



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

## Special Events Committee

### Agenda

Wednesday, October 16, 2024 | 1:00PM

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

1. **Call to Order**
2. **Open Public Comment Period**
  - a. The public comment period will be for 20 minutes. Each speaker shall be permitted no more than 3 minutes to speak and shall only speak once per session.
3. **New Event Review**
  - a. Ho H-EAU Ho 5K – Eau Claire Marathon 5K Series
4. **Repeat Event Review**
  - a. Carson Park 5 & 10
5. **Discussion and Direction**
  - a. Special Event Application Form Changes
  - b. Discussion on Special Event Process and Procedure
  - c. 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.

---

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**

<b>EVENT NAME</b>	<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:	
	Event Date(s):	
	Name of Sponsoring Organization:	
	<input 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):	
	Estimated <b>Daily</b> Attendance:	Estimated <b>Total</b> Attendance:
	Donations, charges or entry fees:	
	Location(s) of Event:	
	Time Set Up Begins:	Time Event Begins:
	Time Event Ends:	Time Clean-up Ends:

<b>CONTACT DETAILS</b>	Organizer Name:	
	Address:	
	Work Phone:	Cell Phone:
	Email:	
	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: Emi Uelmen Date: 10/2/2024

## Event Infrastructure

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

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

### ADMINISTRATIVE APPROVAL

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

### CITY COUNCIL

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

## Event Schedule Worksheet

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

Activity	Location	Date	Start Time	End Time
Set Up				
Clean Up				

## Event/Services Requested

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

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

## Emergency Action Plan

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

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

---

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

---

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?

## Waste Collection/Recycling

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

---

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

---

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

---

Yes	No	Will the event offer off-site parking agreements with other parties or shuttle bus services?
<input type="checkbox"/>	<input 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 type="checkbox"/>	If yes, what company will you use:

## Street Closure Worksheet

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

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

## Firearms Information

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

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

---

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

---

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

---

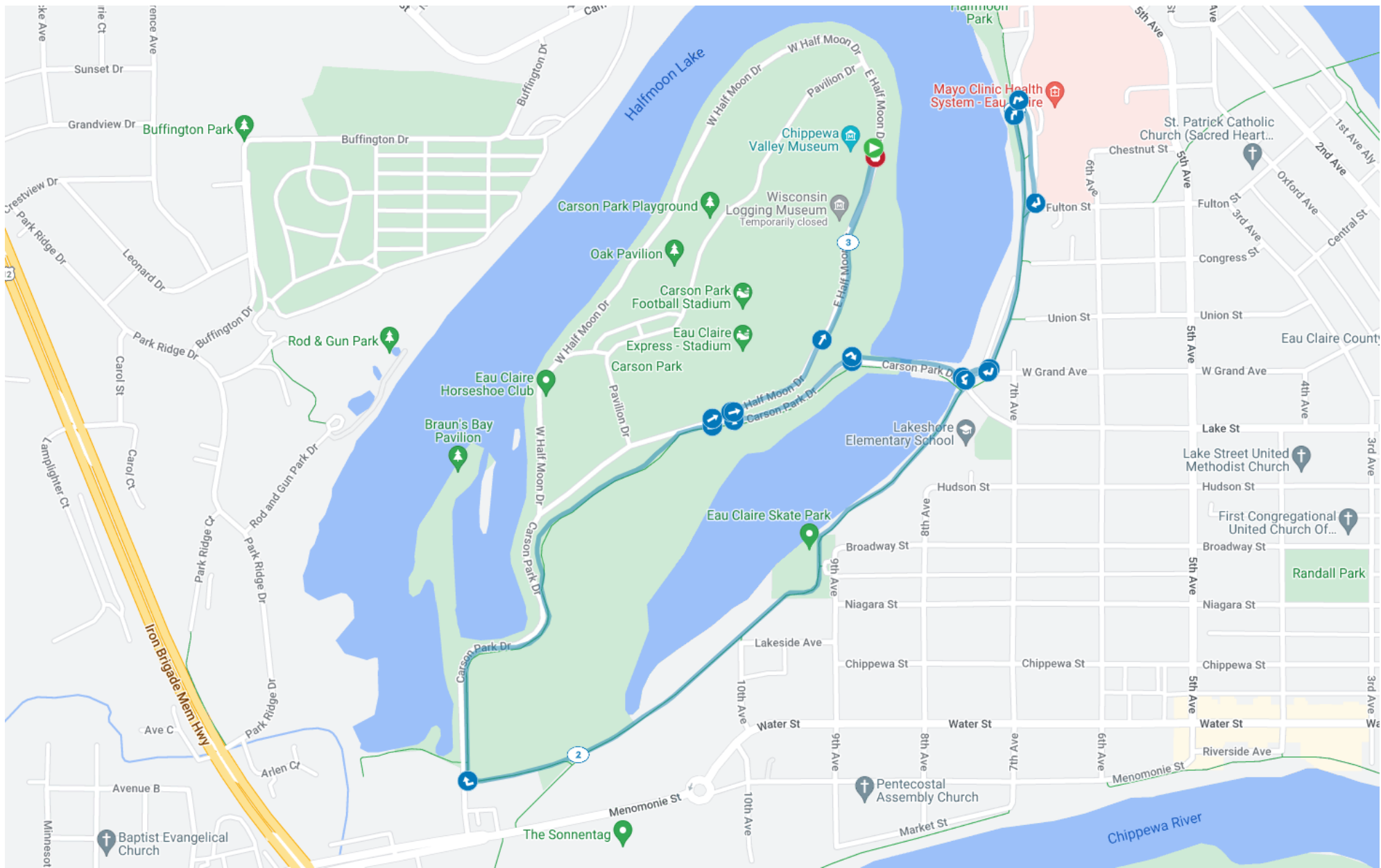
- If no to #2a OR #3a then you must include a written explanation that details your plan to ensure the health, safety and welfare of those attending the event.

---

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

## OFFICE USE ONLY

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





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/17/2024

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

Table with PRODUCER (Nicholas Hill Group, Inc.), CONTACT NAME (Andrea Slate), PHONE (719-694-2595), INSURED (Eau Claire Marathon), EMAIL ADDRESS (andrea@nicholashillgroup.com), and INSURER(S) AFFORDING COVERAGE (Everest National Insurance Co.).

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.

Main table with columns: INSR LTR, TYPE OF INSURANCE, ADD INS, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation.

DESCRIPTION OF OPERATIONS: SPECIAL EVENTS - DAY TO DAY OPERATIONS EXCLUDED Certificate holder is added as Additional Insured per form ECG 20 600 - Additional Insured - Automatic Status When Required in a Written Agreement with You and/or CG 20 26 - Additional Insured - Designated Person or Organization on a Primary and Noncontributory basis under this General Liability Insurance and shall include a Waiver of Subrogation in favor of the Additional Insured. Host Liquor Liability included. None

Table with CERTIFICATE HOLDER (City of Eau Claire) and 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.





# 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: Carson Park 5 & 10

Event Date(s): Oct. 26, 2024

Name of Sponsoring Organization: Indianhead Track Club

Non-Profit Group  For Profit  Other, please describe:

EVENT DETAILS

Event description, including changes (attach additional sheet, if necessary):  
Run/Walk

Estimated **Daily** Attendance: 300

Estimated **Total** Attendance: 350

Donations, charges or entry fees: \$35 entry fee

Location(s) of Event: Chippewa Valley Museum

Time Set Up Begins: 6:30 a.m.

Time Event Begins: 8:30 a.m.

Time Event Ends: noon

Time Clean-up Ends: noon

CONTACT DETAILS

Organizer Name: Wade Zwiener

Address: 2036 Mittelstadt Lane

Work Phone:

Cell Phone: 715-590-3747

Email: wade1218@yahoo.com

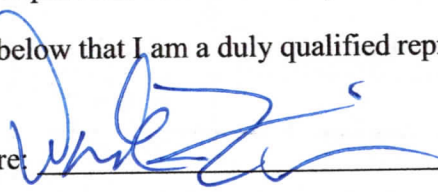
Please note if new organizer:

### 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: 

Date: 9/8/24

## 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				
Registration	Paul Bunyan Logging Camp	10/25/2024	4 pm	7 pm
Run/Walk	Chippewa Valley Museum	10/26/2024	6 a.m.	8 am
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	1 or 2 officers
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 (please specify)	
Other:	

## Emergency Action Plan

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

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

We will rely on patrol officers, volunteers throughout the course with cell phones, PA announcer

---

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

Cell phones, PA announcer

---

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

No roads will be closed so usual access will be available

## Emergency Action Plan (continued)

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

All volunteers will have cell phones and # of key contact persons

## Waste Collection/Recycling

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

Chippewa Valley Museum waste disposal--they are an event partner.

---

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

We will have post-race refreshments including water, bananas, and possibly soda and beer.

---

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

Chippewa Valley Museum and Paul Bunyan Logging Camp are event partners with the Indianhead Track Club

---

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

We will have police officers at key road crossings and volunteers at other locations around the course.

---

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

---

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

## Street Closure Worksheet

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

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

## Firearms Information

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

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

---

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

---

- Will your event have a Temporary Class B picnic license to serve wine or beer? *Chippewa Valley Museum will*
  - 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 *submit this,*

---

- 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.

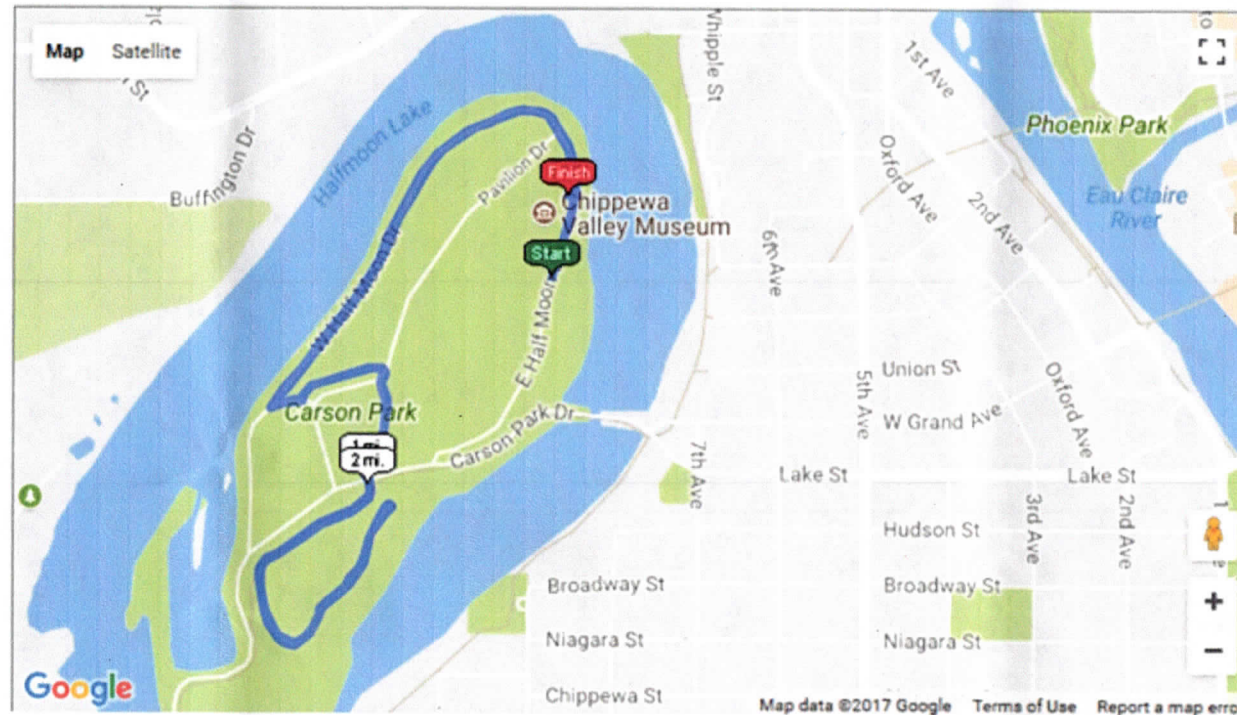
---

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

## OFFICE USE ONLY

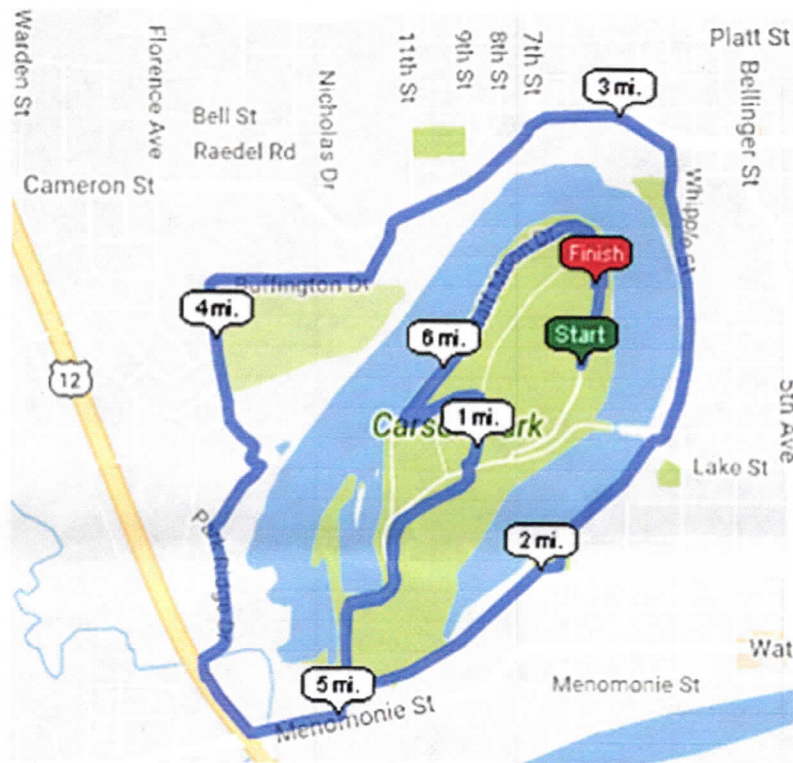
- |   |   |
|---|---|
| <input type="checkbox"/> No City Requirements                     | <input type="checkbox"/> Safety Plan required                       |
| <input checked="" type="checkbox"/> Posting "Firearms Prohibited" | <input type="checkbox"/> "Guns and Alcohol Don't Mix" sign required |

## Carson Park 5 & 10 5K course



1. Start on E. Half Moon Dr. adjacent to softball fields
2. North on Half Moon Dr., around back of park
3. Turn east on road/path that parallels Pavilion Dr. and passes in front of rest room
4. Turn south on sidewalk that goes in front of football/baseball stadiums
5. Cross Carson Park Dr. at crosswalk between stadium and Pavilion Dr.
6. Go right/south on trail towards Dairy Queen
7. Veer left (south, then east) on road toward Chippewa Valley Train Depot/Museum
8. Continue to end of road, turn around, and return to Carson Park Dr., crossing at the same crosswalk between stadium and Pavilion Dr.
9. Follow sidewalk in front of baseball and football stadiums to Pavilion Dr.
10. Turn west on road/path that parallels Pavilion Dr. and passes in front of rest room
11. Turn right (north) on East Half Moon Dr. and follow it around the back side of the park to finish in front of Chippewa Valley Museum

## Carson Park 5 & 10 10-mile course



1. Start on E. Half Moon Dr. adjacent to softball fields
2. North on Half Moon Dr. around back of park
3. Turn east on road/path that parallels Pavilion Dr. and passes in front of rest room
4. Turn south on sidewalk that goes in front of football/baseball stadiums
5. Cross Carson Park Dr. at crosswalk between stadium and Pavilion Dr.
6. Go right/south on trail towards Dairy Queen
7. Turn left (north) on trail toward Lakeshore Park/Elementary
8. Follow trail to Cameron Street
9. Turn left (west) on sidewalk along Cameron St.
10. Merge onto bike/pedestrian lane on south side of Cameron, heading west (against traffic)
11. Turn left (southwest) on sidewalk into Lakeview Cemetery at Buffington Dr.
12. Follow sidewalk west to Buffington Park and then sidewalk/trail south to Rod and Gun Park Dr.
13. Turn right/west on Rod and Gun Park Dr.
14. Turn left/south on Park Ridge Dr.
15. Turn left/south on sidewalk bordering N. Clairemont
16. Turn left/east on sidewalk bordering Menomonie St.
17. Turn left/north on sidewalk bordering Carson Park Dr.
18. Cross Carson Park Dr. and turn left onto trail (this is the 5 mile mark)
19. Repeat steps 8 thru 17, making another loop of Carson Park/Half Moon Lake
20. Follow trail back into Carson Park the same way that participants came out, crossing Carson Park Dr. at the same crosswalk
21. Follow sidewalk in front of baseball and football stadiums to Pavilion Dr.
22. Turn left (west) onto sidewalk that goes in front of restrooms and follow west to Half Moon Dr.
23. Turn right (north) on Half Moon Dr. and follow around the backside of the park heading north, east, and then south to the finish at the Chippewa Valley Museum

Form  
AB-220

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	\$
	<b>Total Fees</b>	<b>\$ 10.00</b>

**Part A: Organization Information**

1. Organization Name  
Chippewa Valley Museums

2. Organization Permanent Address  
1204 E.H.C. Main Dr

3. City  
Eau Claire

4. State  
WI

5. Zip Code  
54603

6. Mailing Address (if different from permanent address)

7. FEIN  
39-6092129

8. Date of Organization/Incorporation

9. State of Organization/Incorporation  
WI

10. Phone  
715-834-7871

11. Email  
d.dobson@cvmuseum.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
Ronnander	Carrie	Executive Director	715-834-7871
Pederson	Melissa	President	715-895-6123
Meyer	Rachel	Vice President	715-577-6407
Bach-Hansen	Samuel	Treasurer	715-896-4864

Continued →



Part C: Event Information			
1. Name of Event (if applicable) Carson Park 5+10			
2. Dates of Operation 10/20/24		3. Hours of Operation Tue - 11:30am	
4. Premises Address 1704 E 14th Main			
5. City Eau Claire		6. State WI	7. Zip Code 54601
8. County Eau Claire	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of:		10. Aldermanic District
11. Organizer of Event (if not the named applicant) ITC Running/Walking Club		12. Email and/or Phone Number for Organizer of Event 715-505-1735	
13. Organizer Website		14. Event Website runsignup.com/Race/WI/EauClaire/CarsonPark5and10	
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.  Beer will be provided on the grounds of the museum with barriers on the lawn to let people know where they can and can not drink.			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
<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.			
Last Name Ronander		First Name Carrie	M.I. M
Title Executive Director		Email C.ronander@cvmuseum.com	Phone 715-834-7871
Signature Carrie Ronander		Date	

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	

# Form AB-220 Instructions

## Temporary Alcohol Beverage License Application

### Who needs an alcohol beverage license?

Any individual or entity that wants to sell alcohol beverages to consumers or allow consumption in a public place must get an alcohol beverage license (sec. [125.09\(1\)](#), Wis. Stats.).

### Who issues alcohol beverage licenses?

Cities, villages, and towns issue alcohol beverage licenses after the governing body (city council, town or village board) grants the license.

### Who may receive a temporary alcohol beverage license?

Only the following nonprofit organizations may receive a temporary alcohol beverage license (sec. [125.26\(6\)](#), Wis. Stats.):

- bona fide clubs, whether incorporated or not, which own, lease, or occupy a building or portion thereof used exclusively for club purposes, which is operated solely for a recreational, fraternal, social, patriotic, political, benevolent or athletic purpose but not for pecuniary gain and which only sells alcohol beverages incidental to its operation
- local chambers of commerce organized under ch. 181, Wis. Stats. or a similar civic or trade organization organized under ch. 181, Wis. Stats., to promote economic growth and opportunity within a local geographical area
- state, county, or local fair associations or agricultural societies
- churches, lodges or societies that have been in existence for at least 6 months before the date of application
- posts of veterans organizations

### What types of events are temporary alcohol beverage licenses used for?

Picnics and similar gatherings of limited duration are the types of events that may qualify to use a temporary alcohol beverage license (sec. [125.26\(6\)](#), Wis. Stats.). Some examples of events where a temporary alcohol beverage license may be required include fundraisers, meetings of the post, picnics open to the public, fair booths, wine or beer walks, festivals, and more.

### What activities are authorized under a temporary alcohol beverage license?

An organization that holds a temporary alcohol beverage license may sell, serve, and allow consumption of wine and/or beer at an event hosted by the organization on the premises approved by the municipal governing body. Organizations may host gatherings requiring an entrance fee to the event that includes service of alcohol beverages or may charge for the beer or wine by the glass. A chamber of commerce or similar trade organization may hold up to 20 temporary alcohol beverage licenses for purposes of organizing a wine or beer walk. Temporary alcohol beverage licenses do not authorize consumption or sale of distilled spirits. See [Publication 309, Retail Alcohol Beverage Licensing Guide for Municipalities](#), and [Publication 302, Information for Wisconsin Alcohol Beverage and Tobacco Retailers](#), for more details.

## Specific Instructions

### *Municipality*

- In the upper right hand corner, list the name of the city, town, or village for which you are applying for a temporary alcohol beverage license.

### *License(s) Requested and License Fees:*

- Select the alcohol beverage license(s) you would like to apply for.
- The license fee is \$10 regardless of whether you are applying for one or both types of temporary alcohol beverage licenses. Your municipality may charge background check fees to determine your organization's fitness to hold the license.

### *Part A: Organization Information*

- Enter all contact information for the organization. Use a general phone and email address where a municipal clerk can reach your organization during business hours.

- **Box 7:** Enter the federal employer identification number for the organization. Every organization must have an employer identification number (EIN), even if it will not have employees. The EIN is a unique number that identifies the organization to the Internal Revenue Service.
- **Box 11:** Check one box to describe your organization's purpose or function. If you cannot check one of these boxes, you may not qualify for a temporary alcohol beverage retail license.
- **Box 12:** Check yes or no to indicate if your organization is required to hold a Wisconsin seller's permit for sales and use tax purposes. Some nonprofit organizations are not required to hold a seller's permit if they qualify for the occasional sales exemption. See Part 4 of Publication 206, Sales Tax Exemptions for Nonprofit Organizations, for the standards that must be met to qualify for the occasional sales exemption.
- **Box 13:** If Box 12 is yes, enter your seller's permit number. Seller's permits begin with the digits "456." For questions about obtaining a seller's permit, see Seller's Permit Common Questions.

**Part B: Individual Information**

- Provide the names, titles and phone numbers for officers, directors, and the agent of the organization. Titles of persons requiring disclosure include, but are not limited to: President, Treasurer, Executive Director, Board Member. Obtain and submit Form AB-100, Alcohol Beverage Individual Questionnaire, with your application for each person listed.
- Corporations must appoint an agent for this application. List the name of the agent in this section and include Form AB-101, Alcohol Beverage Appointment of Agent, with this application. The agent of your organization must reside in Wisconsin.

**Part C: Event Information**

- **Box 1:** Insert the event name. If this event will be advertised to the public or membership, use the name included on that information.
- **Box 2:** Insert the dates of the event. Attach a listing of event dates if more space is needed.
- **Box 3:** Insert the hours of operation for the event dates.
- **Boxes 4-10:** Enter the address for the event premises. Also enter the county, local jurisdiction, and aldermanic district in which the premises is located.
- **Box 11:** Insert the name of the event organizer if the license applicant is not the organizer of the event.
- **Boxes 12-14:** Provide contact information for the event organizer, the organizer's website, and the event website, if applicable.
- **Box 15:** Describe the premises in detail. Attach a floor plan, festival layout, map, or diagram if possible.

**Example:** The premises is located at 1234 Main St., Realtown, WI, 12345, and includes only the first-floor bar room, dining room, kitchen, and south office of the 5,000 square foot building.

**Example:** The premises is the 1,000 square foot tent within the southwest corner of the parking lot located at XYZ Church at 3456 Main St., Realtown, WI, 12345. All sales and storage of alcohol beverages and records will occur within the 1,000 square foot tent in the southwest corner of the parking lot.

**Example:** The premises is located at PDQ Park (7890 Main St., Realtown, WI, 12345). A 5,000 square foot tent will be constructed in the northeast corner of the park bordering the tree line and northern fence. All alcohol beverage sales and consumption will occur at this tent. Premises includes the adjacent north park office and the space between the tent and the office. Beverages and records will be securely stored in the north park office for the duration of the event.

**Part D: Attestation**

- One officer or director of the organization must sign the application.
- Read the attestation carefully, then sign and date.

**Part E: For Clerk Use Only**

- "Date license granted" means the date the municipal governing body approved the license to be issued.
- "Date license issued" means the date the municipal clerk physically issued the license certificate document.

# Form AB-100 Instructions

## Alcohol Beverage Individual Questionnaire

### Who must complete Form AB-100?

All persons involved in the applicant business who are sole proprietors, partners of a partnership, officers, directors, members, managers, or agents must complete and submit Form AB-100. These persons are identified in Form AB-101, *Alcohol Beverage Appointment of Agent*, Form AB-200, *Alcohol Beverage License Application*, or an alcohol beverage permit application.

### Where do I submit Form AB-100?

If applying for a retail alcohol beverage license, submit this form with Form AB-200, *Alcohol Beverage License Application* to the clerk of the municipality in which the applicant business is located.

If applying for an alcohol beverage permit, submit this form as required by the permit application to the Division of Alcohol Beverages.

To update the agent for an alcohol beverage license or permit, submit this form with Form AB-101, *Alcohol Beverage Appointment of Agent* to the issuer of the authorization.

### Specific Instructions

#### Date

- Date the form in the top right corner.

#### Part A: Business Information

- Box 1: Enter the legal business name. If sole proprietor, enter the individual's first and last name.
- Box 2: Enter the business trade name or "doing business as" name, if different than the name in box 1.
- Box 3: Check one entity type to indicate how the business is legally organized.

**Note:** This business information must match the information on any license application (Form AB-200) or existing license certificate.

#### Part B: Individual Information

- Provide all requested personal information.
- Box 4: Enter your title or describe your relationship to the business. Examples: President, Treasurer, Director, Chief Financial Officer, Member, Partner, Agent, etc.

#### Part C: Address History

- Question 2: List in chronological order all residential addresses within the last five years starting with your most recent address.

#### Part D: Criminal History

- Question 1: Disclose any civil or criminal violations of law in any jurisdiction (federal, state, or local ordinance), and include detailed descriptions of any violations of law involving alcohol beverages (OWI, disorderly conduct, etc.).
- Question 2: Disclose any pending charges against you in any jurisdiction and include detailed descriptions of any charges involving alcohol beverages.

**Note: Subject to the Wisconsin Fair Employment Law (Ch. 111, Wis. Stats.),** persons with convictions or pending charges may, if those offenses are sufficiently relevant, be prohibited from holding alcohol beverage license and permits under sec. 125.04(5)(a)(1) Wis. Stats. See the Department of Revenue's Permit Predetermination Common Questions for offenses that may prevent someone from holding a license.

#### Part E: Attestation

- Read the attestation carefully, then sign and date.

**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 10-14-24

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.

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)  
~~Chippewa Valley Museum~~ Eau Claire Association of Museums

2. Business Trade Name or DBA  
Chippewa Valley Museum

3. Entity Type (check one)  
 Sole Proprietor   
 Partnership   
 Limited Liability Company   
 Corporation   
 Nonprofit Organization

**Part B: Individual Information**

1. Last Name: Ronnander      2. First Name: Carnie      3. M.I.: M

4. Relationship to Business (Title): Executive Director      5. Email: C.ronnander@~~cv~~cvmuseum.wi      6. Phone: 715-834-7871

7. Home Address: 1021 East Grand Ave

8. City: Eau Claire      9. State: WI      10. Zip Code: 54701      11. Date of Birth: 11-14-1970

12. Drivers License/State ID Number: R553-1137-0914-01      13. Drivers License/State ID State of Issuance: WI

**Part C: Address History**

1. Do you currently reside in Wisconsin?  Yes  No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? .....

Years	Months
<u>23</u>	<u>9</u>

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
<u>1021 East Grand Ave.</u>	<u>Eau Claire</u>	<u>WI</u>	<u>54701</u>
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
<u>WI</u>	<u>Milwaukee</u>	<u>WI</u>	<u>Sau Claire</u>				
<u>MN</u>	<u>Ramsey</u>						

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

*Carrie [Signature]*

Date

07-09-2024

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.

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)

Eau Claire Association of Museums

2. Business Trade Name or DBA

Chippewa Valley Museum

3. Entity Type (check one)

- Sole Proprietor   
  Partnership   
  Limited Liability Company   
  Corporation   
  Nonprofit Organization

**Part B: Individual Information**

1. Last Name

Peterson

2. First Name

Melissa

3. M.I.

L

4. Relationship to Business (Title)

Board officer

5. Email

mpeterson@frandsenbank.com

6. Phone

715-895-6723

7. Home Address

9106 Olson Dr

8. City

Eau Claire

9. State

WI

10. Zip Code

54703

11. Date of Birth

04/30/1975

12. Drivers License/State ID Number

P3625527573006

13. Drivers License/State ID State of Issuance

WI

**Part C: Address History**

1. Do you currently reside in Wisconsin?  Yes  No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? .....

Years	Months
<u>4</u>	<u>7</u>

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
<u>27315 Sandra K Rd</u>	<u>Detroit Lakes</u>	<u>MN</u>	<u>56501</u>
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
<u>MN</u>	<u>Wilkin</u>	<u>MN</u>	<u>Becker</u>	<u>WI</u>	<u>Eau Claire</u>		
<u>MN</u>	<u>Otter Tail</u>	<u>AZ</u>	<u>Maricopa</u>				

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.

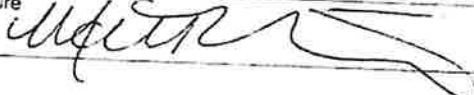
Law/Ordinance Violated	Location	Conviction Date	Penalty Imposed	Was sentence completed?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <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 07/10/2024

File

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.

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)  
Eau Claire Association of Museums

2. Business Trade Name or DBA  
Chippewa Valley Museums

3. Entity Type (check one)  
 Sole Proprietor   
 Partnership   
 Limited Liability Company   
 Corporation   
 Nonprofit Organization

**Part B: Individual Information**

1. Last Name: Bach-Hanson    2. First Name: Samuel    3. M.I.: D

4. Relationship to Business (Title): Board Treasurer    5. Email: sbacha@weldriley.com    6. Phone: 715 896 4864

7. Home Address: 777 Indian Hills Dr.

8. City: Eau Claire    9. State: WI    10. Zip Code: 54703    11. Date of Birth: 03/09/193

12. Drivers License/State ID Number: B252-07849-3089-09    13. Drivers License/State ID State of Issuance: Wisconsin

**Part C: Address History**

1. Do you currently reside in Wisconsin?  Yes  No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ...  
 Years: 8    Months: 2

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
1893 Whistling Straits Dr.	Altoona	WI	54720
504 Alder Street	Black River Falls	WI	54615
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
WI	Milwaukee	WI	Eau Claire	MN	Winona		
WI	Jackson	WI	Dane	DC	District of Columbia		

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 7/9/24

**Form AB-100** **Acute Care Individual Questionnaire**

1. Patient's name: Mr. [Name]

2. Date of birth: [Date]

3. Social Security Number: [Number]

4. Address: [Address]

5. City: [City] State: [State] Zip: [Zip]

6. Telephone: [Number]

7. Insurance Information:

Insurance Company: [Company] Policy Number: [Number]

8. Medical History:

9. Current Medications:

10. Allergies:

11. Family History:

12. Patient's Signature: [Signature] Date: [Date]

13. Physician's Signature: [Signature] Date: [Date]

**Form AB-100** **Acute Care Individual Questionnaire**

1. Patient's name: Mr. [Name]

2. Date of birth: [Date]

3. Social Security Number: [Number]

4. Address: [Address]

5. City: [City] State: [State] Zip: [Zip]

6. Telephone: [Number]

7. Insurance Information:

Insurance Company: [Company] Policy Number: [Number]

8. Medical History:

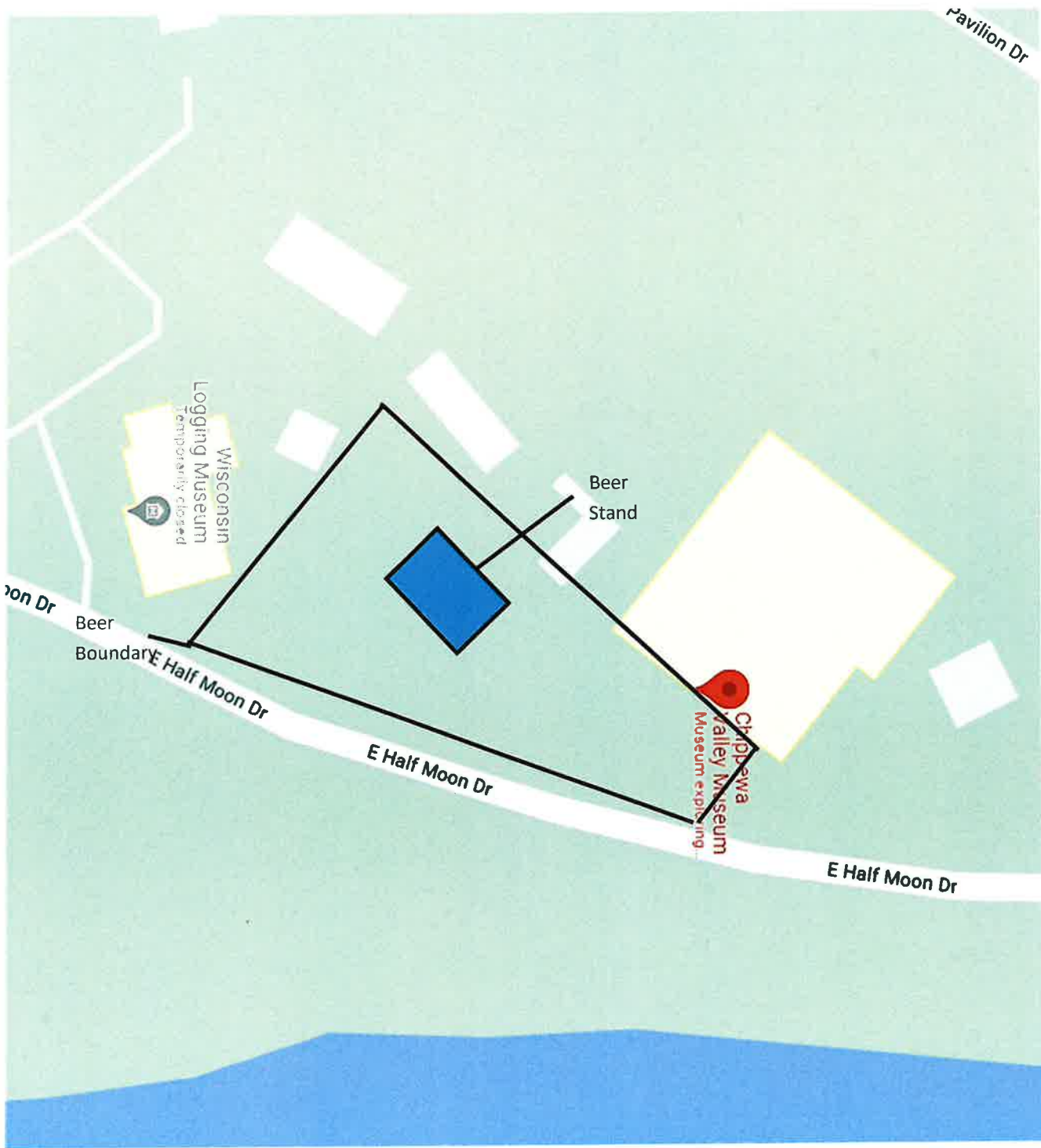
9. Current Medications:

10. Allergies:

11. Family History:

12. Patient's Signature: [Signature] Date: [Date]

13. Physician's Signature: [Signature] Date: [Date]



Pavilion Dr

Wisconsin  
Logging Museum  
Temporarily closed

Beer  
Stand

Chippewa  
Valley Museum  
Museum exploring

on Dr

Beer

Boundary

E Half Moon Dr

E Half Moon Dr

E Half Moon Dr



October 15, 2024

ADVENTURES IN HISTORY  
www.cvmuseum.com

City of Eau Claire Licensing  
City of Eau Claire  
PO Box 909  
Eau Claire WI 54702

Dear License Review Committee:

The Chippewa Valley Museum is requesting a Temporary Class "B" Temporary picnic license in order to include beer serving and consumption as part of the post-race festivities for the Carson Park 5 & 10 races on Saturday, October 26, 2024.

The Carson Park 5 & 10 is a Run/Walk race & kid's ¼ mile race organized by the Indianhead Track Club (with support from the Chippewa Valley Museum and Wisconsin Logging Museum. Now in its 56<sup>th</sup> year, registration proceeds from the race events are split between the partners. A beer garden will be part of the finish line celebrations 9-11:30. Every participant age 21 and over will receive a beer or soda as part of their race registration. IDs will be checked at the beer garden and wristbands issued to those 21 and over. Beer and soda will be sold, and only those with a wristband can purchase one beer at a time. All beer will be sold by a licensed bartender at a beer stand marked on the map and will only be allowed within the staked area as outlined on the map.

Thank you for reviewing this application.

Sincerely,

A handwritten signature in black ink that reads "Carrie Ronnander".

Carrie Ronnander  
Executive Director  
Enc.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/15/2024

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> Insurance Management Group 959 East 4th St  Marion IN 46952		<b>CONTACT NAME:</b> Tabitha Messersmith <b>PHONE (A/C, No, Ext):</b> (800) 272-8673 <b>FAX (A/C, No):</b> (765) 664-0761 <b>E-MAIL ADDRESS:</b> tmessersmith@insmgt.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Granite State Insurance Company	<b>NAIC #</b> 23809
<b>INSURED</b>		<b>INSURER B:</b> National Union Fire Insurance Company of Pittsburgh, PA	
Road Runners Club of America/2024 and Its Member Clubs		<b>INSURER C:</b>	
100 W Jefferson St, Suite 202		<b>INSURER D:</b>	
Falls Church VA 22046		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** 2024 \$2M A.I. Liability                      **REVISION NUMBER:**

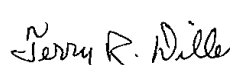
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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>			AIL0003450335200	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input checked="" type="checkbox"/> Legal Liability to						MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> Participants \$2,000,000						PERSONAL & ADV INJURY \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 5,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> OTHER: Per Event Basis						Abuse and Molestation \$ 500,000
A	<b>AUTOMOBILE LIABILITY</b>			AIL0003450335200	12/31/2023	12/31/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	Excess Medical & Accident (\$250 Deductible/Claim)			AID0003450335800	12/31/2023	12/31/2024	Excess Medical \$10,000
							AD & Specific Loss \$2,500

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

City of Eau Claire IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS TO THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED.  
 DATE OF EVENT(S): 10/26/24 Carson Park 5 & 10 INSURED RRCA CLUB/EVENT MEMBER: ndianhead Track Club ATTN: Wade Zwiener, 2036 Mittelstadt Lane, Eau Claire, WI 54703  
 Processed by RMV

**CERTIFICATE HOLDER****CANCELLATION**

10/26/24 City of Eau Claire 910 Forest 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 
--	--

© 1988-2015 ACORD CORPORATION. All rights reserved.



CITY OF EAU CLAIRE

# 2025 SPECIAL EVENT APPLICATION

Community Services Department | 910 Forest St., Eau Claire | [specialevents@eauclairewi.gov](mailto:specialevents@eauclairewi.gov)

Thank you for considering hosting a Special Event in Eau Claire. Before submitting this application, make sure you've completed all requirements. If you are not able to provide a required element at the time of submission, please explain in the space provided. Applications are due at least 30 days prior to event date. Large/complex events and/or those requiring City Council approval should be submitted at least 60 days prior to the event date.

Please utilize the checklist to ensure completeness. **Incomplete applications will be returned.**

CHECKLIST	
<b>REQUIRED</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> I have submitted a Save the Date form</li> <li><input type="checkbox"/> I have signed the Hold Harmless and Payment Agreements</li> <li><input type="checkbox"/> I have filled out this application fully and accurately</li> <li><input type="checkbox"/> A map of my event is being submitted with this application</li> <li><input type="checkbox"/> My application fee is being submitted with this application</li> <li><input type="checkbox"/> My Certificate of Insurance will be provided <u>no later than</u> 30 days prior to my event               <ul style="list-style-type: none"> <li><input type="checkbox"/> Evidencing limits of liability not less than \$1,000,000</li> <li><input type="checkbox"/> Names the City of Eau Claire, 203 S Farwell St., Eau Claire, WI 54703 as an additional insured</li> <li><input type="checkbox"/> Names the City of Eau Claire as a certificate holder in the description.</li> </ul> </li> </ul>
<b>ADDITIONAL FORMS, IF APPLICABLE</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> My event includes a walk/run/bike route               <ul style="list-style-type: none"> <li><input type="checkbox"/> I have included maps and written directions for all routes</li> </ul> </li> <li><input type="checkbox"/> My event will serve/sell food prepared by for-profit food trucks/stands               <ul style="list-style-type: none"> <li><input type="checkbox"/> I have provided a list of potential and confirmed food vendors</li> <li><input type="checkbox"/> I understand that food vendors at my event must have valid permits and inspections as required by the Health Department and Fire Department</li> </ul> </li> <li><input type="checkbox"/> My event will serve/sell food prepared by a non-profit group               <ul style="list-style-type: none"> <li><input type="checkbox"/> I have included a Non-Profit Temporary Food Service Application</li> </ul> </li> <li><input type="checkbox"/> My event will serve/sell alcohol               <ul style="list-style-type: none"> <li><input type="checkbox"/> I have included a Temporary Class B License Application and the required supporting documents (safety plan, worksheet, etc.)</li> <li><input type="checkbox"/> I have included the Temporary Class B License Application fee of \$10</li> </ul> </li> <li><input type="checkbox"/> My event will have a tent larger than 250 square feet               <ul style="list-style-type: none"> <li><input type="checkbox"/> I have included a Tent Permit Application</li> <li><input type="checkbox"/> I have included the Tent Permit Application fee of \$62</li> <li><input type="checkbox"/> My tent will have electricity (additional requirements – see Tent Permit Application)</li> </ul> </li> <li><input type="checkbox"/> My event will impact neighboring businesses/residences               <ul style="list-style-type: none"> <li><input type="checkbox"/> I have included letter(s) of support from impacted BIDs, business owners, and/or homeowners</li> </ul> </li> </ul>
<p>Please explain any missing or pending documentation:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	



# CITY OF EAU CLAIRE 2025 SPECIAL EVENT APPLICATION

EVENT SUMMARY				
<b>EVENT DETAILS</b>	<input type="checkbox"/> New Event	<input type="checkbox"/> Repeat Event	<input type="checkbox"/> Repeat Event with changes (explain changes in description)	
	Event Name:			
	Event Date(s):			
	Event Times:			
	Sponsoring Organization:			
	Event Description, including changes (attach additional sheet, if necessary)			
	Estimated <b>Daily</b> Attendance:		Estimated <b>Total</b> Attendance:	
	Location(s) of Event:			
	When will you begin event set-up?		When will you complete event clean-up?	
	Comments:			
<b>CONTACT</b>	Organizer Name:		Organization:	
	Phone:	Email:		
	Day-of-Event Contact Name:		Day-of-Event Contact Phone:	
HOLD HARMLESS AND PAYMENT AGREEMENTS				
<p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p>I also certify by my signature below that I am a duly qualified representative of my organization and authorized to sign this agreement.</p>				
Authorized Applicant Signature:			Date:	

# CITY OF EAU CLAIRE 2025 SPECIAL EVENT APPLICATION

## APPROVAL REQUIREMENTS

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

<b>ADMINISTRATIVE APPROVAL</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 100 or more persons are expected in a single day</li> <li><input type="checkbox"/> Entry fee or admission is charged</li> <li><input type="checkbox"/> Donations are accepted</li> <li><input type="checkbox"/> Merchandise or other items will be sold</li> <li><input type="checkbox"/> Food/concessions will be served or sold</li> <li><input type="checkbox"/> Putting up tents/inflatables that require stakes greater than 6” in length to be driven into the ground</li> <li><input type="checkbox"/> Putting up tents <u>larger</u> than 250 square feet</li> <li><input type="checkbox"/> Selling or distributing 2+ kegs/half barrels of fermented malt beverage or wine</li> <li><input type="checkbox"/> Fireworks, fires or other hazardous activities will be provided</li> <li><input type="checkbox"/> Overnight Camping</li> <li><input type="checkbox"/> Drones will be used at the event (Ordinance 9.76.110-B.2.)</li> <li><input type="checkbox"/> Requesting the use of a boat with a motor on Half Moon Lake during the event</li> </ul>
<b>CITY COUNCIL</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1,000 or more persons are expected over the course of the event</li> <li><input type="checkbox"/> Selling or distributing 6+ kegs/half barrels of fermented malt beverage or wine</li> <li><input type="checkbox"/> Alcohol will be served past sunset or 8:00 pm in the evening, whichever is later</li> <li><input type="checkbox"/> Alcohol will be served on the streets, sidewalks, alleys or boulevards</li> <li><input type="checkbox"/> The event will close city streets, alley, sidewalk or boulevard</li> <li><input type="checkbox"/> The event will require the alteration of park operational hours (4am-11pm)</li> </ul>

## CITY SERVICES REQUESTED

**There are fees associated with city services for special events.** View current fee information on the website at [www.eauclairewi.gov/specialevents](http://www.eauclairewi.gov/specialevents) or request an estimate for city services. This is not a comprehensive list of city services. Requests for service may be adjusted for safety reasons.

<input type="checkbox"/> Police Department Services. If yes, please describe desired level of service:	
<input type="checkbox"/> Fire Department / EMS Services. If yes, please describe desired level of service:	
<input type="checkbox"/> 8’ Event Panels - Drop-Off/Pick-Up Number of panels: <input type="checkbox"/> 8’ Event Panels - Set-Up/Tear-Down Number of panels:	<i>If yes for either, indicate desired location(s) on the event map. Drop-off/pick-up cost reflects rental price per panel. Utilizing Parks Staff for set-up or tear-down will incur additional labor charges to be invoiced after the event.</i>
<input type="checkbox"/> Barricades Number of barricades requested:	<i>If yes, indicate barricade location(s) on the event map. Count and placement are subject to adjustment for safety reasons.</i>
<input type="checkbox"/> Number of Garbage Bins Needed: <input type="checkbox"/> Number of Recycling Bins Needed:	<i>Up to 6 of each type are available at no cost. Cost for any additional bins will be invoiced after the event.</i>
<input type="checkbox"/> Utility Locate (Stakes over 6” in length)	<i>If yes, indicate tent/inflatable location on map.</i>
<input type="checkbox"/> No Parking Signs (posts not included). Number of No Parking Signs requested:	
<input type="checkbox"/> Other requests <i>Please describe:</i>	

# CITY OF EAU CLAIRE 2025 SPECIAL EVENT APPLICATION

## EMERGENCY ACTION PLAN

**Items to consider:** designated “lost child” area, evacuation procedure, securing valuables, crowd control, emergency response procedures, weather conditions, etc. Please attach additional sheet if necessary.

Describe your first aid and emergency action plans for the event:

<input type="checkbox"/> On-site first aid kit(s)	<input type="checkbox"/> On-site AED	<input type="checkbox"/> On-site medical personnel
---	--------------------------------------	--

How will you monitor weather and notify participants and spectators of emergency situations?

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

During an emergency, what communication tools will be available at the event and/or along race routes?

If your event extends outside the city limits of Eau Claire or onto UWEC property, what plans do you have in place?

## STREET CLOSURES

Include all requested street and intersection closures. Attach additional sheet, if necessary. Include letters of support from affected neighbors and/or businesses. Contact DECI for help reaching downtown businesses.

Street Closed	From	To	Time Closing	Time Reopening
<i>Example: S Barstow St</i>	<i>Gray St</i>	<i>Lake St</i>	<i>8:00am</i>	<i>4:00pm</i>

# CITY OF EAU CLAIRE 2025 SPECIAL EVENT APPLICATION

## TRAFFIC IMPACT PLAN

Describe the traffic and parking control plans for your event:

**If your event will close streets**, how will you notify the affected users of alternate routes and parking options?

**If your event will offer off-site parking**, detail any agreements with other parties and/or shuttle services:

**If closing roads or restricting access inside Carson Park**, event organizers must notify Chippewa Valley Museums at NUMBER or EMAIL.

I have notified Chippewa Valley Museums of my event.

## FOOD SERVICE PLAN

My event will not serve or sell food or beverages

My event will include for-profit food vendors.

*If yes, all for-profit food vendors are required to have a Transient Food Permit through the Health Department. Inspection requirements may also apply.*

My event will include non-profit food vendors

*If yes, a Non-Profit Temporary Food Service Application is required.*

Please provide a list of food vendors for your event. Attach additional sheet if needed.

Describe your plan for food service:

## ALCOHOL SERVICE PLAN

My event will not serve or sell alcohol

My event is requesting a Temporary Class B picnic license to serve wine or beer

*If yes, include picnic license application, fee, and all supporting documents.*

My event will serve alcohol using an existing license or expansion.

Describe:

Describe your plan for alcohol service:

# CITY OF EAU CLAIRE 2025 SPECIAL EVENT APPLICATION

## 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.

My event is 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
- Carson Park Baseball Stadium
- Carson Park Hobbs or Gelein Softball Fields
- Hobbs Ice Arena
- Fairfax Pool
- Neighborhood Shelter (ex: Boyd, Lakeshore, McDonough, North Riverfronts, Pinehurst, Sundet)
- None of the above - please answer the questions below**

My event will not have a controlled access area nor serve alcohol

I am charging admission/accepting donations AND having a controlled access (fenced/enclosed) area  
If yes, will you post “Firearms Prohibited” at your special event?

- Yes
- No

If no, a written explanation that details your plan to ensure the health, safety, and welfare of those attending the event is required.

I am requesting a Temporary Class B picnic license and serving wine or beer at my event  
If yes, will you post “Firearms Prohibited” at the enclosed service area?

- Yes
- No

If no, “Guns and Alcohol Don’t Mix” signs are required at each public entrance to the licensed area and a written explanation that details your plan to ensure the health, safety, and welfare of those attending the event is also required.

## SUBMISSION

Submit completed applications and all supporting materials by email, postal mail or in-person. Utilize the checklist at the front of the application to ensure you are including all required elements.

**Incomplete applications will be returned for completion.**

**E-Mail:**

[specialevents@eauclairewi.gov](mailto:specialevents@eauclairewi.gov)

**Mail/Drop-Off Address:**

910 Forest St.  
Eau Claire, WI 54703