

Village of Palmyra Special Event Application

To apply for a Special Event Permit, submit your application and any attachments at least 45 days before your event date to the Village Clerk. You can send your materials by mail, drop them off in the Municipal Center drop box, or deliver them in person during business hours (Monday - Thursday, 8:00 a.m. to 4:00 p.m. and Friday from 8:00 a.m. to 12:00 p.m.). Approval from the Village Board is required for Special Event Permits, and recommendations from relevant committees may be necessary. **The Special Event Applicant must attend the Village Board meeting to answer questions about the application. This is necessary for the Village Board to consider the application for approval.**

Application Checklist (application will not be considered without this information):

☐ **SITE PLAN REQUIREMENT:** All applicants are required to submit a detailed site plan/map. Site plans/maps must include location, any street closures, barricades, parade routes, stages, alcohol sale locations, tents, etc.

SPECIAL NOTE: The Village Board recommends obtaining a **CERTIFICATE OF LIABILITY INSURANCE** for special events open to the public or exceeding 100 attendees. The insurance policy should have a minimum limit of \$1,000,000 in place for the special event. For special events where alcohol will be present, the policy should be endorsed to include liquor liability. The Village of Palmyra should also be named as additional insured and the certificate should be sent to the Village Clerk's office with this application and all other required documents and fees.

Section 1: Application Information

Full Name: Ashley Pieper
Organization Name (if applicable): PEHS Student Council - Homecoming
Mailing Address: 123 Burr Oak St Palmyra WI
Email Address: apieper@peahs.org
Daytime Phone: 202-495-7101 ext 2410 Cell Phone: 920-728-4410
Are you a: ☒ Business/Individual OR ☐ Non-Profit Organization
If Non-Profit, Tax Exempt Number (EIN): _____

Section 2: Event Details

Event Name: Homecoming Parade
Brief Description of Event: *Describe the event so officials can determine whether additional services are needed.*
Show our Palmyra-Eagle Pride w/ the homecoming parade

Event Type (check all that apply):

☐ Walk/Run

☐ Car Show

☒ Parade

☐ Farmers' Market

☐ Concert

☐ Other: _____

☐ Festival

Proposed Event Date(s): Sept. 25, 2020 @ 4pm

Alternate Event Date(s): _____

Event Start Time: 4pm ^{3:45pm} line-up @ beach Setup Start Time: 3:45pm
Event End Time: 4:45pm Cleanup End Time: 5:00pm
Estimated Attendance: 20-25 floats, vehicles, walkers

Section 3: Event Location

Specific Location(s) within the Village: Examples: [Park Name], Main Street, [Specific Address], etc.

start beach, end at Palmyra United Methodist Church

Is a map of the event layout attached?

☒ Yes

☐ No

but open to adjustments

Site Plan: Complete page 3 of the application with a drawing of the event area, including a layout of buildings, tents, streets, and other elements that will be utilized during your event.

Section 4: Event Services and Activities

Will alcohol be served or sold? ☐ Yes ☒ No

*** The sale of alcohol requires a separate Temporary Alcohol License issued to bona fide organizations only. If answering yes, please attach a Temporary Alcohol License Application. Questions, contact the Village Clerk. *** If answering yes, and if required by the State, a copy of the applicant's current Wisconsin Sellers Permit shall be submitted with this application.

Will food be served or sold? ☐ Yes ☒ No

Will there be vendors? ☐ Yes ☒ No

If yes, how many? _____

Will there be amplified sound (e.g., microphones, loudspeakers, music)? ☒ Yes ☐ No

Will fireworks be included in the event? ☐ Yes ☒ No

***If yes, additional permits and documentation are required.

SECTION 4A: TO BE COMPLETED BY PUBLIC SAFETY DIRECTOR & PUBLIC WORKS DIRECTOR:

Will this event require additional village services? ☐ Yes ☐ No

If yes, please check all that apply: ☐ Police ☐ Fire ☐ EMS ☐ Public Works

Section 5: Applicant Certification and Signature

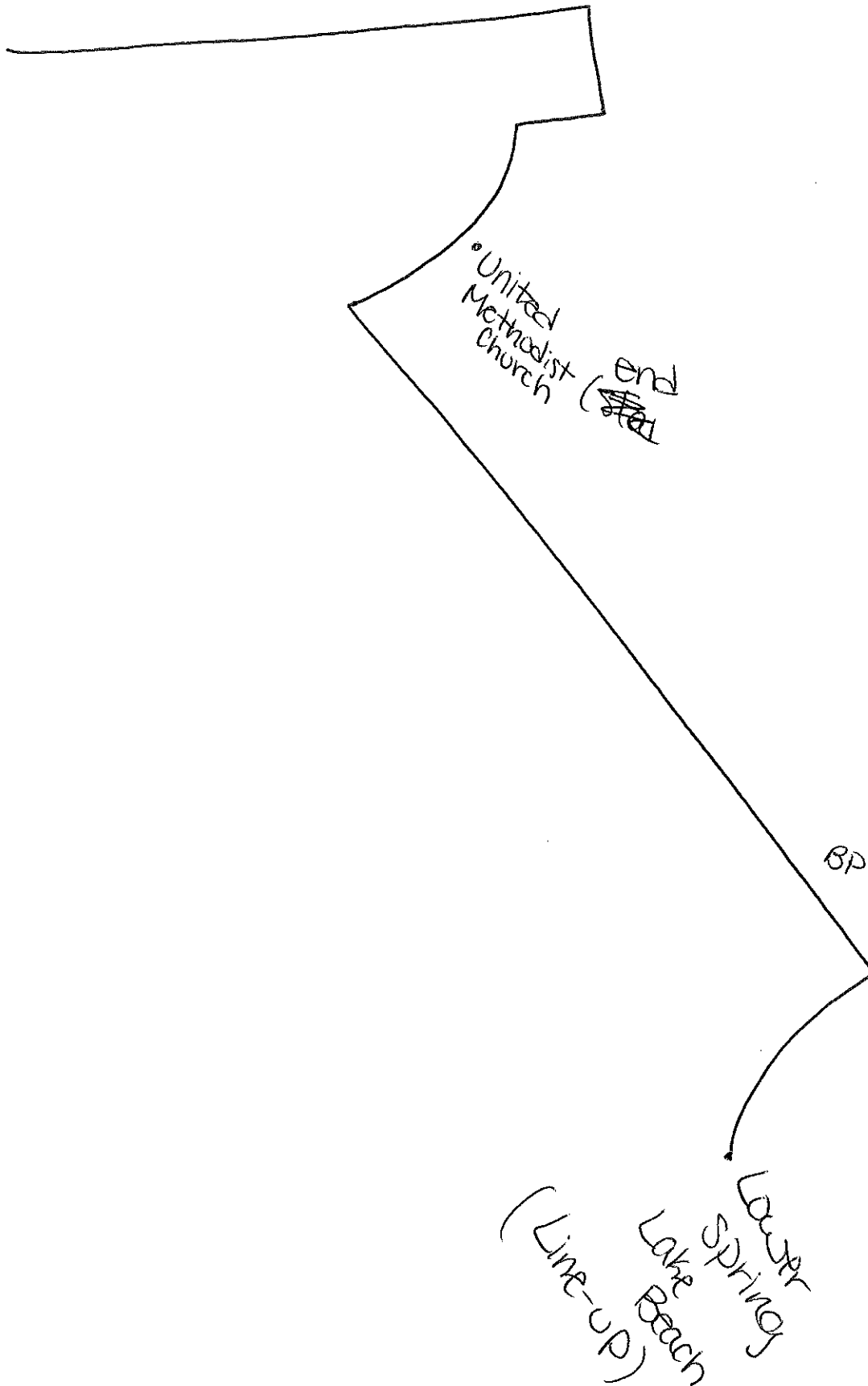
I have read and understand the rules and regulations governing special events in the Village of Palmyra and agree to abide by them.

I agree to indemnify and hold harmless the Village of Palmyra for any and all claims, damages, or losses resulting from this event. I understand and shall immediately notify the Village of any damage to Village and Park property. I understand that I will be responsible for all damages to Village and Park property caused as a result of a special event. This shall include damages as a result of setup or tear down of a special event.

I attest that all information provided in this application is accurate. I understand that incomplete applications may be rejected and that a permit is required before the event can take place.

Applicant Signature: [Signature] Date: 9-10-20

SITE PLAN



THIS SECTION FOR OFFICE USE ONLY:

Date Filed: _____ Permit Fee: \$ _____

Received By: _____

Department or Permit(s) Determination:

☐ *Village Board: (Special Event Application)*

Decision Date: _____

☐ Approved ☐ Denied

Comments: _____

☐ *Village Board: (Temporary Alcohol License)*

Decision Date: _____

☐ Approved ☐ Denied

Comments: _____

☐ *Park Reservation/Pavilion Reservation: Recreation & Parks Committee:*

Decision Date: _____

☐ Approved ☐ Denied

Comments: _____

☐ *Department of Public Works or WWSS Committee:*

Decision Date: _____

☐ Approved ☐ Denied

Comments: _____

☐ *Police, Fire & EMS Department Review:*

Decision Date: _____

☐ Approved ☐ Denied

Comments: _____

Further Comments or Requirements for Approval:

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/2/2026

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 R&R Insurance Services, Inc. P.O. Box 1610 Waukesha, WI 53187-1610	CONTACT NAME: Ashley Pettit		
	PHONE (A/C, No, Ext): (262)574-7000	FAX (A/C, No): (262)574-7080	
	E-MAIL ADDRESS: Ashley.Pettit@rrins.com		
INSURED Palmyra Eagle Area School District 123 Burr Oak Street Palmyra, WI 53156	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Community Insurance Corporation		
	INSURER B: Accident Fund Insurance Company		10166
	INSURER C:		
	INSURER D:		
	INSURER E:		
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 838859

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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. *Not Applicable in WY

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	☒ COMMERCIAL GENERAL LIABILITY			SGL2227325	07-01-2026	07-01-2027	EACH OCCURRENCE	\$ 5,000,000
	☐ CLAIMS-MADE ☒ OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$	
	School Board Legal Liab		MED EXP (Any one person)				\$	
	Auto Liability		PERSONAL & ADV INJURY				\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	\$
	☒ OTHER: No Aggregate							\$
A	☒ AUTOMOBILE LIABILITY			SGL2227325	07-01-2026	07-01-2027	COMBINED SINGLE LIMIT (Ea accident)	\$ See Above
	☒ ANY AUTO		BODILY INJURY (Per person)				\$	
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
								\$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	\$
	☐ EXCESS LIAB ☐ CLAIMS-MADE		AGGREGATE				\$	
	☐ DED ☐ RETENTION \$						\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			100040717	07-01-2026	07-01-2027	☒ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	\$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

CERTIFICATE HOLDER

CANCELLATION

Village of Palmyra
PO Box 380
Palmyra, WI 53156

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

