



CITY OF WAUWATOSA
7725 West North Avenue
Wauwatosa, WI 53213
(414) 479-8917
www.wauwatosa.net

Received by

MAY 09 2023

**SPECIAL EVENT PERMIT
APPLICATION**
Fee: \$150

City Clerk's Office

PERMIT TO HOST A STREET FESTIVAL, RUN/WALK, PROTEST, OR PARADE

Organization Information	Name of the Organization: <u>Ray's Growler Gallery</u>
	Address: <u>8930 W. North Ave Suite G</u> City, ST Zip: <u>Wauwatosa, WI 53226</u>
	Phone: <u>414-258-9821</u> Are you a 501(c)3 organization? <input type="radio"/> Yes <input checked="" type="radio"/> No
	Event Contact Person: <u>Sara Laev</u>
Event Information	Phone: [REDACTED] Email: [REDACTED]
	Home Address: [REDACTED] City, ST Zip: [REDACTED]
	Name of Event: <u>Topping the Ray-neighborhood</u>
	Date(s) of Event: <u>June 4th 2023</u>
	Location of Event: <u>Ray's parking lot</u>
	Event set up time: <u>8:00 am</u> Event tear down time: <u>6:00 pm</u>
	Event Start Time: <u>12:00 pm</u> Event End Time: <u>6:00 pm</u>
	Website of Event: <u>Rayswine.com/events</u>
	Will your event take place in a residential neighborhood? <input type="radio"/> Yes <input checked="" type="radio"/> No
	You MUST attach a detailed map/sketch of your event indicating the specific location, layout of your event, the direction of the route, including all turns and the number of traffic lanes to be used.
*If you are using a City Park, you must reserve the park through the Parks Office prior to getting your special event permit approved by the Common Council. Call 414-471-8420 or email DPW@wauwatosa.net .	
Generally describe your event and its purpose: <u>Second annual Topping the Ray-neighborhood beer fest with music and food vendors</u>	
Estimated Number of Participants: <u>2,000</u> Spectators: _____ Vendors: <u>4</u>	
Other Information	Run/Walk Routes and Fees: If event is a walk/run, choose a route. This includes police costs, barricades and up to 12 refuse or recycling containers to be placed at start/finish lines and may be moved for the event. Please note that route fees are the base price of the event and may include other fees, such as extra or special barriers for safety, extra work fees for involved city departments, extra permits or application fees, or other special circumstances.
	<input type="radio"/> Route #1 <input type="radio"/> Route #2 <input type="radio"/> Route #3 <input type="radio"/> Route #4 <input type="radio"/> Route #5 <input type="radio"/> Route #6 <input type="radio"/> Route #7 <input type="radio"/> Route #8 <input type="radio"/> Route #9 <input type="radio"/> Route #10
	Will there be any alcohol served/sold at the event? If yes, liquor and bartender licenses are necessary under separate application. <input checked="" type="radio"/> Yes <input type="radio"/> No

Other Information (Cont'd)	Please list the number of City of Wauwatosa licensed bartenders that will be on site: <u>14</u>
	Will you be selling/serving food? If yes, you will need to contact the City of Wauwatosa Health Department for proper permits <input checked="" type="radio"/> Yes <input type="radio"/> No
	Will merchandise be sold at the event? If yes, please ensure that all vendors have their Wisconsin Seller's Permit available upon inspection. <input checked="" type="radio"/> Yes <input type="radio"/> No
	Will your event need electricity? If yes, the Fire Department and Building Inspection Department will need to inspect prior to being energized. <input type="radio"/> Yes <input checked="" type="radio"/> No
	Will you be setting up any lighting? If yes, the Fire Department and Building Inspection Department will need to inspect prior to being energized. <input type="radio"/> Yes <input checked="" type="radio"/> No
	Will your event require any fencing? If yes, please provide plans for the fencing location and the gates. <input type="radio"/> Yes <input checked="" type="radio"/> No
	Does the event involve fireworks? If yes, you will need to obtain a <u>fireworks permit</u> under separate application. <input type="radio"/> Yes <input checked="" type="radio"/> No
	Does the event involve amplified music? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, will the amplified music be a: <input type="radio"/> Band <input checked="" type="radio"/> DJ <input type="radio"/> Other _____ Hours of Amplified Music: <u>12-6</u>
	Please list the number of security staff you will be providing for the event: <u>8</u>
	Will you require street and/or intersection closures? If yes, the Police Department will determine the number of barricades, and the Department of Public Works will provide the costs and schedule of delivery and pickup. <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, please list the streets and/or intersections to be closed. <u>89th St. between North Ave & alley after Steinkellners</u> <u>90th St. between North Ave & first residential alley</u>
	Will you be erecting any tents, canopies or other temporary structure(s)? If yes, you will need to provide a plan for their proposed locations and the Fire Department and Building Inspection Department will need to inspect these structures prior to the start of your event. <input checked="" type="radio"/> Yes <input type="radio"/> No
	Will you be providing portable restrooms and wash stations? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, how many will you provide and where will they be located? Also how will solid waste be disposed of? <u>8 solid toilets, 1 wash station, waste taken by company</u>
	Will you provide parking for participants? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, where will parking be available? <u>Street parking</u>

Other Information (Cont'd)	Will you provide a dumpster/clean-up services? <input checked="" type="radio"/> Yes <input type="radio"/> No
	If yes, please describe your clean-up and refuse collection plan. <i>waste management dumpsters & picked up by them</i>
	What other assistance do you foresee needing from the City (personnel, materials, and/or equipment)? <i>none</i>
Insurance Requirements	TBD
	*Certificate of Insurance is required upon submittal of the application.
Signature and Certification	<input checked="" type="radio"/> I hereby certify that the above information is true and correct to the best of my knowledge. I understand that failure to provide truthful, complete or correct information may lead to denial of this license.
	Signature: <i>Sara Lu</i> Date: <i>4/18/23</i>

TBD	FOR OFFICE USE ONLY
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Applicant's Checklist:

Application is incomplete without the completed and signed application, \$150 application fee, COI, a map/sketch of the event and a parking plan. Incomplete applications will not be accepted or processed.

- ☐ Completed and signed application
- ☐ Fee – cash, check or credit card accepted. Please make check payable to the City of Wauwatosa. A small convenience fee applies to credit card payments.
- ☐ Site plan sketch (parades/races should include start/end points).
- ☐ Parking plan that accommodates the number of estimated vehicles, please note how many vehicles.
- ☐ Certificate of Insurance (must have a minimum liability of \$1 million per occurrence and name the City of Wauwatosa and its employees as an additional insured).
- ☐ If the tents will be 400 sq. ft. or more, you have to file a separate Tent Permit through Fire Department
- ☐ If you plan fireworks, you have to file a separate Fireworks Permit through the Fire Department
- ☐ Plan to notify affected residents/businesses.



RAYSGRO-01

LKOECKENBERG

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/24/2023

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

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

PRODUCER Robertson Ryan - Mequon 12308 North Corporate Parkway, Suite 600 Mequon, WI 53092	CONTACT NAME: Lori Koeckenberg	
	PHONE (A/C, No, Ext): (262) 478-3252 252 FAX (A/C, No): (262) 478-3260	
	E-MAIL ADDRESS: lkoeckenberg@robertsonryan.com	
INSURED Ray's Growler Gallery LLC 8930 W North Avenue, Suite G Wauwatosa, WI 53226	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: WEST BEND MUTUAL INSURANCE COMPANY	15350
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		2132831	9/2/2022	9/2/2023	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				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.

CERTIFICATE HOLDER

City of Wauwatosa & Its Employees
7725 W North Avenue
Wauwatosa, WI 53213

CANCELLATION

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

AUTHORIZED REPRESENTATIVE