: Travelers	Casualty Ins	surance Co of America		19046		
	ntington's Disease Society of Ameri 5 Eighth Avenue	ca, ı	nc.		INSURE	RC:						
	w York NY 10018				INSURE	RD:						
					INSURE	RE:						
					INSURE	RF:						
СО	VERAGES CER	TIFIC	CATE	NUMBER: 193441529				REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR ADDLISUBR POLICY EFF POLICY EXP												
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
Α	X COMMERCIAL GENERAL LIABILITY	Υ		C1GP303664		11/16/2022	11/16/2023	EACH OCCURRENCE	\$1,000	,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	00		
								MED EXP (Any one person)	\$ 5,000			
								PERSONAL & ADV INJURY	\$ 1,000	,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,000	,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 3,000	,000		
	OTHER:							COMPINED ONIOLE LIMIT	\$			
Α	AUTOMOBILE LIABILITY			C2GP302665	11/16/2022	11/16/2023	COMBINED SINGLE LIMIT (Ea accident)	ψ 1,000,000				
	ANY AUTO							BODILY INJURY (Per person)	· · · ·			
	OWNED SCHEDULED AUTOS ONLY HIRED Y NON-OWNED						BODILY INJURY (Per accident)	\$				
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
Α	X UMBRELLA LIAB X OCCUR			C3GP301578		11/16/2022	11/16/2023	EACH OCCURRENCE	\$ 3,000	,000		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 3,000	,000		
	DED X RETENTION\$ 10,000							DEB OTH	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER				
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	0.000		
В	D&O			107735278		11/16/2022	11/16/2023	D&O Employment Practices	\$5,00 \$2,00			
City	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI of Eau Claire is named as additional in tract.								equired	by written		
Eve Eve	apter/Affiliate Name: Wisconsin ent: Team Hope - Eau Claire ent date: 8/19/2023 ent Location Name: Carson Park, 100 Ca	arson	ı Park	Drive Eau Claire WI 5470	3							
CE	RTIFICATE HOLDER				CANO	ELLATION						
	City of Eau Claire 203 S. Farwell Street				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	Eau Claire WI 54703				AUTHO	RIZED REPRESEN	NTATIVE					
					3							

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

Sumi	nary of Event									
EVENT NAME	☐ New Event ☐ Repeat Event ☐ Repeat Event with change	ges (Explain changes in the description below)								
	Event Name: North Husky Cross Country Meet									
	Event Date(s): 8/31/24									
EVI	Name of Sponsoring Organization: Eau Claire North High School									
	☑ Non-Profit Group ☐ For Profit ☐ Other, please describe:									
	Event description, including changes (attach additional sheet, in	f necessary):								
ILS	Cross country Meet in City Wells traits.									
EVENT DETAILS	Estimated Daily Attendance: 750	Estimated Total Attendance: 750								
H H H	Donations, charges or entry fees: none									
3VE)	Location(s) of Event: Eau Claire City Wells									
 1	Time Set Up Begins: $8/30/24$	Time Event Begins: 9:00 am								
	Time Event Ends: 2:00 pm Time Clean-up Ends: 2:00 pm									
ILS	Organizer Name: MICHAEL PERNSTEINER NO	RTH HIGH SCHOOL								
ETA.	Address: 1801 PIBDMONT RD									
(T.D.	Work Phone: 715 852-6608	Cell Phone:								
CONTACT DETAILS	Email: mpernsteiner@ecasd.us									
Ś	Please note if new organizer:									
Hold	Harmless and Payment Agreements									
The employ	applicant agrees to hold harmless, indemnify and defend, at no described agents, representatives and elected city officials, for any arms (including attorney fees), or any other type of damages, that a sible for any and all losses or claims that are in any way connected.	nd all claims, demands, suits, losses, costs, result from the Special Event. Applicant is								
	applicant agrees to be billed for any City services at the conclus 6 hours' notice may be responsible for the cost of planned services.									
sign th	certify by my signature below that I am a duly qualified represer is agreement.	, ,								
Author	rized Applicant Signature:	Date: 2/14/24								

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	CHY WELLS	8/31/24	9:00	2:00
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)

25
2
1

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?

Mayo CLINIC ATHLETIC TRAINERS. EC EMS

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

Weather radur, Athletic Director, Radios

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

AREA FOR MEDICAL IS BLOCKED OFF

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?

UTV Follows the race. Two way radios are used among event staff.

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

Eau Claire North will collect and dispose of all garbage.

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

MA

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

No PARKIND AUDNO- RIVERVIEW, SIGHS WILL BE POSTED.

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

Busses will drop off and park off site (NHS)

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. Please note: Volunteers CANNOT stop traffic; they can only c				
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 upor Claire code section 9.32.040 prohibits firearms on certain City propassist City staff in determining the requirements for	erty. Answer the follo			
1. Is your event being held at one or more of the following City of locations? (These facilities are permanently posted "Firearms Pro	Ű,	-		
☐ Carson Park Football Stadium, Baseball Stadium, Hobbs Softl ☐ Chippewa Valley Museum OR Paul Bunyan Museum	oall Field, or Gelein Sc	oftball Field		
☐ Hobbs Ice Arena ☐ Fairfax Pool CITY WELLS				
☐ Neighborhood Shelter – Boyd, Lakeshore, McDonough, North ☐ None of the above OR you are using another public space for	*	·		
2. Are you charging admission/taking donations to your event ANI				
□Yes □No				
a. If yes to #2, are you posting your special event "Firearms Pro		NO		
3. Will your event have a Temporary Class B picnic license to serv ☐Yes ☑No	e wine or beer?			
a. If yes to #3, will you be posting the enclosed area (i.e., beer a "Firearms Prohibited"? ☐ Yes ☐ No	garden) where beer or	wine is served as		
4. If no to #2a <u>OR</u> #3a then you must include a written explanation health, safety and welfare of those attending the event.	that details your plan	to ensure the		
5. If no to #3a, "Guns and Alcohol Don't Mix" signs are required a	t each public entrance	to the licensed area.		
OFFICE USE ONLY				
☐ No City Requirements ☐ Safety Plan require		-		
☐ Posting "Firearms Prohibited" ☐ "Guns and Alcoho	☐ "Guns and Alcohol Don't Mix" sign required			

CERTIFICATE OF INSURANCE

ISSUE DATE: 7/1/2023

AEGIS, LLC – A CHARLES TAYLOR CO. 18550 W. CAPITOL DRIVE BROOKFIELD, WISCONSIN 53045 TEL: (800) 236-6885 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 INSURERS(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

INSURED: Eau Claire Area School District 500 Main Street Eau Claire, WI 54701-3770

COMPANY AFFORDING COVERAGE:

COMMUNITY INSURANCE CORPORATION

COVERAGES

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 OF 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.

TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS
LIABILITY	SGL22095-23	7/1/2023	7/1/2024	\$5,000,000 EACH OCCURRENCE
GENERAL LIABILITY SCHOOL BOARD E&O AUTOMOBILE LIABILITY ALL OWNED AUTOS HIRED & NON-OWNED AUTOS UNINSURED MOTORISTS				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:

Certificate Holder is named as an Additional Insured with regard only to the use of all City of Eau Claire facilities for parades, concerts, run/walks etc. during the policy period.

CERTIFICATE HOLDER:

City of Eau Claire Parks and Recreation Attention: Business Analyst 910 Forest Street Eau Claire, WI 54703

AUTHORIZED REPRESENTATIVE

Karen Hym

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.