



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

## Special Events Committee

### Agenda

Wednesday, August 21, 2024 | 1:00PM

“Our Parks” Conference Room – City Hall, 203 S. Farwell Street, Eau Claire, WI.

1. **Call to Order**
2. **Open Public Comment Period**
  - a. The public comment period will be for 20 minutes. Each speaker shall be permitted no more than 3 minutes to speak and shall only speak once per session.
3. **New Event Review**
  - a. The EC Unity Groove
4. **Repeat Event Review**
  - a. Turkey Trot
  - b. Buckshot Run
  - c. Labor Day Celebration
  - d. UW Meets EC
  - e. Memorial High School Homecoming Celebration
  - f. North High School Homecoming Celebration
  - g. UWEC Homecoming Celebration
5. **Discussion and Direction**
  - a. Discussion on Special Event Process and Procedure
  - b. Future Agenda Items
6. **Adjournment**

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

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Lane Berg, Community Services Director  
c: News Media



CITY OF EAU CLAIRE  
2024 SPECIAL EVENT APPLICATION

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

Summary of Event

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

EVENT NAME

Event Name: The EC Unity Groove  
Event Date(s): Sunday, September 8th, 2024  
Name of Sponsoring Organization: \_\_\_\_\_

Non-Profit Group  For Profit  Other, please describe: \_\_\_\_\_

EVENT DETAILS

Event description, including changes (attach additional sheet, if necessary):  
Arts + Music Festival dedicated to promoting Peace and Unity in our Community.

Estimated **Daily** Attendance: 250-500 Estimated **Total** Attendance: 450

Donations, charges or entry fees: Food truck purchases + business vendors' costs ONLY

Location(s) of Event: Phoenix Park Amphitheatre + Pavilion

Time Set Up Begins: 10:30am Time Event Begins: 12pm

Time Event Ends: 7:30 Time Clean-up Ends: 8pm

CONTACT DETAILS

Organizer Name: Faith Freedlund (Buettner)

Address: 726 5th AVE APT #3 Eau Claire, WI 54703

Work Phone: \_\_\_\_\_ Cell Phone: (715)-451-4947

Email: faithfreedlund@gmail.com

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.

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

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

Authorized Applicant Signature: [Signature] Date: JULY 24, 2024

## Event Infrastructure

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

ADMINISTRATIVE APPROVAL

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

CITY COUNCIL

- 1,000 or more persons are expected at the event
- Selling or distributing 6+ kegs/half barrels of fermented malt beverage or wine\*
- Alcohol will be served past sunset or 8:00 pm in the evening, whichever is later
- Alcohol will be served on the streets, sidewalks, alleys or boulevards
- The event will close city streets, alley, sidewalk or boulevard
- The event will require the alteration of park operational hours (Every day, 4am-11pm)

## Event Schedule Worksheet

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

Activity	Location	Date	Start Time	End Time
Set Up	Phoenix Park Pavilion	7-24-24	10:30am	12 Pm
Vendors + activities	Pavilion + Amphitheatre	7-24-24	12pm	7pm
Music Sound set up	Amphitheatre	7-24	10:30	3pm
Live music	Amphitheatre	7-24	3pm	7:30
Speech	Amphitheatre	7/24	6:30	6:45
Clean Up	Phoenix Park	7/24	7:00pm	8pm

## 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 of city street)	
Traffic Cones	
Extra Garbage/Recycling Bins (please specify)	2 recycling + 2 garbage
Other:	

## Emergency Action Plan

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

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

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

Emergency weather will be notified via PA system to crowd and on event social media.

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

On Street closest to Phoenix Park,  
With no roads closed.

## 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?

Communication Tools include social media, repeated advisories on PA system and word of mouth.

## Waste Collection/Recycling

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

2 garbage cans + 2 recycling bins will be used for event, and placed in grass directly above Amphitheatre.

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

Food truck(s) will be at event, a possibility of lemonade stand, and a booth selling cookies + bars.

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

Recyclable

Compostable (biodegradable)

Other:

Paper plates,  
Dixie cups

## 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

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

Yes  No  Will the event offer off-site parking agreements with other parties or shuttle bus services?  
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 upon issuance of a state permit. City of Eau Claire code section 9.32.040 prohibits firearms on certain City property. Answer the following questions to assist City staff in determining the requirements for your special event.

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

## OFFICE USE ONLY

- No City Requirements
- Safety Plan required
- Posting "Firearms Prohibited"
- "Guns and Alcohol Don't Mix" sign required



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/26/2024

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

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


<b>PRODUCER</b>  The Chasteen-Hoesley Agency, LLC PO Box 128 Pittsville, WI 54466	<b>CONTACT NAME:</b> Jon Chasteen <b>PHONE (A/C, No, Ext):</b> (715)884-2800 <b>E-MAIL ADDRESS:</b> Jon@CHInsurance.net <b>FAX (A/C, No):</b>													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Secura Insurance</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Secura Insurance		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			20-CP-003416941-0	09/08/2024	09/08/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

<b>CERTIFICATE HOLDER</b>  City of Eau Claire 203 S Farwell St PO Box 5148 Eau Claire, WI 54702	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CITY OF EAU CLAIRE 2024 SPECIAL EVENT APPLICATION

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

## Summary of Event

EVENT NAME	<input type="checkbox"/> New Event <input type="checkbox"/> Repeat Event <input checked="" type="checkbox"/> Repeat Event with changes (Explain changes in the description below)	
	Event Name: Festival Foods Turkey Trot	
	Event Date(s): Thursday, November 28th 2024	
	Name of Sponsoring Organization: Festival Foods (Greater Green Bay Community Foundation)	
EVENT DETAILS	<input checked="" type="checkbox"/> Non-Profit Group <input type="checkbox"/> For Profit <input type="checkbox"/> Other, please describe:	
	Event description, including changes (attach additional sheet, if necessary): 5-mile run, 2-mile fun run & dog jog Charity event to support Boys & Girls Club & YMCA of the Chippewa Valley. Made course changes to reduce congestion & bottlenecks.	
	Estimated <b>Daily</b> Attendance: 4,000	Estimated <b>Total</b> Attendance: 4,000
	Donations, charges or entry fees: \$15-\$40	
	Location(s) of Event: Eau Claire YMCA at 700 Graham Ave., City Streets, Trails & Sidewalks	
	Time Set Up Begins: 5:00 a.m.	Time Event Begins: 8:00 a.m.
Time Event Ends: 10:00 a.m.	Time Clean-up Ends: 11:00 a.m.	
CONTACT DETAILS	Organizer Name: Abby Seipel	
	Address: 1512 Frederic Street, Eau Claire, WI 54701	
	Work Phone: 414-750-4882	Cell Phone:
	Email: areyn356@gmail.com	
Please note if new organizer: <b>Yes, new race director</b>		

## Hold Harmless and Payment Agreements

- The applicant agrees to hold harmless, indemnify and defend, at no cost to the City, the City of Eau Claire, its employees, agents, representatives and elected city officials, for any and all claims, demands, suits, losses, costs, expenses (including attorney fees), or any other type of damages, that result from the Special Event. Applicant is responsible for any and all losses or claims that are in any way connected to their Special Event.
- The applicant agrees to be billed for any City services at the conclusion of their event. Events cancelled with less than 36 hours' notice may be responsible for the cost of planned services.

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

Authorized Applicant Signature: Abby Seipel Date: 7/24/2024



## Event Infrastructure

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

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

### ADMINISTRATIVE APPROVAL

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

### 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	YMCA, Indoors	Wed. 11/27	9:00 a.m.	8:00 p.m.
Set Up	YMCA, Outdoors	Thurs. 11/28	5:00 a.m.	7:30 a.m.
Amplified Music	YMCA, Outdoors	Thurs. 11/28	7:15 a.m.	10:00 a.m.
Road Closures	Various	Thurs. 11/28	7:00 a.m.	As soon as last participant passes
Race Start & Finish	YMCA, Outdoors	Thurs. 11/28	8:00 a.m.	10:00 a.m.
Clean Up	YMCA, Outdoors	Thurs. 11/28	8:15 a.m.	11:00 a.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	Y
Fire Department Services	N
<i>Ambulance Services (please specify EC Fire Dept or outside service)</i>	2 EMS On Site
Event Panels / Fencing (please specify)	N
No Parking Signs (must be posted 24 hours before event start, posts not included)	100
Barricades (it takes 4 barricades to close down 1 block of city street)	50
Traffic Cones	N
Extra Garbage/Recycling Bins <i>(please specify)</i>	N
Other: N/A	

## 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 are requesting 2 EMS at the race start/finish line.

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

National Weather Service: Participants will be informed by PA announcements, WEAU, MidWest Family Broadcasting, Social Media & the Turkey Trot Mobile App

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

Ambulance & Police will be on-site with easy access points

Volunteers & volunteer leads will be trained on whom to contact in case of an emergency.

Communication with emergency personnel via handheld radios & cell phones.

## 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?

Handheld radios, cell phones, Turkey Trot mobile app & trained volunteers.

## Waste Collection/Recycling

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

Disposable garbage cans and dumpster in YMCA parking lot.

---

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

Bananas, Cheese, Craisins, and Pumpkin Pies will be distributed to event finishers.

---

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

Neighborhood postcards will be sent to the businesses and home along the race course informing them of the event.

---

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

Parking in YMCA lots and on surrounding side streets. Volunteers at course street crossings to move barricades & allow traffic to pass through as needed (see course maps). Staff will follow the last runner/walker to clean up & dismiss closures.

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

---

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

## Street Closure Worksheet

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

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

## Firearms Information

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

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

---

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

---

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

---

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

---

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

## OFFICE USE ONLY

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

## Non-Profit Temporary Food Service Application

Event: Festival Foods Turkey Trot

Event Date(s): November 28th Year: 2024 Time: 8:00 a.m.

Location of this Event (Address): 700 Graham Ave, Eau Claire, WI 54701

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

Name of Applicant/Organization: Greater Green Bay Community Foundation

On Site Operator Name/Contact: Abby Seipel

Mailing Address: 1512 Frederic Street, Eau Claire, WI 54701

E-mail: areyn356@gmail.com Phone#: 414-750-4882

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

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

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

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

No \_\_\_\_\_

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

Bananas, Cheese, Craisins, and Pumpkin Pies

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

Festival Foods

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

10' x 10' Tent & Tables

### Department Use:

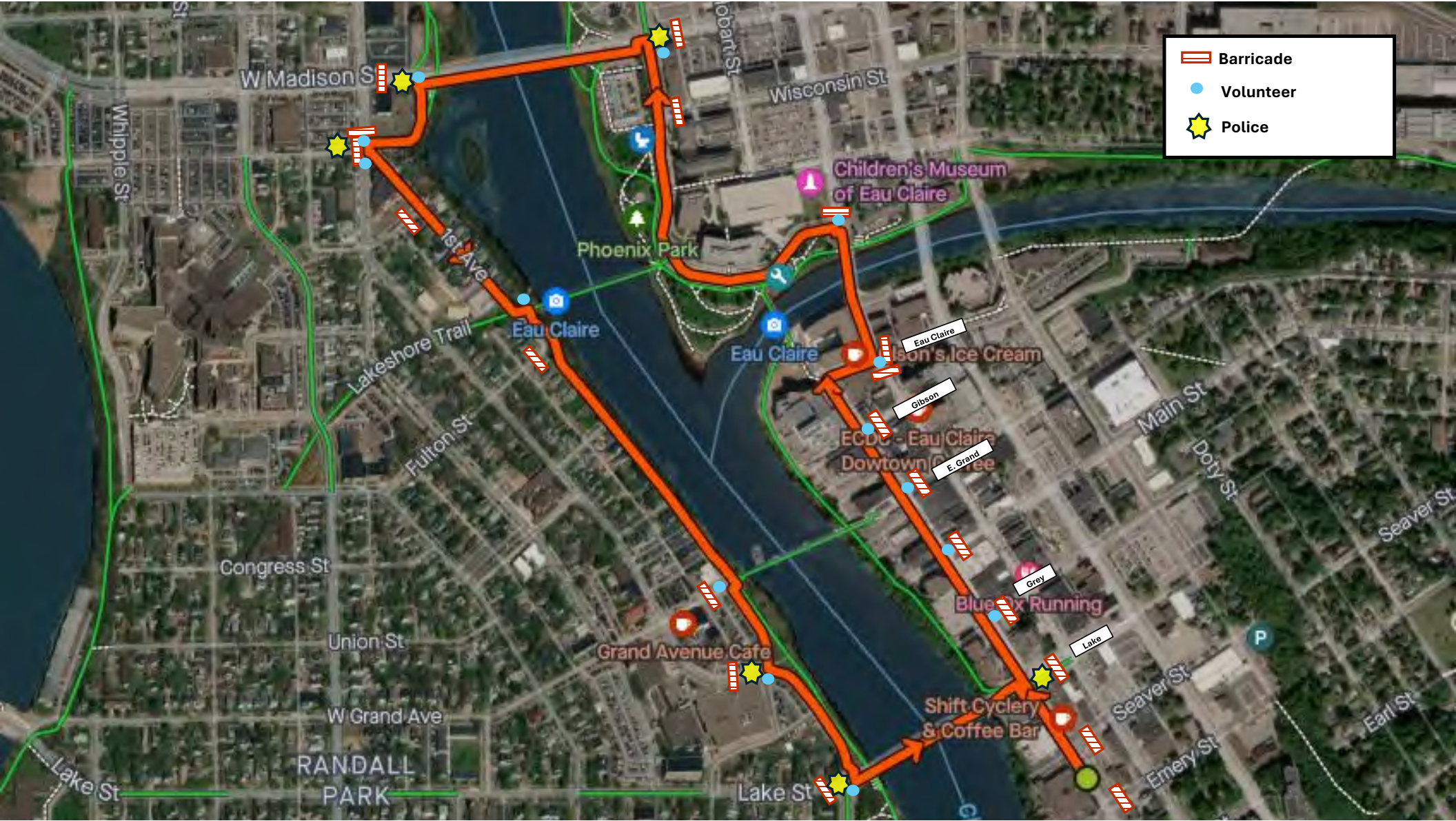
Temporary restaurant license required? Yes \_\_\_\_\_ or No \_\_\_\_\_

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

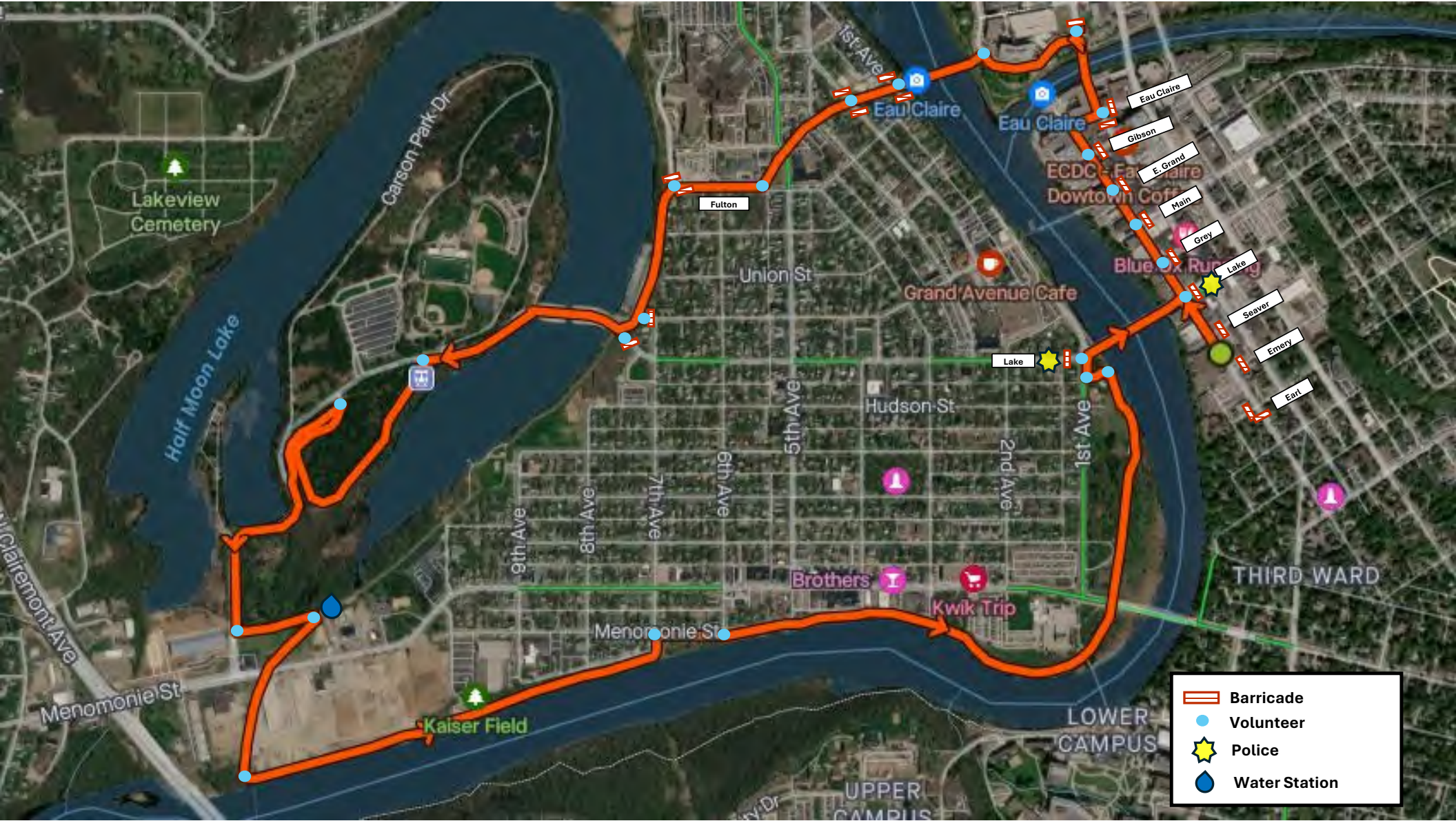
Date: \_\_\_\_\_





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

*Signature*



-  Barricade
-  Volunteer
-  Police



-  Barricade
-  Volunteer
-  Police
-  Water Station



# CITY OF EAU CLAIRE

## 2024 SPECIAL EVENT APPLICATION

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

### Summary of Event

EVENT NAME	<input type="checkbox"/> New Event <input checked="" type="checkbox"/> Repeat Event <input type="checkbox"/> Repeat Event with changes (Explain changes in the description below)	
	Event Name: 2024 Buckshot Run	
	Event Date(s): 8/31/24	
	Name of Sponsoring Organization: Special Olympics Wisconsin	
<input checked="" type="checkbox"/> Non-Profit Group <input type="checkbox"/> For Profit <input type="checkbox"/> Other, please describe:		
EVENT DETAILS	Event description, including changes (attach additional sheet, if necessary): Participants will run either a 5 or 2 mile route beginning in Carson park, through the City of Eau Claire. When the run is over there will be a food truck, live music, awards, and beer.	
	Estimated <b>Daily</b> Attendance: 750	Estimated <b>Total</b> Attendance: 750
	Donations, charges or entry fees:	
	Location(s) of Event: Carson Park	
	Time Set Up Begins: Aug 30 3PM	Time Event Begins: Aug 31 7:30AM
	Time Event Ends: Aug 31 1PM	Time Clean-up Ends: Aug 31 2PM
CONTACT DETAILS	Organizer Name: Ashley Lodzinski	
	Address: 6582 Ronald Reagan Ave Madison WI 53704	
	Work Phone: 715-289-6643	Cell Phone:
	Email: alodzinski@specialolympicswisconsin.org	
	Please note if new organizer: Same person, new last name	

### Hold Harmless and Payment Agreements

- The applicant agrees to hold harmless, indemnify and defend, at no cost to the City, the City of Eau Claire, its employees, agents, representatives and elected city officials, for any and all claims, demands, suits, losses, costs, expenses (including attorney fees), or any other type of damages, that result from the Special Event. Applicant is responsible for any and all losses or claims that are in any way connected to their Special Event.
- The applicant agrees to be billed for any City services at the conclusion of their event. Events cancelled with less than 36 hours' notice may be responsible for the cost of planned services.

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

*Ashley Lodzinski*

6/5/2024

Authorized Applicant Signature: \_\_\_\_\_ 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	Pine & Oak Pavilion	Aug 30 2024	2PM	4PM
On Site Registration	Pine Pavilion	Aug 30 2024	4PM	6PM
On Site Registration	Pine Pavilion	Aug 31 2024	7AM	9AM
5 Mile Walk/Run	Carson Park	Aug 31 2024	9AM	10:30AM
2 Mile Walk/Run	Carson Park	Aug 31 2024	10:30AM	11:30AM
Kids Dash	Carson Park	Aug 31 2024	11:30AM	11:45AM
After Race Activities	Oak Pavilion	Aug 31 2024	11:45AM	1PM
Clean Up	Carson Park	Aug 31 2024	1PM	2PM

## 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	Road closure
Fire Department Services	
<i>Ambulance Services (please specify EC Fire Dept or outside service)</i>	
Event Panels / Fencing (please specify)	40 panels
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)	20 (refer to PD)
Traffic Cones	
Extra Garbage/Recycling Bins <i>(please specify)</i>	2
Other:	

## Emergency Action Plan

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

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

We will have a first aid kit on tie and notify the fire department/EMTs in Eau Claire of the event.

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 will be ran rain or shine but we will be monitoring for severe weather. We will keep runners up to date through email, social media, and our website if we need to cancel the event.

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

All roads into Carson Park will remain open. We will have a clear path for ambulances/fire trucks to get into the event.

## 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?

2 way radios will be used between race coordinators and key volunteers.

## Waste Collection/Recycling

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

We will use the city provided garbage and recycling.

---

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

We will be obtaining food from a local Festival Foods to distribute at the event. Details still in the works.

---

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

Emails will be sent prior to event to notify other organizations.

---

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

Cones/barricades and police assistance will help us direct traffic into and out of the park.

---

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

---

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

## Street Closure Worksheet

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

Street Closure (Example: S. Barstow St from Gray St to Lake St)	Time Closing	Time Reopening
Water St	9AM	10AM
Summit Ave	9AM	10AM
Lake St	9AM	10AM
2nd Ave	9AM	10AM

## Firearms Information

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

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

---

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

---

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

---

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

---

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

## OFFICE USE ONLY

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

# Proposed Buck Shot Traffic Control



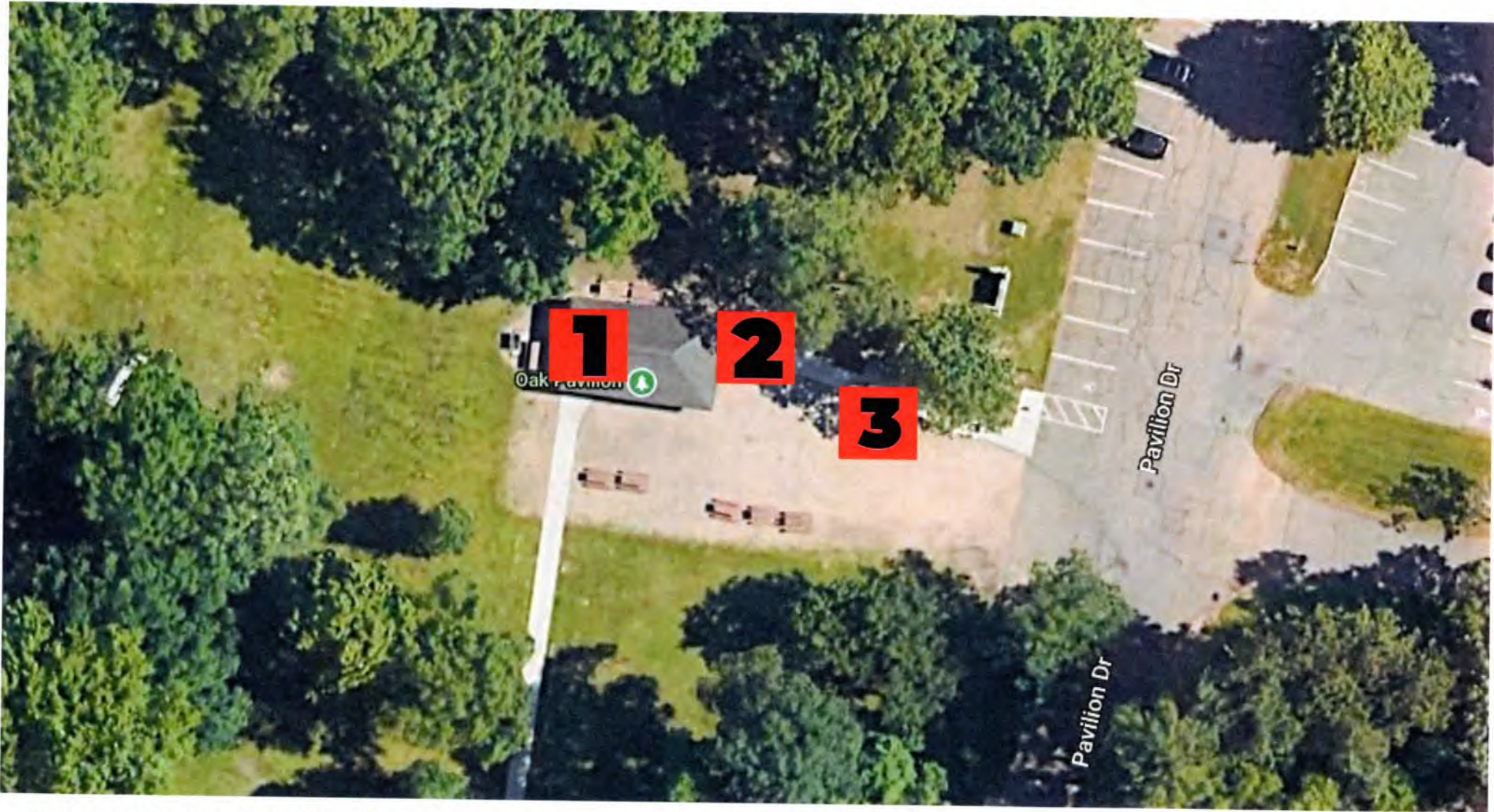
Event organizer to place  
"No Parking" on 10th Ave

# Buckshot Run Layout



1. Pine Pavilion- Rgistration & Volunteer Check-In
2. Oak Pavilion- Band Area, Food Area, and Beer Area (detailed map on page 2)
- 3.3. Public Restrooms
- 4.4. Start/Finish Line
- 5.5. Event Parking

# Oak Pavilion Details



1. Band Area (under shelter)
2. Beer Area (closed in with Picnic tables & Pennant flagging)
3. Food truck

## Non-Profit Temporary Food Service Application

Event: 2024 Buckshot Run

Event Date(s): Aug 31 2024 Year: 2024 Time: 9AM-2PM

Location of this Event (Address): Carson Park, Oak Pavilion

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

Name of Applicant/Organization: Special Olympics Wisconsin

On Site Operator Name/Contact: Ashley Lodzinski

Mailing Address: 6582 Ronald Reagan Ave Madison WI 53704

E-mail: ahansen@specialolympicswisconsin.org Phone#: 715-289-6643

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

Yes  or No

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

Yes , how many days? approx 12

No

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

We will be getting food from a local Festival Foods. Most likely pre-made sandwiches, bananas, and chips.

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

At Festival Foods

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

Inside Park Shelter

### Department Use:

Temporary restaurant license required? Yes  or No

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

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

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

\_\_\_\_\_  
Signature





June 4, 2024  
City Council of Eau Claire  
203 S. Farwell St.  
Eau Claire WI 54703

Dear City Council of Eau Claire,

We are looking forward to the Buckshot Run August 31! We don't plan on changing much in terms of how we safely manage our beer for the event. We will be checking ID's, utilizing signage to mark the area where alcohol is being served and using wristbands to identify those of legal drinking age.

There will be 2 bartenders will be on-site to serve beer. One of those bartenders will be a current city of Eau Claire licensed bartender.

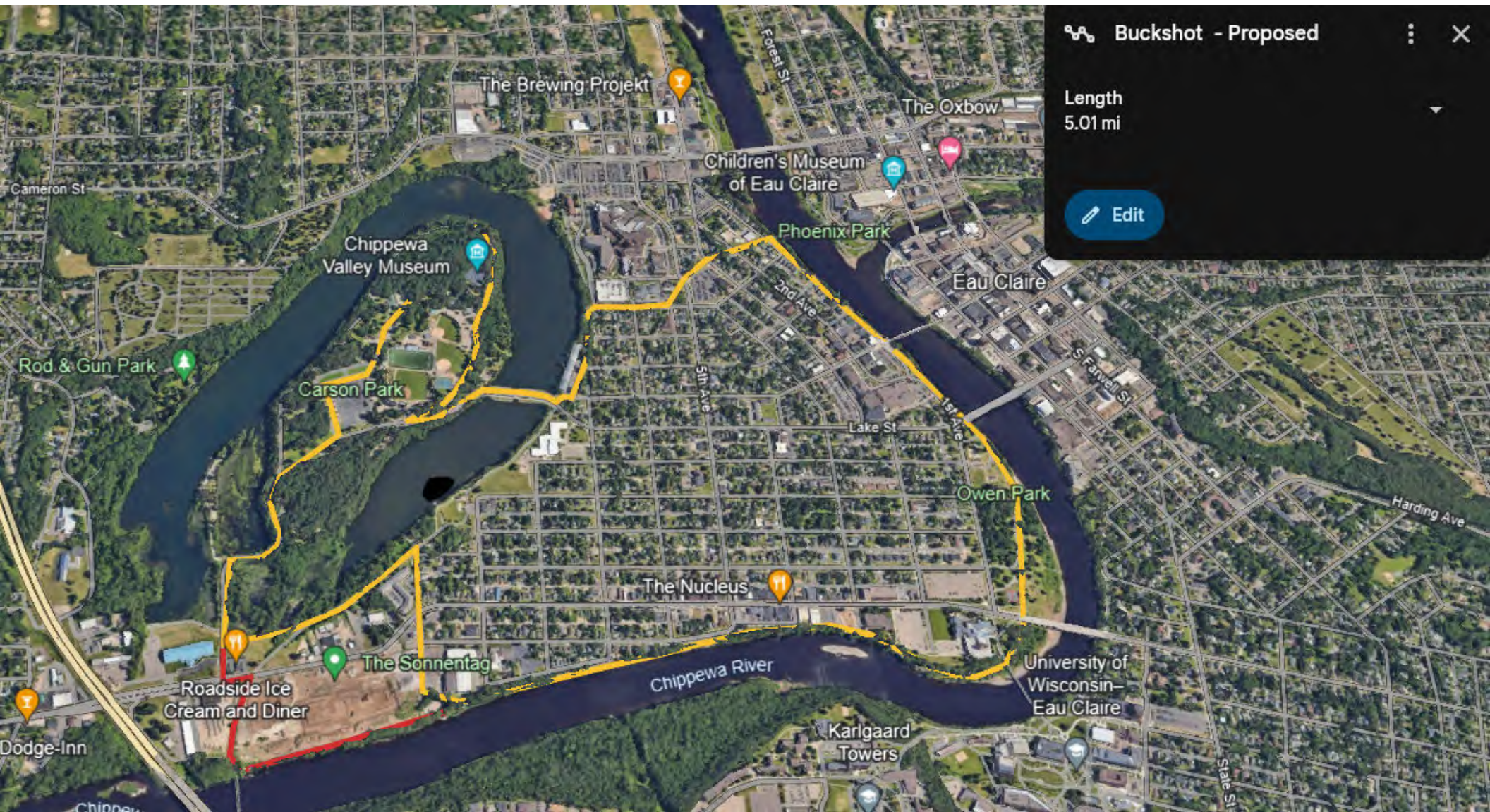
Beer will be served in 12 oz. clear plastic cups. Park Ridge Distributing is providing Beer. Beer service will be from 9am-1pm, for a charge.

Service of beer will be limited to one specified area, which is the same area where run awards will be announced and music will be played. Volunteers will be located around the perimeter of that general area to contain beer consumption. Volunteers will also be monitoring the parking lots to be sure no one leaves the park with any amount of beer. Average consumption of beer is 1.5 12 oz. cups per person 21+.

Thank you so much for your consideration.

Sincerely,

Ashley Lodzinski  
Special Events Manager  
715-289-6643  
[alodzinski@specialolympicswisconsin.org](mailto:alodzinski@specialolympicswisconsin.org)



Buckshot - Proposed

Length  
5.01 mi

Edit



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/17/2024

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

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

<b>PRODUCER</b> American Specialty Insurance & Risk Services, Inc.  7609 W. Jefferson Blvd., Suite 100 Fort Wayne IN 46804		<b>CONTACT NAME:</b> <b>PHONE (A/C, No. Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____	
<b>INSURED</b> Special Olympics, Inc.  2600 Virginia Avenue NW, 11th Floor  Washington DC 20037		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Philadelphia Indemnity Insurance Company <b>NAIC #</b> 18058 <b>INSURER B:</b> _____ <b>INSURER C:</b> _____ <b>INSURER D:</b> _____ <b>INSURER E:</b> _____ <b>INSURER F:</b> _____	

**COVERAGES**

CERTIFICATE NUMBER: 1002260877

REVISION NUMBER:

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

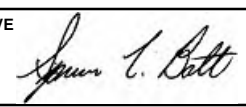
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: OTHER	Y		PHPK2638240	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2638240	12/31/2023	12/31/2024	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ NON-OWNED/HIRED AUTO \$ 1,000,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

- Coverage applies to the following: SPECIAL OLYMPICS WISCONSIN, 6582 RONALD REAGAN AVE, MADISON, WI 53704.

- The Certificateholder is only an Additional Insured with respect to liability caused by the negligence of the Named Insured as per Form PI-AM-002-Additional Insured-Certificateholders, as respects to the SPECIAL OLYMPICS WISCONSIN, BUCKSHOT RUN, CARSON PARK on August 31, 2024.

**CERTIFICATE HOLDER****CANCELLATION**

City of Eau Claire  910 Forest Street  Eau Claire WI 54703	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--

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## ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> American Specialty Insurance & Risk Services, Inc.		<b>NAMED INSURED</b> Special Olympics, Inc. 2600 Virginia Avenue NW, 11th Floor Washington, DC 20037	
<b>POLICY NUMBER</b> PHPK2638240		<b>EFFECTIVE DATE:</b> 12/31/2023	
<b>CARRIER</b> Philadelphia Indemnity Insurance Company	<b>NAIC CODE</b> 18058		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** ACORD 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE - Certificate #1002260877

- Named Insured (cont'd): All Special Olympics Accredited U.S. Programs
- The Hired Auto Physical Damage limit contains a \$1,000 collision deductible and a \$100 other than collision deductible (for commercially rented vehicles only). Nonowned and Hired Auto (NOHA) liability is excess of any valid and collectible insurance.
- Coverage for property you rent or occupy, property loaned to you and property in the care, custody, or control of the Insured, \$100,000 limit subject to a \$2,500 deductible per loss, excluding watercraft, aircraft, and autos.



# CITY OF EAU CLAIRE

## 2024 SPECIAL EVENT APPLICATION

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

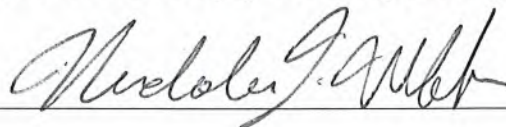
### Summary of Event

EVENT NAME	<input type="checkbox"/> New Event <input checked="" type="checkbox"/> Repeat Event <input type="checkbox"/> Repeat Event with changes (Explain changes in the description below)	
	Event Name: Labor Day Celebration	
	Event Date(s): Monday, September 2, 2024	
	Name of Sponsoring Organization: Greater West Central Area Labor Council	
	<input checked="" type="checkbox"/> Non-Profit Group <input type="checkbox"/> For Profit <input type="checkbox"/> Other, please describe:	
EVENT DETAILS	Event description, including changes (attach additional sheet, if necessary): This annual Labor Day event will include a picnic, speakers, activities for kids, and door prizes	
	Estimated <b>Daily</b> Attendance: 300	Estimated <b>Total</b> Attendance: 300
	Donations, charges or entry fees: None	
	Location(s) of Event: Phoenix Park Pavillion	
	Time Set Up Begins: 8:00 a.m.	Time Event Begins: 11:00 a.m.
	Time Event Ends: 3:00 p.m.	Time Clean-up Ends: 4:00 p.m.
CONTACT DETAILS	Organizer Name: Nick Webber	
	Address: 3135 Phoenix Avenue Eau Claire, WI 54703	
	Work Phone: 715-450-3237	Cell Phone: 715-450-3237
	Email: nickw@ibew953.org	
	Please note if new organizer: <b>Same as last year</b>	

### Hold Harmless and Payment Agreements

- The applicant agrees to hold harmless, indemnify and defend, at no cost to the City, the City of Eau Claire, its employees, agents, representatives and elected city officials, for any and all claims, demands, suits, losses, costs, expenses (including attorney fees), or any other type of damages, that result from the Special Event. Applicant is responsible for any and all losses or claims that are in any way connected to their Special Event.
- The applicant agrees to be billed for any City services at the conclusion of their event. Events cancelled with less than 36 hours' notice may be responsible for the cost of planned services.

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

Authorized Applicant Signature:  Date: 5/29/2024

## Event Infrastructure

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

ADMINISTRATIVE APPROVAL

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

CITY COUNCIL

- 1,000 or more persons are expected at the event
- Selling or distributing 6+ kegs/half barrels of fermented malt beverage or wine\*
- Alcohol will be served past sunset or 8:00 pm in the evening, whichever is later
- Alcohol will be served on the streets, sidewalks, alleys or boulevards
- The event will close city streets, alley, sidewalk or boulevard
- The event will require the alteration of park operational hours (Every day, 4am-11pm)

## Event Schedule Worksheet

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

Activity	Location	Date	Start Time	End Time
Set Up	Phoenix Park	9/2/2024	8:00 a.m.	11:00 a.m.
Events/Activities	Pavillion	9/2/2024	11:00 a.m.	3:00 p.m.
Clean Up			3:00 p.m.	4:00 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	n/a
Fire Department Services	n/a
<i>Ambulance Services (please specify EC Fire Dept or outside service)</i>	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 of city street)	n/a
Traffic Cones	n/a
Extra Garbage/Recycling Bins <i>(please specify)</i>	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?

First aid kits will be available and clearly marked in designated areas in the pavillion Many of the attendees are CPR and first aid trained through their respective occupations. We will have a speaker set up that can be used for emergency situations

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

The organizer will be monitoring the weather in the days before the event and during the event. We will notify participants via megaphone/speakers in case of a weather event.

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

We will block off and clearly designate entries and exits to the pavillion area for emergency services.

## Emergency Action Plan (continued)

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

We will use speakers and megaphones to communicate at the event in case of an emergency. The event will not extend beyond city limits.

## Waste Collection/Recycling

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

This event will require waste disposal and recycling recepticals in the event area.

---

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

All concessions and food products will be distributed free of charge at the event.

---

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 will work to minimize any impact on neighbors and other park users. However, I will plan to serve an FYI notice to any applicable neighborhood/business associations of the event and share my contact information.

---

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

Attendees will park in a public-accessible parking areas. Individuals appointed by the organizer will serve as traffic control assistants.

---

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

---

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



## Street Closure Worksheet

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

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

## Firearms Information

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

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

---

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

---

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

---

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

---

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

## OFFICE USE ONLY

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

# Temporary Alcohol Beverage License

Municipality  
City of Eau Claire

License(s) Requested	Fees	
	<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
	Background Check	\$
	Total Fees	\$

**Part A: Organization Information**

1. Organization Name  
Greater West Central Area Labor Council

2. Organization Permanent Address  
2233 Birch Street

3. City  
Eau Claire

4. State  
WI

5. Zip Code  
54705

6. Mailing Address (if different from permanent address)  
—

7. FEIN  
39-0938-359

8. Date of Organization/Incorporation  
9/1954

9. State of Organization/Incorporation  
WISCONSIN

10. Phone  
715-450-3237

11. Email  
gwcalc@gmail.com

12. Organization type (check one)

Bona Fide Club       Church       Fair Association/Agricultural Society       Veteran's Organization

Lodge/Society       Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.

13. Is this organization required to hold a Wisconsin Seller's permit? .....  Yes  No

14. Wisconsin Seller's Permit Number (if applicable)

**Part B: Individual Information**

List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

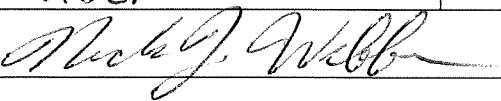
Last Name	First Name	Title	Phone
WEBBER	NICHOLAS	PRESIDENT	715-450-3237
BRENNER	NICHOLAS	VICE PRESIDENT	715-808-9933
CAMPBELL	PAMELIA	TREASURER	715-720-0857
GRUBER	LAURIE	REC. SECRETARY	715-579-3297

Continued →

**Part C: Event Information**

1. Name of Event (if applicable) <b>LABOR DAY CELEBRATION</b>			
2. Dates of Operation <b>09-02-2024</b>		3. Hours of Operation <b>11:00AM-3:00PM</b>	
4. Premises Address <b>330 RIVERFRONT TERRACE</b>			
5. City <b>EAU CLAIRE</b>		6. State <b>WI</b>	7. Zip Code <b>54703</b>
8. County <b>EAU CLAIRE</b>	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		10. Aldermanic District <b>5</b>
11. Organizer of Event (if not the named applicant) <b>MILWEBBER/GWCALL</b>		12. Email and/or Phone Number for Organizer of Event <b>gwcall@gmail.com</b>	
13. Organizer Website <b>-</b>		14. Event Website <b>-</b>	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <b>PHOENIX PARK PAVILLION - ONE STATION WHERE ALL BEVERAGES WILL BE SOLD WITH APPROPRIATE RECEPTILES FOR DISPOSAL</b>			

**Part D: Attestation**

Who must sign this application? • one officer or director of the nonprofit organization			
<p><b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p>			
Last Name <b>WEBBER</b>		First Name <b>NICHOLAS</b>	
Title <b>PRESIDENT</b>		Email <b>nichw@ibew953.org</b>	M.I. <b>J</b>
Signature 		Phone <b>715-450-3237</b>	
Date <b>08-12-2024</b>			

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

## Alcohol Beverage Individual Questionnaire

Date  
8/9/2024

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) <i>Greater West Central Area Labor Council</i>	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

<b>Part B: Individual Information</b>			
1. Last Name <i>GRUBER</i>	2. First Name <i>LAURIE</i>	3. M.I. <i>L</i>	
4. Relationship to Business (Title) <i>Recording Secretary</i>	5. Email <i>laugra@baldwin-telecom.net</i>	6. Phone <i>715-574-3247</i>	
7. Home Address <i>100 Pintak Dr</i>			
8. City <i>Hammond</i>	9. State <i>WI</i>	10. Zip Code <i>54015</i>	11. Date of Birth <i>4-16-62</i>
12. Drivers License/State ID Number <i>G616-5326-2836-05</i>		13. Drivers License/State ID State of Issuance <i>WI</i>	

<b>Part C: Address History</b>					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? . . . .			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">Years <i>602</i></td> <td style="border: 1px solid black; padding: 2px;">Months <i>4</i></td> </tr> </table>	Years <i>602</i>	Months <i>4</i>
Years <i>602</i>	Months <i>4</i>				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 <i>100 Pintak Dr (Since 2002)</i>	City <i>Hammond</i>	State <i>WI</i>	Zip Code <i>54015</i>		
Previous Address 2	City	State	Zip Code		
Previous Address 3	City	State	Zip Code		
Previous Address 4	City	State	Zip Code		
Previous Address 5	City	State	Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State <i>WI</i>	County <i>St Croix</i>	State <i>WI</i>	County <i>Fond du Lac</i>		
State <i>WI</i>	County <i>Portage</i>	State <i>WI</i>	County		
State <i>WI</i>	County <i>WAUPACA</i>	State <i>WI</i>	County		

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No  
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No  
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature *Aurora Anders* Date *8/9/2024*

Alcohol Beverage  
Individual Questionnaire

Date  
8-9-2024

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) American Federation of Labor Council of Industrial Assoc	
2. Business Trade Name or DBA Greater West Central Area Labor Council	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

<b>Part B: Individual Information</b>			
1. Last Name Pamela Campbell	2. First Name Pamela	3. M.I. S	
4. Relationship to Business (Title) Treasurer	5. Email pamcampbell17@outlook.com	6. Phone 715/720-0857	
7. Home Address 820 Terrill St.			
8. City Chippewa Falls	9. State WI	10. Zip Code 54724	11. Date of Birth 1-13-1966
12. Drivers License/State ID Number C514-6776-6513-09		13. Drivers License/State ID State of Issuance Wisconsin	

<b>Part C: Address History</b>					
1. Do you currently reside in Wisconsin? .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ....			<table border="1"> <tr> <td>Years 10</td> <td>Months</td> </tr> </table>	Years 10	Months
Years 10	Months				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1	City	State	Zip Code		
Previous Address 2	City	State	Zip Code		
Previous Address 3	City	State	Zip Code		
Previous Address 4	City	State	Zip Code		
Previous Address 5	City	State	Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State TX	County Dallas	State	County		
State	County	State	County		

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Paula S. Campbell</i>	Date <i>8-8-2024</i>
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## Alcohol Beverage Individual Questionnaire

Date  
8-9/2024

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

<b>Part A: Business Information</b>				
1. Legal Business Name (individual name if sole proprietor) <p style="text-align: center; font-size: 1.2em;">GREATER WEST CENTRAL AREA LABOR COUNCIL</p>				
2. Business Trade Name or DBA				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Nonprofit Organization

<b>Part B: Individual Information</b>				
1. Last Name <p style="font-size: 1.2em;">WEBBER</p>		2. First Name <p style="font-size: 1.2em;">NICHOLAS</p>		3. M.I. <p style="font-size: 1.2em;">J</p>
4. Relationship to Business (Title) <p style="font-size: 1.2em;">PRESIDENT</p>		5. Email <p style="font-size: 1.2em;">nicw@ibew953.org</p>		6. Phone <p style="font-size: 1.2em;">715-450-3237</p>
7. Home Address <p style="font-size: 1.2em;">3135 PHOENIX AVE</p>				
8. City <p style="font-size: 1.2em;">EAU CLAIRE</p>		9. State <p style="font-size: 1.2em;">WI</p>	10. Zip Code <p style="font-size: 1.2em;">54703</p>	11. Date of Birth <p style="font-size: 1.2em;">02/24/1996</p>
12. Drivers License/State ID Number <p style="font-size: 1.2em;">W160-6309-6064-08</p>			13. Drivers License/State ID State of Issuance <p style="font-size: 1.2em;">WISCONSIN</p>	

<b>Part C: Address History</b>					
1. Do you currently reside in Wisconsin? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ....				Years <p style="font-size: 1.2em;">28</p>	Months <p style="font-size: 1.2em;">6</p>
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 <p style="font-size: 1.2em;">619 N. BARSTOW ST.</p>		City <p style="font-size: 1.2em;">EAU CLAIRE</p>	State <p style="font-size: 1.2em;">WI</p>	Zip Code <p style="font-size: 1.2em;">54701</p>	
Previous Address 2 <p style="font-size: 1.2em;">509 S. BARSTOW ST # 10</p>		City <p style="font-size: 1.2em;">EAU CLAIRE</p>	State <p style="font-size: 1.2em;">WI</p>	Zip Code <p style="font-size: 1.2em;">54703</p>	
Previous Address 3		City	State	Zip Code	
Previous Address 4		City	State	Zip Code	
Previous Address 5		City	State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County	State	County
State	County	State	County	State	County

Continued →



**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Nicholas J. Webb</i>	Date 8-12-2024
--------------------------------------	-------------------

# Alcohol Beverage Individual Questionnaire

Date: 8/9/2024

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) <u>Greater West Central Area Labor Council</u>	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

<b>Part B: Individual Information</b>				
1. Last Name <u>Brenner</u>		2. First Name <u>Nicholas</u>		3. M.I. <u>B</u>
4. Relationship to Business (Title) <u>Vice President</u>		5. Email <u>nick@rooferslocal96.com</u>		6. Phone <u>715-808-9933</u>
7. Home Address <u>924 fountain st</u>				
8. City <u>East Claire</u>		9. State <u>WI</u>	10. Zip Code <u>54703</u>	11. Date of Birth <u>8-20-1984</u>
12. Drivers License/State ID Number <u>656-6228-4300-05</u>			13. Drivers License/State ID State of Issuance <u>Wisconsin</u>	

<b>Part C: Address History</b>					
1. Do you currently reside in Wisconsin? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? . . . .				Years <u>39</u>	Months <u>11</u>
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1		City	State	Zip Code	
Previous Address 2		City	State	Zip Code	
Previous Address 3		City	State	Zip Code	
Previous Address 4		City	State	Zip Code	
Previous Address 5		City	State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County	State	County
State	County	State	County	State	County

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No  
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated <b>961.573(i)</b>	Location <b>Eau Claire</b>	Conviction Date <b>5-27-2008</b>
---	-------------------------------	-------------------------------------

Penalty Imposed <b>MONETARY FINE - COURT FEES</b>	Was sentence completed? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <b>Nicholas G. Brenner</b>	Date <b>8-8-24</b>
---	-----------------------



Sign In

### Thank you for your payment



An email confirmation was sent to nickw@ibew953.org.

City of Eau Claire  
203 South Farwell Street  
715-839-4923  
<https://www.eauclairewi.gov/treasury>

### Transaction details

Date: August 12, 2024 11:48 AM CDT

Misc Cash Receipts \$10.00

**Total \$10.00**

### Payment information

Nicholas J Webber  
Mastercard ending in 5083  
Confirmation number: WK3594KLGD  
Transaction type: Purchase

Thank you for your payment!

Financial Operations



[Return to Citizen Self Service](#)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/12/2024

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

<b>PRODUCER</b> Jerry Thompson Insurance P O Box 192  Durand WI 54736		<b>CONTACT NAME:</b> Karen Saxe <b>PHONE (A/C. No. Ext):</b> 715-672-5228 <b>FAX (A/C. No):</b> 715-672-5337 <b>E-MAIL ADDRESS:</b> karen@jerrythompsoninsurance.com	
<b>INSURED</b> Greater West Central Area Labor Council 2233 Birch St.  Eau Claire WI 54703		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> United States Liability Ins. Co.  <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

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


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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			7054048A	09/02/2024	09/02/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			7054048A	09/02/2024	09/02/2024	Each Occurrence 1,000,000 General Aggregate 3,000,000

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

Additional Insured in favor of: City of Eau Claire, 203 S. Farwell St., Eau Claire, WI 54703  
 Location of Event: Phoenix Park, 330 Riverfront Terrace, Eau Claire, WI 54703  
 Event Date: 9/2/2024

**CERTIFICATE HOLDER****CANCELLATION**

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

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

## Summary of Event

EVENT NAME	<input type="checkbox"/> New Event <input checked="" type="checkbox"/> Repeat Event <input type="checkbox"/> Repeat Event with changes (Explain changes in the description below)	
	Event Name: UW Meets EC	
	Event Date(s): Friday September 6th, 2024	
	Name of Sponsoring Organization: University of Wisconsin - Eau Claire	
EVENT DETAILS	<input checked="" type="checkbox"/> Non-Profit Group <input type="checkbox"/> For Profit <input type="checkbox"/> Other, please describe:	
	Event description, including changes (attach additional sheet, if necessary): UWEC students will be bussed from campus to Phoenix Park for a self-guided walking tour through downtown to better acclimate to the city and find downtown service learning opportunities, employment, businesses, and leisure activities.	
	Estimated <b>Daily</b> Attendance: 900	Estimated <b>Total</b> Attendance: 900
	Donations, charges or entry fees: \$0	
	Location(s) of Event: Phoenix Park, Haymarket Plaza, Downtown	
	Time Set Up Begins: 3pm	Time Event Begins: 5pm
Time Event Ends: 8pm	Time Clean-up Ends: 9pm	
CONTACT DETAILS	Organizer Name: Sam Consiglio	
	Address: 105 Garfield Avenue, Eau Claire, WI 54701	
	Work Phone: 2624702251	Cell Phone: 2624702251
	Email: consigsm6360@uwec.edu	
Please note if new organizer: yes (supervised by last year's coordinator, Taylor Zeimet)		

## Hold Harmless and Payment Agreements

The applicant agrees to hold harmless, indemnify and defend, at no cost to the City, the City of Eau Claire, its employees, agents, representatives and elected city officials, for any and all claims, demands, suits, losses, costs, expenses (including attorney fees), or any other type of damages, that result from the Special Event. Applicant is responsible for any and all losses or claims that are in any way connected to their Special Event.

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

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

Authorized Applicant Signature:  Date: 3/6/24

## 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\*

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	Haymarket Plaza	9/06/24	3pm	9pm
	Phoenix Park	9/06/24	3pm	9pm
Clean Up				

## Event/Services Requested

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

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

## Emergency Action Plan

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

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

First aid kits will be placed in Phoenix Park and Haymarket Plaza and staff/volunteers throughout the event will be trained to call for help (either to event coordinator for first aid or 911 for serious injury).

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

We will be watching the radar and calling rain that morning by 12pm. I will reach out via email/phone for emergencies, and if there are storms, we will cancel all ancillary events and keep the event strictly to businesses' storefront locations.

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

We will provide access through the parks, same as in previous years.



## 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?

Cellphones and radios (walkie talkies)

## Waste Collection/Recycling

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

We will be using the waste recipticals throughout the downtown area, and those already included in Phoenix Park and Haymarekt Plaza.

---

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

Only those concessions that businesses already sell, but this will be at their respective storefront locations as has been done in previous years.

---

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 event should only impact those downtown associations who've already been contacted as participating in this event.

---

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?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, include information on those agreements.

---

Yes	No	Will you contract with a private company or organization to provide such services?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, what company will you use: <small>We plan to work with Eau Claire Transit (as has been done in previous years) to shuttle students to and from the residence halls and Phoenix Park. (They will not be parked) Student Transit is our backup company if Eau Claire Transit does not work.</small>

## Street Closure Worksheet

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

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

## Firearms Information

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

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

---

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

---

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

---

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

---

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

## OFFICE USE ONLY

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

Anticipated: ~20 businesses  
& local  
entertainment



Anticipated: ~20 businesses  
+ local entertainment



**CERTIFICATE OF COVERAGE  
STATE OF WISCONSIN**

*This is to certify that coverage described below is effective per the statutory authority referenced. This certificate is not a policy or a binder of insurance and does not in any way alter, amend or extend the coverage afforded by any reference herein. The coverage is subject to all terms and conditions of the statutory authority.*

\*\*\*\*\*

<b>STATE AGENCY:</b>  <b>Board of Regents of the University of Wisconsin System 780 Regent Street, Suite 105 Madison, WI 53715</b>	<b>CAMPUS NAME:</b> University of Wisconsin – Eau Claire  <b>DATE ISSUED:</b> March 7, 2024
--	---

COVERAGE TYPE		STATUTORY REFERENCE(S)
Worker’s Compensation		
Liability	XX	§§ 893.82 and 895.46(1)
Automobile Liability		
Property		

**The entry of XX in the column(s) above means that the coverage is afforded per this certificate and the statute referenced.**

\*\*\*\*\*

<b>DATE(S) OF COVERAGE:</b>	September 6 <sup>th</sup> , 2024
<b>DESCRIPTION OF COVERAGE:</b>	Coverage as afforded by statutory reference(s) above for University of Wisconsin – Eau Claire employees, officers, and agents while acting within the scope of their responsibilities during UW Meets EC event.

\*\*\*\*\*

**ISSUED TO:**

City of Eau Claire  
203 S Farwell St  
Eau Claire, WI 54703

**ISSUED BY:**

\_\_\_\_\_  
Brian Drollinger, Director  
Risk Management and Safety  
UW-Eau Claire



# CITY OF EAU CLAIRE

## 2024 SPECIAL EVENT APPLICATION

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

### Summary of Event

EVENT NAME	<input type="checkbox"/> New Event <input type="checkbox"/> Repeat Event <input type="checkbox"/> Repeat Event with changes (Explain changes in the description below)	
	Event Name: Memorial HS Homecoming Parade	
	Event Date(s): Friday September 27th, 2024	
	Name of Sponsoring Organization: MHS	
EVENT DETAILS	<input checked="" type="checkbox"/> Non-Profit Group <input type="checkbox"/> For Profit <input type="checkbox"/> Other, please describe:	
	Event description, including changes (attach additional sheet, if necessary):	
	Estimated <b>Daily</b> Attendance: 1000	Estimated <b>Total</b> Attendance: 1000
	Donations, charges or entry fees: NONE	
	Location(s) of Event: Half Moon Dr. & Carson Parking Lot	
	Time Set Up Begins: 4PM	Time Event Begins: 5PM
Time Event Ends: 5:45PM	Time Clean-up Ends: 6PM	
CONTACT DETAILS	Organizer Name: Perry Myren	
	Address: 2220 Fairfax St. Eau Claire, WI 54701	
	Work Phone: 7158526313	Cell Phone:
	Email: pmyren1@ecasd.us	
Please note if new organizer:		

### Hold Harmless and Payment Agreements

- The applicant agrees to hold harmless, indemnify and defend, at no cost to the City, the City of Eau Claire, its employees, agents, representatives and elected city officials, for any and all claims, demands, suits, losses, costs, expenses (including attorney fees), or any other type of damages, that result from the Special Event. Applicant is responsible for any and all losses or claims that are in any way connected to their Special Event.
- The applicant agrees to be billed for any City services at the conclusion of their event. Events cancelled with less than 36 hours' notice may be responsible for the cost of planned services.

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

Authorized Applicant Signature: Perry Myren Date: 7/11/2024

## 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	Barricades and Road Closures	9/27	330PM	3:45PM
	No Parking signs posted	9/27	330PM	4:00PM
	Traffic Cones/Lane closure	9/27	330PM	3:45PM
	Floats line up for parade	9/27	4PM	5PM
	Parade	9/27	5PM	5:45PM
	Remove Barricades/signs	9/27	5:45PM	6PM
Clean Up		9/27	6PM	6:15PM

## 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	10
Fire Department Services	
<i>Ambulance Services (please specify EC Fire Dept or outside service)</i>	
Event Panels / Fencing (please specify)	
No Parking Signs (must be posted 24 hours before event start, posts not included)	
Barricades (it takes 4 barricades to close down 1 block of city street)	
Traffic Cones	8
Extra Garbage/Recycling Bins <i>(please specify)</i>	
Other:	

## Emergency Action Plan

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

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

Student Council Advisor and members will bring school district first aid kits. They will be located at the start/end of the parade. A school district AED will also be on campus. Student Council, MHS Police Liason and MHS Staff will monitor participants and spectators.

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

Parade route will be open for emergency situations. Weather will be monitored with the assistance of local media weather personnel. Parade will be cancelled if weather is inclement. MHS Student Council will collect any remaining candy and other miscellaneous items along the roadside. No additional materials will be left

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

Student Council Advisor and MHS Staff will be present to alert medical personnel. Cell phones will be in use.



## 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?

Cell phones

## Waste Collection/Recycling

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

MHS Student Council will collect any remaining candy and other miscellaneous items along the roadside. No additional materials will be left

---

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

N/A

---

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 event will not impact other park users.

---

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

See attached map which identifies traffic control plan. Student Council will direct traffic at entrances and exits.

---

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

---

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

## Street Closure Worksheet

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

Street Closure (Example: S. Barstow St from Gray St to Lake St)	Time Closing	Time Reopening
Half Moon Park Dr.	330PM	6PM

## Firearms Information

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

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

---

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

---

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

---

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

---

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

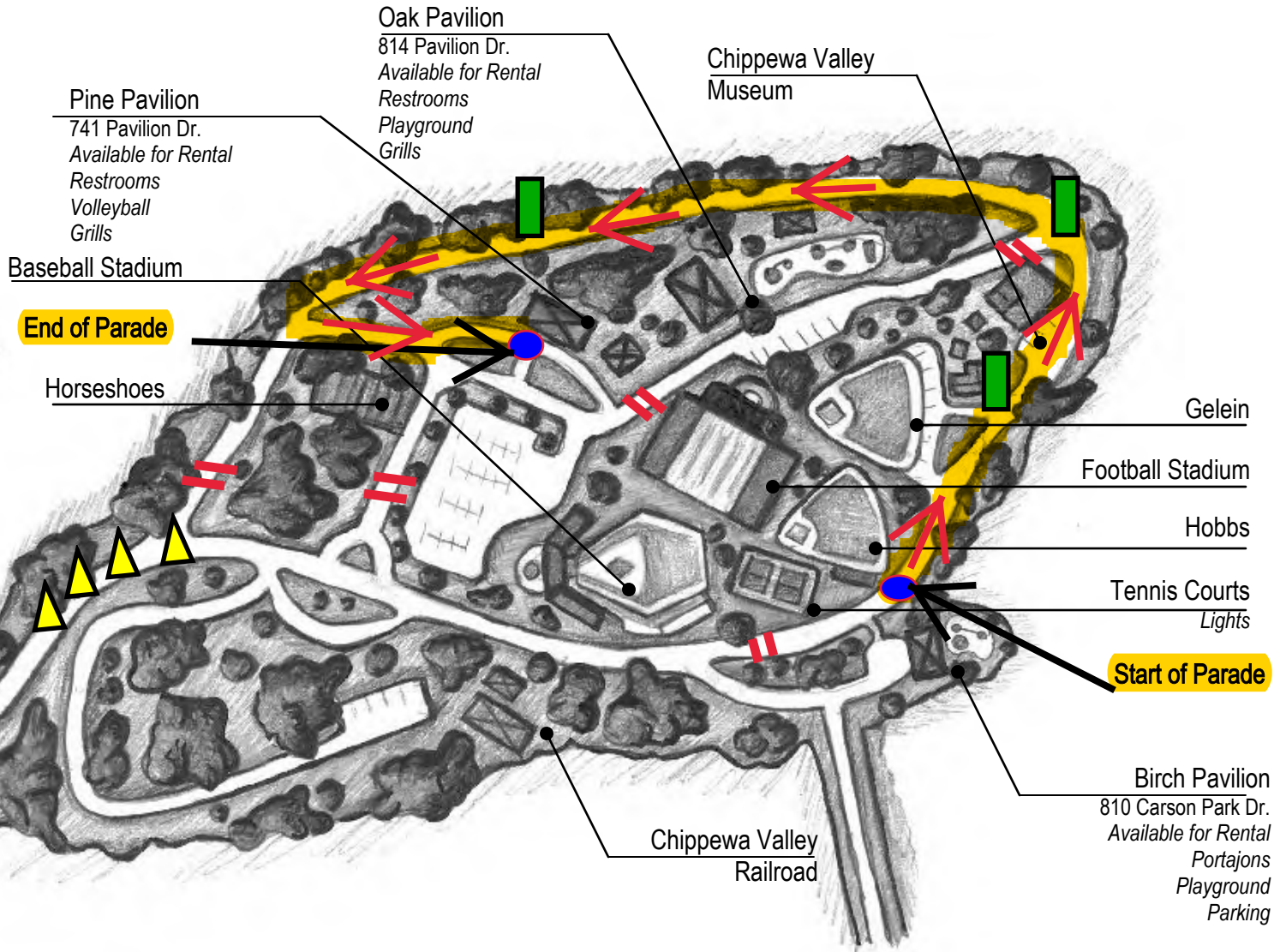
## OFFICE USE ONLY

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

**Directions [Mapquest Map](#)**

- Take Clairemont Ave/Hwy 12 North to Menomonie Street.
- Turn Right onto Menomonie.
- Turn Left onto Carson Park Drive.
- End on Carson Park Drive.

**Braun's Bay**  
520 Carson Park Dr.  
Available for Rental  
Handicap-accessible  
Parking  
Grills  
Portajons







**End of Parade**

**Start of Parade**

Menomonie Street/ Dairy Queen Entrance

5<sup>th</sup> Avenue/ Lake Street Entrance

**CARSON PARK**  
**City of Eau Claire, Wisconsin**  
**MAP & DIRECTIONS**

-  No Parking
-  Route
-  Barricade
-  Traffic cones

# CERTIFICATE OF INSURANCE

ISSUE DATE: 7/1/2024

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 GENERAL LIABILITY SCHOOL BOARD E&O AUTOMOBILE LIABILITY ALL OWNED AUTOS HIRED & NON-OWNED AUTOS UNINSURED MOTORISTS	SGL22095-24	7/1/2024	7/1/2025	\$5,000,000 EACH OCCURRENCE

#### 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.

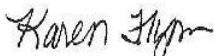
#### CERTIFICATE HOLDER:

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

#### 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





# CITY OF EAU CLAIRE 2024 SPECIAL EVENT APPLICATION

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

## Summary of Event

EVENT NAME	<input type="checkbox"/> New Event <input checked="" type="checkbox"/> Repeat Event <input type="checkbox"/> Repeat Event with changes (Explain changes in the description below)
	Event Name: Eau Claire North Homecoming
	Event Date(s): 10/04/2024
	Name of Sponsoring Organization: Eau Claire North High School
<input checked="" type="checkbox"/> Non-Profit Group <input type="checkbox"/> For Profit <input type="checkbox"/> Other, please describe:	

EVENT DETAILS	Event description, including changes (attach additional sheet, if necessary): <i>Homecoming Parade through Carson Park</i>	
	Estimated <b>Daily</b> Attendance: 750	Estimated <b>Total</b> Attendance: 750
	Donations, charges or entry fees: none	
	Location(s) of Event: Carson Park Parade and Pine Pavillion	
	Time Set Up Begins: 3:00 pm	Time Event Begins: 5:00 pm
	Time Event Ends: 9:00 pm	Time Clean-up Ends:

CONTACT DETAILS	Organizer Name: <i>MICHAEL PERNSTEINER NORTH HIGH SCHOOL</i>	
	Address: <i>1801 PIEDMONT RD</i>	
	Work Phone: <i>715 852 6608</i>	Cell Phone:
	Email: <i>mpernsteyner@ecasd.us</i>	
	Please note if new organizer:	

## Hold Harmless and Payment Agreements

- The applicant agrees to hold harmless, indemnify and defend, at no cost to the City, the City of Eau Claire, its employees, agents, representatives and elected city officials, for any and all claims, demands, suits, losses, costs, expenses (including attorney fees), or any other type of damages, that result from the Special Event. Applicant is responsible for any and all losses or claims that are in any way connected to their Special Event.
- The applicant agrees to be billed for any City services at the conclusion of their event. Events cancelled with less than 36 hours' notice may be responsible for the cost of planned services.

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

Authorized Applicant Signature: *[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	Carson Park Roads	10/4/24	4:00 pm	7:00 pm
Clean Up				

## Event/Services Requested

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

Service/Item	# of Items Requested
Police Department Services	
Fire Department Services	
Event Panels / Fencing <i>(please specify)</i>	
No Parking Signs <i>(must be posted 24 hours before event start, posts not included)</i>	20
Barricades <i>(it takes 4 barricades to close down 1 block of city street)</i>	10
Traffic Cones	
Spider Box <i>(electrical extension equipment, comes with either 25' or 100' cord)</i>	
Extra Garbage/Recycling Bins <i>(please specify)</i>	
Other:	

## Emergency Action Plan

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

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

*Ems, Athletic training services.*

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

*Weather radar.*

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

## Emergency Action Plan (continued)

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

*two way radios for all event staff.*

## Waste Collection/Recycling

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

*N/A*

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

*N/A*

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 parking signs in advance.*

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

*Barncades, no parking signs -*

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
Carson Park roads closed during parade Parade route attached	4:00 pm	6:00 pm

## Firearms Information

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

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

---

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

---

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

---

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

---

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

## OFFICE USE ONLY

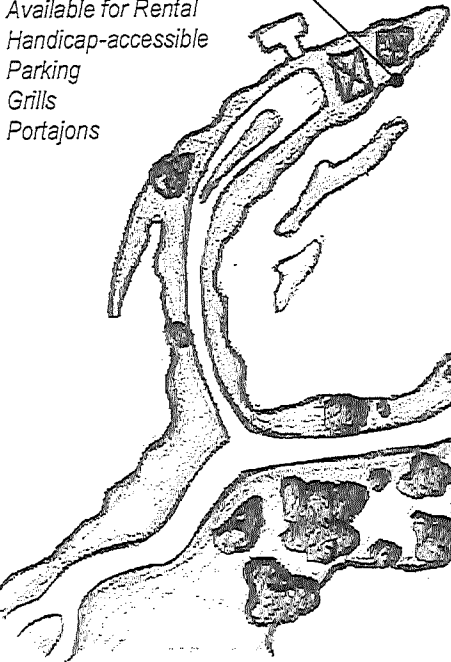
- |  |   |
|--|---|
| <input type="checkbox"/> No City Requirements          | <input type="checkbox"/> Safety Plan required                       |
| <input type="checkbox"/> Posting "Firearms Prohibited" | <input type="checkbox"/> "Guns and Alcohol Don't Mix" sign required |

Directions Mapquest Map

- Take Clairemont Ave/Hwy 12 North to Menomonie Street.
- Turn Right onto Menomonie.
- Turn Left onto Carson Park Drive.
- End on Carson Park Drive.

**Braun's Bay**

520 Carson Park Dr.  
Available for Rental  
Handicap-accessible  
Parking  
Grills  
Portajons



**Pine Pavilion**

741 Pavilion Dr.  
Available for Rental  
Restrooms  
Volleyball  
Grills

**Oak Pavilion**

814 Pavilion Dr.  
Available for Rental  
Restrooms  
Playground  
Grills

**Chippewa Valley  
Museum**

**Baseball Stadium**

**End of Parade**

**Horseshoes**

**Gelein**

**Football Stadium**

**Hobbs**

**Tennis Courts  
Lights**

**Start of Parade**

**Birch Pavilion**

810 Carson Park Dr.  
Available for Rental  
Portajons  
Playground  
Parking

**Chippewa Valley  
Railroad**

Menomonie Street/ Dairy Queen Entrance

5<sup>th</sup> Avenue/ Lake Street Entrance

**CARSON PARK**  
**City of Eau Claire, Wisconsin**  
**MAP & DIRECTIONS**



915 Menomonie St. (715)839-5032



No Parking



Route



Barricade



Traffic cones

# CERTIFICATE OF INSURANCE

ISSUE DATE: 7/1/2024

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 GENERAL LIABILITY SCHOOL BOARD E&O AUTOMOBILE LIABILITY ALL OWNED AUTOS HIRED & NON-OWNED AUTOS UNINSURED MOTORISTS	SGL22095-24	7/1/2024	7/1/2025	\$5,000,000 EACH OCCURRENCE

#### 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.

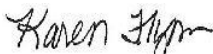
#### CERTIFICATE HOLDER:

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

#### 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





CITY OF EAU CLAIRE  
**2024 SPECIAL EVENT APPLICATION**

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

**Summary of Event**

<b>EVENT NAME</b>	<input type="checkbox"/> New Event <input checked="" type="checkbox"/> Repeat Event <input type="checkbox"/> Repeat Event with changes (Explain changes in the description below)	
	Event Name: UW-Eau Claire Homecoming Celebration	
	Event Date(s): Oct. 12, 2024	
	Name of Sponsoring Organization: UWEC Alumni Association	
<input checked="" type="checkbox"/> Non-Profit Group <input type="checkbox"/> For Profit <input type="checkbox"/> Other, please describe:		
<b>EVENT DETAILS</b>	Event description, including changes (attach additional sheet, if necessary): on attached page	
	Estimated <b>Daily</b> Attendance: 1000+	Estimated <b>Total</b> Attendance: 1000+
	Donations, charges or entry fees: no charges to enter pregame @Carson Park, fee for football game	
	Location(s) of Event: Carson Park - Near Pine Pavilion-grass island area, parking lot	
	Time Set Up Begins: 7a	Time Event Begins: 10a
	Time Event Ends: 6:30p	Time Clean-up Ends: 6:30p
<b>CONTACT DETAILS</b>	Organizer Name: UW-Eau Claire Alumni Association - Jane Larson	
	Address: 127 Roosevelt Ave., Eau Claire, WI 54701	
	Work Phone: 715-836-3266	Cell Phone: 715-456-9165
	Email: larsojan@uwec.edu	
	Please note if new organizer:	

**Hold Harmless and Payment Agreements**

- The applicant agrees to hold harmless, indemnify and defend, at no cost to the City, the City of Eau Claire, its employees, agents, representatives and elected city officials, for any and all claims, demands, suits, losses, costs, expenses (including attorney fees), or any other type of damages, that result from the Special Event. Applicant is responsible for any and all losses or claims that are in any way connected to their Special Event.
- The applicant agrees to be billed for any City services at the conclusion of their event. Events cancelled with less than 36 hours' notice may be responsible for the cost of planned services.

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

Authorized Applicant Signature: Jane Larson Date: July 24, 2024

## Event Infrastructure

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

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

ADMINISTRATIVE APPROVAL

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

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	Carson Park	10/12/2024	7a	6:30p
Tent Setup	Carson Park grass island area/parking lot		7a	8a
Parade Lineup	EC Cty Courthouse parking	10/12/2024	9a	10a
Parade Begins	Courthouse-1st Ave-Water St		10a	11a
Pregame Festivities	Carson Park		10:30a	4:30p
Football game	Carson Park		1p	4p
Tent teardown	Carson Park		4p	6p
Clean Up	Carson Park		4	6:30P

## Event Details

Saturday, Oct. 12

7 am Tents setup at Carson Park grass Island area

9 am Parade lineup at County Courthouse parking lot

10 am Parade Lake Street, 1<sup>st</sup> Ave., turn on Chippewa St.

10:30 am Pregame festivities at Carson Park near the Pine Pavilion

1 pm UWEC Football game

5 pm Teardown and cleanup

## Event/Services Requested

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

Service/Item	# of Items Requested
Police Department Services	Yes TBD
Fire Department Services	Yes
Ambulance Services (please specify EC Fire Dept or outside service)	IF NEEDED
Event Panels / Fencing (please specify)	Yes
No Parking Signs (must be posted 24 hours before event start, posts not included)	Yes
Barricades (it takes 4 barricades to close down 1 block of city street)	Yes
Traffic Cones	yes - Parade no parking
Extra Garbage/Recycling Bins (please specify)	yes Carson Park
Other: 200 Amp Electric Panels/spider boxes/	

## 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?

EC Fire will be a participant in the parade at 10 a, Oct. 12, 2024, UWEC and EC Police and EC Fire will have a presence at the events at Carson Park including the Football game. First Aid is available in the football stand and a First Aid kit is on hand at the merchandise tent by Pine Pav. In past years, there have not been many children attending, if lost the manned check-in table would be a location to hold children if they become separated from parents/guardians.

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

thankful we have not had to use this, but the plan would be Police Dispatchers will alert EC and UWEC police and Fire at the park and football field in case of weather or special announcements. this information will be broadcasted on speakers that reach both the field and parking lot area.

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

UWEC Police, EC Police, EC Fire personnel will be at the parade route on Lake and First Ave. They will also be at Carson Park, the lot and road way will be open during the pregame festivities and football game for access.

## 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?

Communication will be UWEC radios, cell phones on the parade route with parade marshalls and the police departments stationed along the route. The UWEC & EC police and EC Fire will communicate with radios/phones for the day. The alumni office will provide tan updated cell phone list to all involved.

## Waste Collection/Recycling

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

Garbage receptacles will be available at Carson Park in numerous locations. The Alumni office will work directly with EC Parks for the number needed. With increased number of tailgating in the the parkin lot, there should/will be addition receptacles available for the groups to properly dispose of waste/garbage in the parking lot. Ideal locations would be at the end of the parking lanes.

---

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

Beer - receable glasses provided from distributors

Food - sold from food trucks onsite

Pizza - will be available for the Blugold Marching Band, provided by local company

---

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 nearby business will be contacted by the alumni office by phone with the homecoming date, Oct. 12, 2024

---

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

Parking Lot fills up quickly, then the roads around the park and local neighborhoods. generally there has not been a problem for pedestrians, and roads are open. We STRONGLY suggest the students to walk to Carson 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 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
Chippewa, Niagra, Broadway, Hudson at 1st Ave.	9:45a	11a
Lake St. and Lake St. Bridge	10a	11a or the end of the parade - Police Monitor
1st. Ave. from Lake St. To Water St.	9:45a	11a or the end of the parade

## Firearms Information

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

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

## OFFICE USE ONLY

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

OFFICE OF RISK MANAGEMENT, SAFETY AND SUSTAINABILITY  
105 Garfield Ave | P.O. Box 4004  
Eau Claire, WI 54702-4004  
715-836-3131 | [safety@uwec.edu](mailto:safety@uwec.edu)

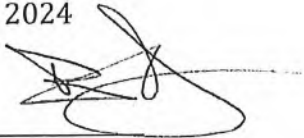
University of Wisconsin  
**Eau Claire**  
Risk Management,  
Safety and Sustainability

## Hold Harmless Agreement

In consideration of the University of Wisconsin-Eau Claire sponsoring the Blugold Homecoming at Carson Park on October 12, 2024, the University of Wisconsin-Eau Claire does hereby agree to hold harmless the city of Eau Claire, it's officers, agents, and employees from any and all liability, claims, loss, damages, cost or expenses which arise out of or in connection with or occurring during the course of this agreement where such liability arises and grows out of the acts or omissions of an employee, officer, or agent of the University while acting within the scope of their employment and in the course of their involvement with the above mentioned program.

I also certify that by my signature below I am a duly qualified representative of the University of Wisconsin-Eau Claire and am authorized to sign this hold harmless agreement.

Dated: May 6, 2024



---

Brian Drollinger  
Director of Risk Management, Safety and Sustainability  
University of Wisconsin-Eau Claire  
[drollibk@uwec.edu](mailto:drollibk@uwec.edu)



### Non-Profit Temporary Food Service Application

Event: UW-Eau Claire Alumni Association

Event Date(s): Saturday, Oct. 12 Year: 2024 Time: 10a-4p

Location of this Event (Address): Carson Park

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

Name of Applicant/Organization: UW-Eau Claire Alumni Association

On Site Operator Name/Contact: Jane Larson

Mailing Address: 127 Roosevelt Ave., Eau Claire, WI

E-mail: larsojan@uwec.edu Phone#: 715-456-9165C

Is this organization a religious, fraternal, youth, patriotic, service, or civic group (non-profit)?  
Yes  or No

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

Yes , how many days? 1  
No

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

Food trucks will be the onsite food service

Ohana Pizza

Dhimiters

The Spot

Beez Neez; Juice by Tene

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

Food trucks

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

trailers/trucks

#### Department Use:

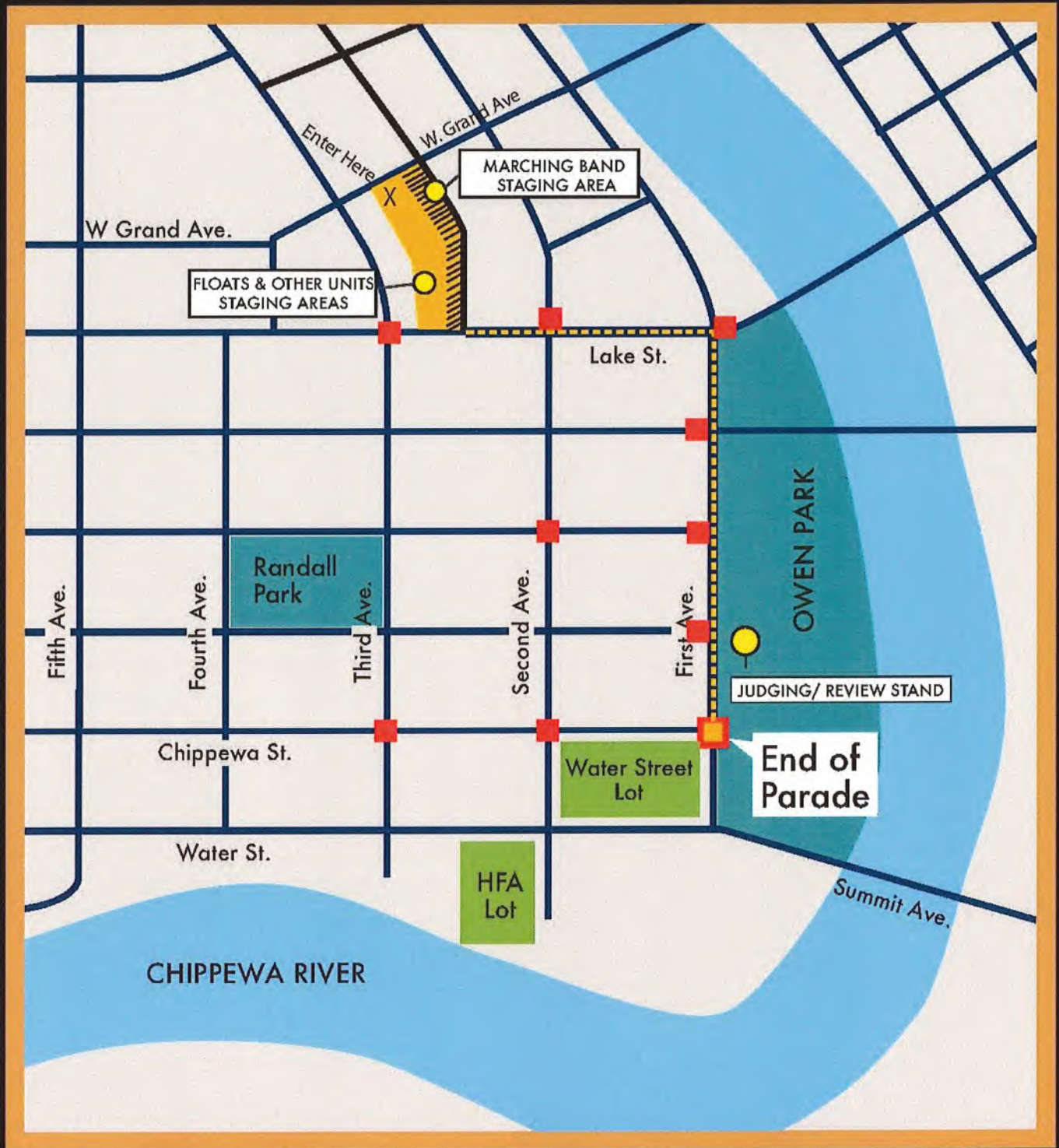
Temporary restaurant license required? Yes  or No




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

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

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

# Parade Route Map



- |  |  |  |
|--|--|--|
|  Parade Route                       |  Parking Lots |  Road Closures |
|  Floats & Other Units Staging Areas |  River        |  |
|  Marching Band Staging Area         |  Parks        |  |



# 2024 TENT & GREENHOUSE PERMIT APPLICATION

Required 10 Days Prior to Inspection Date

APPLICATION FEE – \$62

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

**Permit Applicant Contact Information:**

Name: UWEC Alumni Association Phone: 715-836-3266

Address: 127 Roosevelt Ave., Eau Claire, WI 54703

**Tent/Greenhouse Information:**

Group/Organization using the Tent: UW-Eau Claire Alumni and Friends

Location of Tent: Carson Park, Pine Pavilion grass island area/lot

Number of Tents/Greenhouses: 2 (A single permit is required for each site but not each tent/greenhouse)

Purpose or Use of Tent/Greenhouse: place to gather Expected maximum occupancy: 60

Company Erecting Tent/Greenhouse: Bloomer Tent Rental, 702 15th Ave. Bloomer

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

Date Tent will be Set-Up: 7a Saturday, Oct. 12 Date Tent will be Taken Down: 5p Saturday, Oct. 12

Approximate Date & Time of Inspection: 7:30-8am

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

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

Signature: *James Larson* Date: 7/24/2024

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

***If using electricity please call 715-839-4947 to apply for an electrical permit***

Mail completed form with payment to:

Eau Claire Fire and Rescue, 216 South Dewey Street, Eau Claire, WI 54701

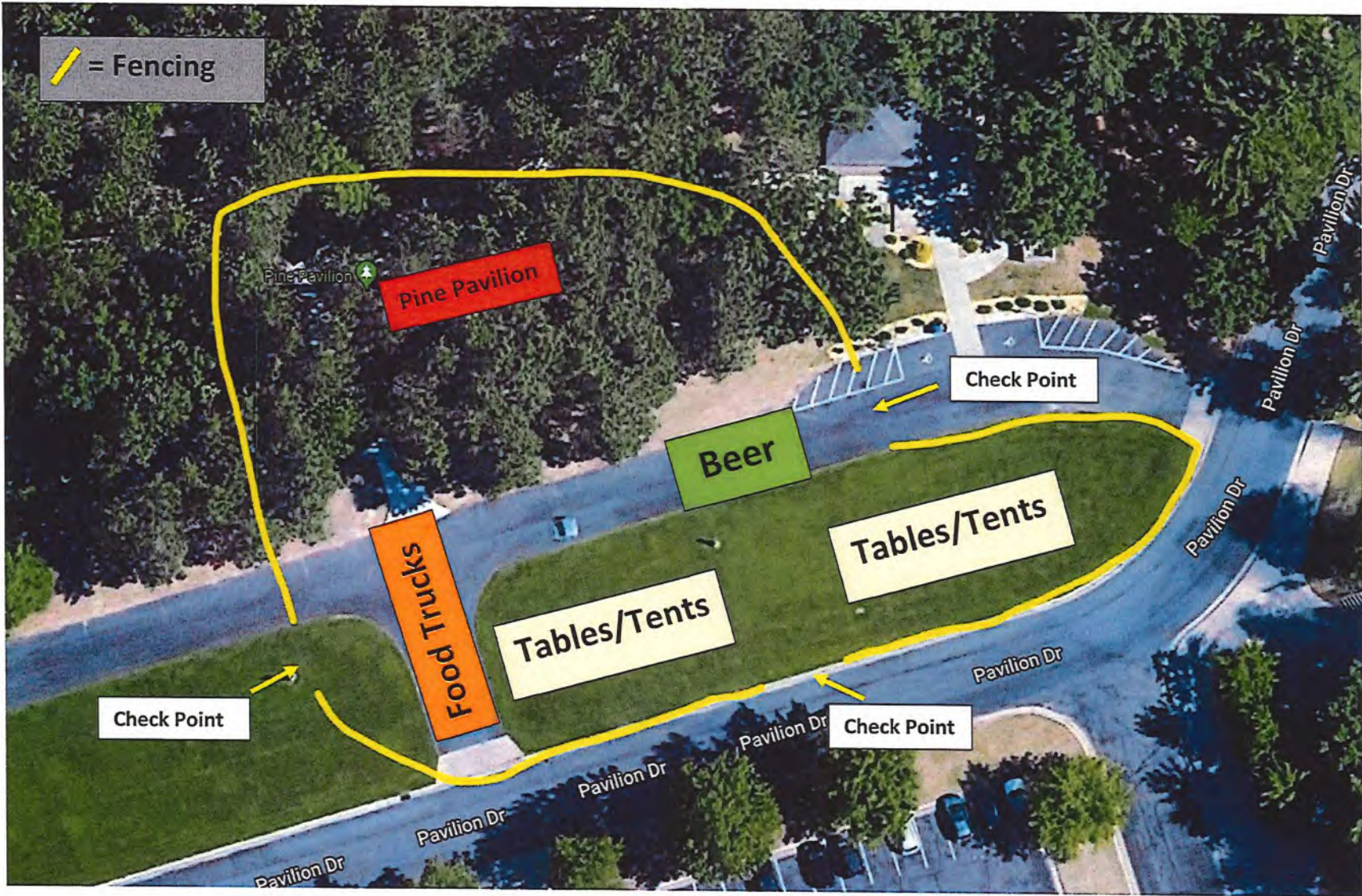
Check Payable to: City of Eau Claire Treasurer


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

OFFICE USE ONLY

Permit Number: \_\_\_\_\_ Received By: \_\_\_\_\_

Payment: \$62 Cash \_\_\_\_\_ Check \_\_\_\_\_ Ck Number \_\_\_\_\_ Treasury Use #2524



 = Fencing

Pine Pavilion

Beer

Food Trucks

Tables/Tents

Tables/Tents

Check Point

Check Point

Check Point

Pavilion Dr

Pavilion Dr

Pavilion Dr

Pavilion Dr

Pavilion Dr

Pavilion Dr

Pavilion Dr

Pavilion Dr

## Temporary Alcohol Beverage License

Municipality City of Eau Claire
------------------------------------

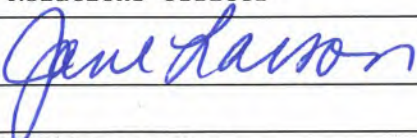
License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$
	<b>Total Fees</b>	<b>\$</b>

<b>Part A: Organization Information</b>		
1. Organization Name UW-Eau Claire Alumni Association		
2. Organization Permanent Address 127 Roosevelt Ave.		
3. City Eau Claire	4. State WI	5. Zip Code 54701
6. Mailing Address (if different from permanent address)		
7. FEIN 39-0972350	8. Date of Organization/Incorporation 03/24/19	9. State of Organization/Incorporation WI
10. Phone (715) 836-3266	11. Email larsojan@uwec.edu	
12. Organization type ( <i>check one</i> )		
<input checked="" type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

<b>Part B: Individual Information</b>			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.			
Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Truby	Jacob	President	(920) 428-0933
Berg	Gary	V-President	(320) 309-5070
Larson	Jane	Secretary	(715) 456-9165

*Continued* →

<b>Part C: Event Information</b>			
1. Name of Event (if applicable) UW-Eau Claire Homecoming			
2. Dates of Operation 10-12-2024		3. Hours of Operation 10:30 am-4:30 pm	
4. Premises Address Carson Park - Pine Pavillion			
5. City Eau Claire		6. State WI	7. Zip Code 54701
8. County Eau Claire	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Eau Claire</u>		10. Aldermanic District
11. Organizer of Event (if not the named applicant) Jane Larson		12. Email and/or Phone Number for Organizer of Event 715-456-9165	
13. Organizer Website <a href="https://alumni.uwec.edu/">https://alumni.uwec.edu/</a>		14. Event Website <a href="https://alumni.uwec.edu/">https://alumni.uwec.edu/</a>	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.  City of Eau Claire City Park (Carson Park) outside near the Pine Pavillion at the grassy Island ara at the end of the parking lot. Point of Sale beer sales.			

<b>Part D: Attestation</b>			
Who must sign this application? <ul style="list-style-type: none"> <li>• one officer or director of the nonprofit organization</li> </ul> <p><b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p>			
Last Name Larson		First Name Jane	M.I. E
Title Alumni Relations Officer	Email larsojan@uwec.edu		Phone (715) 456-9165
Signature 		Date 07/29/24	

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	



## Alcohol Beverage Individual Questionnaire

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) <i>UW-Eau Claire</i>	
2. Business Trade Name or DBA UW-Eau Claire Alumni Association	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

<b>Part B: Individual Information</b>					
1. Last Name Truby		2. First Name Jacob		3. M.I. M.	
4. Relationship to Business (Title) President (AlumniBoard)		5. Email trubyjm@gmail.com		6. Phone (920) 428-0933	
7. Home Address 2526 7th Ave. E. Apt 324					
8. City North St. Paul		9. State MN	10. Zip Code 55109		11. Date of Birth 04/27/88
12. Drivers License/State ID Number <i>D 000-106-306-200</i>			13. Drivers License/State ID State of Issuance <i>Minnesota</i>		

<b>Part C: Address History</b>							
1. Do you currently reside in Wisconsin? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ....						Years	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1		City		State		Zip Code	
Haverstraat55, 2311 NN Leiden		Netherlands					
Previous Address 2		City		State		Zip Code	
324 E Peppercorn Dr		Appleton		WI		54913	
Previous Address 3		City		State		Zip Code	
2738 Park Place Ln		Janesville		WI		53545	
Previous Address 4		City		State		Zip Code	
280 Franklin Ave		Princeton		NJ		08540	
Previous Address 5		City		State		Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
WI		WI		NJ			
State	County	State	County	State	County	State	County

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

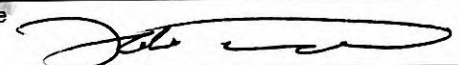
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature  Date 07-07-24

## Alcohol Beverage Individual Questionnaire

Date 7/29/2024

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

<b>Part A: Business Information</b>			
1. Legal Business Name (individual name if sole proprietor) UW-Eau Claire			
2. Business Trade Name or DBA UW-Eau Claire Alumni Association			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Nonprofit Organization

<b>Part B: Individual Information</b>					
1. Last Name Berg		2. First Name Gary		3. M.I. L.	
4. Relationship to Business (Title) Vice President		5. Email gary@glberg.com		6. Phone (320) 309-5070	
7. Home Address 19737 116th Ave. N					
8. City Maple Grove		9. State MN	10. Zip Code 55311		11. Date of Birth 05/12/57
12. Drivers License/State ID Number Y875-216-738-520			13. Drivers License/State ID State of Issuance Minnesota		

<b>Part C: Address History</b>							
1. Do you currently reside in Wisconsin? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ....						Years	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1		City		State		Zip Code	
401 S 1st St. Unit 601		Minneapolis		MN		55401	
Previous Address 2		City		State		Zip Code	
1708 Polaris Ct.		Saint Cloud		MN		56303	
Previous Address 3		City		State		Zip Code	
Previous Address 4		City		State		Zip Code	
Previous Address 5		City		State		Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
MN	Hennepin	WI	Brown	<del>WI</del>	<del>Stearns</del>	MN	Stearns
WI	Dunn	WI	Eau Claire	<del>WI</del>		WI	Pierce

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No  
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
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Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

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Signature *Harry L. Berg* Date 8/1/24



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/5/2024
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**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

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

<b>PRODUCER</b> Spectrum Insurance Group LLC 4233 Southtowne Dr Eau Claire WI 54701	<b>CONTACT NAME:</b> Jennifer Laundrie <b>PHONE (A/C, No, Ext):</b> 715-723-8135 <b>FAX (A/C, No):</b> 715-723-8138 <b>E-MAIL ADDRESS:</b> jenny.laundrie@spectruminsgroup.com														
<b>INSURED</b> University of Wisconsin-Eau Claire Foundation Inc 127 Roosevelt Ave PO Box 1208 Eau Claire WI 54701	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : Berkley Management Protection/Grove</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : Berkley Management Protection/Grove		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

**COVERAGES**      **CERTIFICATE NUMBER:** 396818634      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			ENP 0417817 BMP-1019137-00	12/31/2023 8/1/2023	12/31/2024 8/1/2024	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> D&O LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 10,000
	<input type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000
	OTHER:							GENERAL AGGREGATE	\$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY				EBA 0417817	12/31/2023	12/31/2024	DIRECTORS & OFFICERS	\$ 5,000,000
	<input type="checkbox"/> ANY AUTO							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
								PROPERTY DAMAGE (Per accident)	\$
									\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR			ENP 0417817	12/31/2023	12/31/2024	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 5,000,000
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$
								E.L. DISEASE - POLICY LIMIT	\$
A	<input checked="" type="checkbox"/> CYBER LIABILITY				ENP 0417817	12/31/2023	12/31/2024	CYBER LIABILITY	\$100,000
								ELECTRONIC MEDIA	\$50,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Certificate holder named as additional insured.

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