

SPECIAL EVENT AND ENTERTAINMENT APPLICATION

(Outdoor Event That May Disrupt Normal Use of Airport Facilities)

Baraboo-Dells Airport, Administrative Committee, 101 South Blvd., Baraboo, WI 53913
(608)355-2700 or (608)356-9666 (fax)

Per the Administrative Comm: Any person operating, conducting or managing any outdoors exhibition, airshow, or entertainment where the general public is invited – shall obtain a license / permit. \$50 non-refundable fee is due at the time of application.

Name of Organization: _____

Address of Organization: _____

Contact Person @ Organization: _____ Title: _____

Name of Sponsor: _____
(person responsible for this event)

Address: _____

Telephone Numbers: (include all possible Contact numbers) _____

Name of Secondary Contact Person: _____

Telephone Numbers: (include all possible Contact numbers) _____

Name of Event: _____

Describe Event: (attached copy of any promotional material you will be distributing for this event)

Check Types of Activities Being Planned: (Some activities may require additional licenses)

- | | | | |
|---------------------------------------|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Air Show | <input type="checkbox"/> Craft Show | <input type="checkbox"/> Dance | <input type="checkbox"/> Amplified Music |
| <input type="checkbox"/> Auto Show | <input type="checkbox"/> Concessions | <input type="checkbox"/> Flea Market | <input type="checkbox"/> Un-amplified Music |
| <input type="checkbox"/> Other: _____ | | | |

Estimated Crowd Attendance: _____

Date(s) of Event: _____ Duration: (Start) _____ (Finish) _____

If less than full day, specify hours: _____

Exclusive Vending Rights Desired? (Means Event Organizer will schedule and place vendors at specific locations)

Yes Proposed Vendor Fees: _____

No Number of Vendors Desired: _____

If yes, List Vendor Contact Person Name: _____

Address: _____ Phone# _____

Highway, street name(s), intersections and specific areas that will be closed or impaired from normal use as a result of this event: (include a map)

Handicap Parking Guidelines (where applicable):

of handicap spaces proposed: _____

Insurance Requirements: Please provide required certificate of insurance at least 30 days prior to the event. Sponsor understands that permission will not be granted until the required proof of insurance wherein the City of Baraboo, Village of Lake Delton, and Town of Delton is named as additional insured is received. Required limits are contractual liability with minimum limits of \$300,000 for the injury or death of one person, \$50,000 for property damage, and \$1,000,000 coverage for the event. If the event is an Airshow with performers, coverage of \$5,000,000 is required.

Notice of Termination of Event: A license may be terminated by the City of Baraboo Administrative Committee before or during the event.

Emergency Access Routes: An unobstructed access lane of at least 18 feet wide and continuous must be maintained.

Clean-Up: The Sponsor of the event shall be responsible for the cleanup of all Airport or other properties within the area of the permit.

Signature of Sponsor: _____ Date: _____

Must be Co-Signed by an Officer of the Organization:

Signature

Printed Name

Title

Date

Application Approval Process: If Airport property is involved.

Estimated Time is 60 days

Baraboo Administrative Committee: (Receives Application, Routes for Internal Review)



Departmental Reviews: Manager, FBO (Prepare estimates and report to Committee)



Administrative Committee: Grants / Denies Application-Request)

For Office Use Only
Department Head Review, Approval and Conditions

Airport Manager: Approved Denied

Signature (Manager) Date

Estimated cost of Departmental Personnel: \$ _____

Special Requirements / Conditions: _____

Fixed Base Operator: Approved Denied

Signature (Operator) Date

Estimated cost of FBO Personnel: \$ _____

Special Requirements / Conditions: _____

Administrative Committee: Approved Denied

Signature (Chairman) Date