



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

## Special Events Committee

### Agenda

Wednesday, October 23, 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. ~~Ballots and Brats~~
4. **Repeat Event Review**
  - a. Downtown Trick-or-Treat
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.

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Lane Berg, Community Services Director  
c: News Media



# CITY OF EAU CLAIRE

## 2024 SPECIAL EVENT APPLICATION

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

### Summary of Event

EVENT NAME	<input type="checkbox"/> New Event <input checked="" type="checkbox"/> Repeat Event <input type="checkbox"/> Repeat Event with changes (Explain changes in the description below)	
	Event Name: <b>Downtown Trick-or-Treat</b>	
	Event Date(s): <b>Saturday, October 26th</b>	
	Name of Sponsoring Organization: <b>DECI</b>	
<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): <b>Downtown Businesses located between Lake Street and Wisconsin Street will host a public Trick-or-Treat Event</b>	
	Estimated <b>Daily</b> Attendance: <b>500 - 800</b>	Estimated <b>Total</b> Attendance: <b>500 -800</b>
	Donations, charges or entry fees: <b>free</b>	
	Location(s) of Event: <b>North &amp; South Barstow Street (Lake to Wisconsin)</b>	
	Time Set Up Begins: <b>9 am</b>	Time Event Begins: <b>10 am</b>
	Time Event Ends: <b>12 pm</b>	Time Clean-up Ends: <b>1 pm</b>
CONTACT DETAILS	Organizer Name: <b>Downtown Eau Claire, Inc.</b>	
	Address: <b>203 S. Farwell Street</b>	
	Work Phone: <b>715-579-2885</b>	Cell Phone: <b>715-579-2885</b>
	Email: <b>hello@downtowneauclaire.org</b>	
	Please note if new organizer:	

### Hold Harmless and Payment Agreements

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

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

Authorized Applicant Signature: Erin Klaus Date: 10/15/2024

## 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

- 1,000 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	north and south barstow street	10/26/2024	9 am	10 am
event	north and south barstow (Sidwalks only)	10/26/2024	10 am	12 pm
Clean Up	north and south barstow	10/26/2024	12 pm	1 pm

## Event/Services Requested

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

Service/Item	# of Items Requested
Police Department Services	
Fire Department Services	
<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?

DECI will have a tent located by the 4 corners lot. We will have first aid kit, cell phones and emergency contact phone list.

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 have weather apps on our phones and have volunteer staff walking around to alert patrons and businesses of any inclement weather.

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

There will be no hinderance to emergency vehicles for this 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?

All event staff and volunteers will have cell phones with emergency contact phone numbers.

## Waste Collection/Recycling

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

There should not be any additional waste created by this event.

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

Individual businesses will be handing out candy

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

Recyclable       Compostable (biodegradable)       Other:

## User and Traffic Impact Plan

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

There should be minimal impact on these areas. Business owners are aware of the event. Patrons are encouraged to park in the parking ramps

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

N/A

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

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Yes  No  Will you contract with a private company or organization to provide such services?  
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.

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

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

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

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

## OFFICE USE ONLY

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



# CERTIFICATE OF LIABILITY INSURANCE

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

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

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

<b>PRODUCER</b> West Bend Mutual Insurance Company 1900 South 18th Avenue West Bend WI 53095	<b>CONTACT NAME:</b> Customer Care <b>PHONE (A/C, No, Ext):</b> (866) 926-4244 <b>E-MAIL ADDRESS:</b> customercare@wbmi.com	<b>FAX (A/C, No):</b> (262) 365-2200
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> West Bend Mutual Insurance Company	<b>NAIC #</b> 15350
<b>INSURED</b> Downtown Eau Claire, Inc PO Box 5148 Eau Claire WI 54702	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CL242167849      **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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		0983376	03/15/2024	03/15/2025	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ Excluded
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> 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"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <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) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE    OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate holder is additional insured for general liability per form CG2026.

<b>CERTIFICATE HOLDER</b> City of Eau Claire, Dept of Parks & Recreation 915 Menomonie St Eau Claire WI 54703-5679	<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 