



City of Waukesha

cp

201 Delafield Street
Waukesha, WI 53188
Phone: 262-524-3501
Fax: 262-524-3888

SPECIAL EVENT APPLICATION

(Events with anticipated attendance in excess of 400)

clerktreas@ci.waukesha.wi.us
www.ci.waukesha.wi.us

NEW EVENT

REPEAT EVENT

FEEs: Daily fee \$25 / Seasonal Fee \$150

EVENT INFORMATION

Name of Event: Run from the Cops 5K Fun Run/Walk

Date(s) of Event: August 19, 2016

(Application must be submitted to Clerk's Office no later than 20 business days before the proposed event)

Name of Sponsoring Organization (if applicable) Waukesha Citizens Police Academy Association Inc. (WCPAA)

- Non-Profit Group Tax Exempt #: 46-3291553
- For Profit
- Other, please describe _____

Location(s) of Event: (attach map) Veterans Park, Downtown Waukesha and Frame Park

Time Set-up Begins: 1600 hours Time Event Begins: 1730 hours registration Ends: 2200 hours

Description/Purpose of Event: Provide visibility for the WCPAA, Inc. Build partnership with the Citizens of Waukesha, WPRF, community stakeholders and business owners.

Estimated Attendance (400+): 500 people based on Previous 2 years entries.

***MAP ATTACHMENT IS REQUIRED LISTING REQUESTED AREAS FOR CLOSURE AND PURPOSES INCLUDING ANY SIDEWALK VENDING.**

CONTACT INFORMATION

Contact person for event: Sergeant Jerry Habanek

Address: 1901 Delafield Street

City/State/Zip: Waukesha, WI 53188

Cell Phone: 262-893-6644 Contact Number for Day of Event: 262-893-6644

Email Address: Ghabanek@ci.waukesha.wi.us

SECURITY PLAN

Please include number of hours, location of deployment of personnel and equipment that will be provided: We will have volunteers at all parts of the race course monitoring safety and security of the event.

Has this event been discussed with the Police Department? Yes No

Will any additional City services be required? Yes No

If yes, please explain: City garage cones and barricades. Park rec trailer.

EVENT INFRASTRUCTURE

Please check the following applicable items regarding your event:

- Entry fee or donations
- Sales of goods or merchandise*
- Sales of food*
- Staging
- Tents
- Filming/Movie production
- Amplified Sound or Music
- Other: _____

*Additional Sidewalk Vending Permit may be required.

EMERGENCY ACTION PLAN

Items to consider: • First Aid • Weather • Crowd Control • Lost Child • Emergency Response

Do you have an emergency action plan? Yes

INDEMNIFICATION & HOLD HARMLESS AGREEMENT

In consideration of the issuance of a Special Event Permit and pursuant to the provisions of section 8.116 of the City of Waukesha Municipal Code, the undersigned **Waukesha Citizens Police Academy Association, Inc** (licensee), hereby agrees to indemnify and hold harmless the City of Waukesha, its officers, employees, agents and other contractors from and against all claims, demands, costs, judgments, losses, liabilities and/or damages of any kind or nature, including actual attorney fees, arising out of or relations to any activity or incident arising in connection with or in any way incident to the use of the public right of pursuant to the issuance of a special event permit. The undersigned warrants and represents specific authority to enter in to this agreement on behalf of the licensee.

I acknowledge that as applicant for this special event, I am responsible for the clean-up and removal of all debris as a result of the organized activity or event regulation by this section. (GFH Initial)

I also understand that cost incurred by the City shall be reimburse for "extraordinary damage" or any additional city personnel, equipment, services needed to address issues including, but not limited to traffic control, security, clean-up, sanitation and safety. The applicant shall pay the actual costs for use of such personnel, equipment or services. (GFH Initial)

PROOF OF INSURANCE NAMING THE CITY AS AN ADDITIONAL INSURED IS ATTACHED.

Applicant Name (Please print) Gerald F. Habanek

Signature of Applicant  Date 5-26-16

COMPLETE APPLICATION INCLUDES

Complete applications are required no later than 20 business days prior to any proposed event in order to obtain approval. Application will not be accepted without all documentation. Complete application includes:

- Completed Special Event Application
- Detailed map of the event layout or route
- Daily fee of \$25 or Seasonal fee of \$150
- List Sidewalk Vendors or other activities and their proposed locations
- Agreements with other city departments (Park/Rec, Police, etc) – if applicable
- Proof of Insurance: The City requires that all organizers of Special Events provide liability insurance. An event sponsor shall be required to provide a valid certificate of insurance evidencing limits of liability not less than \$1,000,000 and name the **City of Waukesha, 201 Delafield Street, Waukesha, WI 53188** as an additional insured and certificate holder.

DEPARTMENT APPROVALS / FOR OFFICE USE

Police _____ Fire _____ Engineering _____ Transit _____

WPRF _____ Attorney _____ City Administrator _____ Finance _____

Approved Denied City Clerk's Office _____ Date _____



CERTIFICATE OF LIABILITY INSURANCE

OP ID: ST

DATE (MM/DD/YYYY)

05/09/2016

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

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

PRODUCER American Advantage - Lindow P.O. Box 6 Waukesha, WI 53187 Daniel M. Lindow	CONTACT NAME: Daniel M. Lindow	FAX (A/C, No): 262-548-0803	
	PHONE (A/C, No, Ext): 262-548-8070	E-MAIL ADDRESS:	
PRODUCER CUSTOMER ID #: WAUKE03			
INSURED Waukesha Citizens Police Academy Association Inc 1901 Delafield Street Waukesha, WI 53188	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Capitol Indemnity Corporation		
	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.

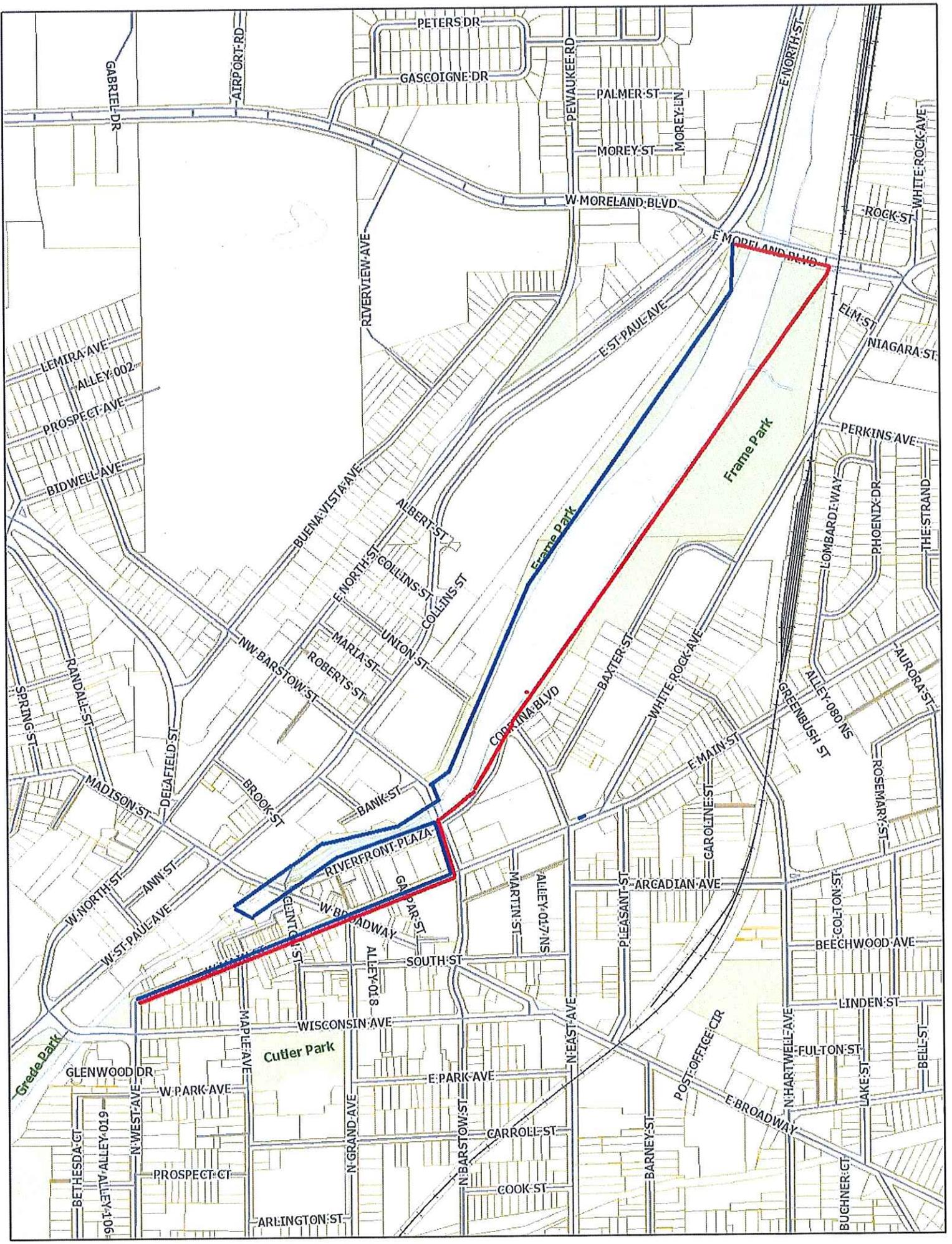
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY			CP02197794	04/10/2016	04/10/2017	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ 2,000,000	
	AUTOMOBILE LIABILITY							PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> ANY AUTO							\$	
	<input type="checkbox"/> ALL OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$	
								\$	
								\$	
	UMBRELLA LIAB						EACH OCCURRENCE	\$	
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$	
	<input type="checkbox"/> OCCUR							\$	
	<input type="checkbox"/> CLAIMS-MADE							\$	
	DEDUCTIBLE							\$	
	RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

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

CERTIFICATE HOLDER**CANCELLATION**

City of Waukesha Police Department 1901 Delafield St Waukesha, WI 53188	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 <i>Daniel Lindow</i>

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Public Special Event Application
 (Includes Large-Scale Public Gatherings)

Office Use
Date Received _____
Time _____ Initials _____
Permit # _____
Invoice # _____

Please fill in the information below and return to Waukesha Parks, Recreation & Forestry Department (WPRF) office along with \$50 non-refundable application fee. Please print using blue or black ink.

General Information

Name/ Description of Event Run from the Cops Organization WCPAA, Inc.
 Organization Website www.runfromthecops.waukesha.com Tax Exempt number (attach proof) 46-3291553
 Name of Event Coordinator Sergeant Jerry Habanek
 Address 1901 Delafield St City Waukesha State WI Zip 53188
 Email Ghabanek@ci.waukesha.wi.us Fax 262-524-3914
 Day Phone 262-524-3769 Evening Phone _____ Cell 262-893-6644
 Name of Alternative Contact Mr. Joel Herbrand Email Jherb472@gmail.com
 Day Phone _____ Evening Phone _____ Cell 262-364-6854

Event Information

Date(s) August 19, 2016 Attendance per Day est. 500 runners
 Facility and/or park areas requested Veterans Park and Frame Park pathway around river be specific
 Event hours: 1600-2100 hours Set-up begins 1600 hours Clean-up ends 2200 hours

Will Wine/Beer be served?	Yes	<input checked="" type="radio"/> No	If yes, contact City Clerk at 262-524-3550
Will Wine/ Beer be sold?	Yes	<input checked="" type="radio"/> No	If yes, contact City Clerk at 262-524-3550
Will Food be given away?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Bananas, cookies and donuts at end of race
Will Food be sold?	Yes	<input checked="" type="radio"/> No	If yes, contact County Health 262-896-8300
Will admisson fee be charged?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Amount? \$20-\$35 per runner. All proceeds to WCPAA, Inc.
Will entry fee be charged?			
Will fees be charged for merchandise?	Yes	<input checked="" type="radio"/> No	
Will Signs, displays, objects be placed on Park property?	Yes	<input checked="" type="radio"/> No	Where? <u>Police and Fire vehicles</u>
Will you have security?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Who? <u>Police and volunteers</u>
Will you have items left overnight?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	What? <u>Porta potties waiting for pickup by Veterans Park</u>
Have you received a Special Event Handbook?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Do <u>not</u> sign application until you read and understand.
Will you need Street Closures?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, contact Police Department 262-524-3831
Will you need No Parking Areas?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, contact City Clerk at 262-524-3550

Additional Equipment available from WPRF for a fee

Picnic Tables	Yes	<input checked="" type="radio"/> No	How many? (max. 24) _____
Trash barrels	<input checked="" type="radio"/> Yes	<input type="radio"/> No	How many? <u>30</u>
Water Hook up	Yes	<input checked="" type="radio"/> No	Needed for? _____
Electricity - WPRF can provide limited service.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Trash liners (100 bags per package)	Yes	<input checked="" type="radio"/> No	How many packages? _____
Toilet Paper	Yes	<input checked="" type="radio"/> No	Number of rolls? _____

Additional Equipment provided by sponsor

Electricity- Generators	Yes	<input checked="" type="radio"/> No	How many? _____
Tent/ canopy	<input checked="" type="radio"/> Yes	<input type="radio"/> No	How many? <u>6</u> Size(s) <u>10X10</u>
Portable Toilets	<input checked="" type="radio"/> Yes	<input type="radio"/> No	How many? <u>3</u>
Inflatable/ moonwalk	Yes	<input checked="" type="radio"/> No	Describe? _____
Amplified sound	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Purpose/type <u>Announce Race</u>
Golf Carts/ Motorized vehicles	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Attach list of vehicles <u>Golf Cart</u>
Other _____	Yes	<input checked="" type="radio"/> No	

By signing below, the signee states that the information given on this form is true and accurate. The signee also understands that he/she will be held accountable for all information/policies set forth in the Public Special Events Handbook, City of Waukesha Ordinances and Wisconsin/ United States Legislature.

Signature _____

Date 05-02-16