

Date: Monday, August 15, 2016
Time: 4:45 pm
Place: Westside Fire Station

PUBLIC SAFETY COMMITTEE

- A. CALL TO ORDER & ROLL CALL
- B. CORRECTION OF MINUTES
- C. ANY APPEARANCES FROM THE PUBLIC
- D. BUSINESS PRESENTED BY POLICE DEPARTMENT

1. CONSIDER SPECIAL EVENT PERMIT APPLICATIONS FOR RECOMMENDATION TO COMMON COUNCIL

The Committee will discuss and possibly approve the following special event applications:

- 1. FAITH Addiction Awareness of Green County 5K Run and Walk
- 2. Green County Agricultural Society Cheese City Challenge Truck and Tractor Pull
- 3. Alzheimer's and Dementia Society of Wisconsin 2016 Green County Alzheimer's Walk

A detailed description of the events and copies of the applications are attached.

Individual Requesting Item	Chief Kelley
Expected Length of Discussion	10 minutes

Documents:

[DETAILS OF SPECIAL EVENT APPLICATIONS.doc](#)
[SPECIAL EVENT APPLIC faith addiction awareness 5k run 2016.pdf](#)
[SPECIAL EVENT APPLIC fair tractor pull 2016.pdf](#)
[SPECIAL EVENT APPLIC alzheimers walk 2016.pdf](#)

2. PARKING ENFORCEMENT PROGRAM

The Committee had requested the Police Chief, Director of Public Works and Asst City Administrator provide further information after talking with a possible parking enforcement vendor. This information will be discussed with the Committee, along with possible funding sources for a parking enforcement program, regardless of whether the program is done internally or by third party. The committee may take action regarding next steps.

Individual Requesting Item	Chief Kelley
Expected Length of Discussion	30 minutes

E. BUSINESS BY MEMBERS

May make brief informative statements or bring up items to be discussed at a future meeting.

F. ADJOURNMENT

This Committee may take any action it considers appropriate related to any item on this agenda.

Request from persons with disabilities who need assistance to participate in this meeting, including need for an interpreter, materials in alternate formats, or other accommodations, should be made to the Office of the City Clerk at (608) 329-2564 with as much advance notice as possible so that proper arrangements can be made.

Notice is hereby given that a majority of the members of the Common Council of the City of Monroe may be present at this meeting to gather information about the matters set forth on this agenda. This notice is given pursuant to the Wisconsin Open Meetings Law.

Members: Chairperson Chris Beer, Tom Miller, Brooke Bauman, and Alternate Ron Marsh

DETAILS OF SPECIAL EVENT APPLICATIONS:

1. Resolution by the Public Safety Committee to recommend the approval of a special event application from the FAITH Addiction Awareness of Green County to hold a FAITH Addiction Awareness of Green County 5K Run and Walk, on August 27, 2016, from 8:00 AM to 11:00 AM, beginning and ending at the Monroe Clinic, and traveling over a route preapproved by the Police Department. The Police Department is directed to provide traffic control for the event as needed, including the use of overtime personnel. A certificate of insurance indemnifying the City of Monroe in the amount set by City Code is required and attached to the permit, along with any other required permits or special requirements. For purposes of this event, the special event area is that area within Monroe Clinic property and within 100 feet of run route while in progress. No other events or similar activities, other than those authorized by law, may take place in the same location and at the same time as this event.

2. Resolution by the Public Safety Committee to recommend the approval of a special event application from the Green County Agricultural Society to hold a Green County Agricultural Society Cheese City Challenge Truck and Tractor Pull at the Green County Fairgrounds on August 28, 2016, from 1:00 PM to 6:00 PM. The event includes a tractor and truck pull. The Police Department is directed to patrol this event to maintain public order and safety as needed, including the use of overtime personnel. A certificate of insurance indemnifying the City of Monroe in the amount set by City Code is required and is attached to the permit, along with any other required permits or special requirements. A restroom plan for the event is approved. For purposes of this event, the special event area is that area within the fairgrounds, a private property. No other events or similar activities, other than those authorized by law, may take place in the same location and at the same time as this event.

3. Resolution by the Public Safety Committee to recommend the approval of a special event application from Alzheimer's and Dementia Alliance of Wisconsin to hold the 2016 Green County Alzheimer's Walk, September 10, 2016, from 7:30 AM to 11:00 AM, beginning and ending at the Behring Senior Center, and traveling over a route preapproved by the Police Department. A certificate of insurance indemnifying the City of Monroe in the amount set by City Code is attached, along with any other required permits or special requirements. For purposes of this event, the special event area is that area within the Behring Senior Center property during the event, and within 100 feet of the walk while in progress. No other events or similar activities, other than those authorized by law, may take place in the same location and at the same time as this event.

City of Monroe Special Event Permit

Received in City Clerk's Office on 6/24/16
By [Signature] Date 6/24/16

RETURN APPLICATION BY:

Thank you for being willing to plan a community celebration or special event. This permit application form will provide the City information needed to assist you in sorting through departments and types of requirements needed to obtain proper permits and inspections so as to assist us all in creating a safe and lawful event.

Please fill out as completely as possible and attach additional information if necessary.

Return to City Clerk's Office.

Special events are governed by city ordinances and organizers are responsible for all necessary permits, trash and litter pickup, and for damage to any property, as well as possible billing for city services. The organization/organizer agrees to be responsible for the supervision of the event and conduct of persons present.

1. Name and Address

a. Name, address and telephone number of Sponsor:

Name: Jessie Krunder
Address: 9315 Astorway
Monroe, LA 70506
Phone: _____
Person in Charge: Jessie Krunder

FAITH Addiction Awareness
of Green County

b. Names, addresses and telephone numbers of not less than three (3) individuals who will hold positions of responsibility with respect to the Special Event:

Name: <u>JACQUE LAMBERT</u>	Name: <u>Mollen Moon</u>	Name: <u>Angie Klossman</u>
Address: <u>103816 Astorway</u>	Address: <u>214 Wrench</u>	Address: <u>250 11th Ave</u>
<u>Monroe, LA</u>	<u>Monroe, LA</u>	<u>Monroe, LA</u>
Phone: <u>214 9156</u>	Phone: <u>305 2494</u>	Phone: <u>214 9666</u>

fax permits - 1

2. Convictions A statement of any conviction of the Sponsor, any officer or director of the Sponsor, the person in charge, and the three (3) individuals listed under 1b above, for any violation of any criminal law or municipal ordinance other than traffic violations. Such statement shall include a statement of the nature of the offense and the punishment or penalty assessed therefore.

3. Description of Special Event

NAME OF EVENT: FAITH Addiction Awareness of Green County

TYPE OF EVENT: 5K run / walk

(Example: run, walk, parade, festival, neighborhood event)

LOCATION OF EVENT: Monroe Clinic

NUMBER OF YEARS THIS EVENT HAS BEEN IN EXISTENCE: 1

NUMBER OF PEOPLE ANTICIPATED: 300

PEAK HOURS OF EVENT: 7 AM - 10:30 AM

ESTIMATED CROWD SIZE DURING PEAK HOURS: 350

NUMBER OF PEOPLE AT LAST EVENT: 300

WILL THIS YEARS EVENT INCLUDE, USE OR PROVIDE (indicate "yes" or "no")
 No Yes No Yes No Yes No Yes
 No Yes No Yes No Yes
 No Yes No Yes

ARE YOU CHARGING FOR PARKING, PARTICIPANT FEES OR ANY TYPE OF ADMISSION OR SPECTATOR FEES? PLEASE EXPLAIN. Char fee \$200

ARE YOU SELLING CONCESSIONS? PLEASE EXPLAIN. no

HAVE PROVISIONS BEEN MADE FOR PORTABLE/PERMANENT RESTROOMS? ATTACH PLAN FOR ANY NEEDED PORTABLE RESTROOMS, INCLUDING NUMBER RENTED AND COPY OF RENTAL AGREEMENT. Monroe Clinic Restrooms

NUMBER OF SITES AND LOCATIONS WHERE MONEY WILL BE HANDLED. Monroe Clinic

THE EVENT IS RESPONSIBLE FOR TRASH AND LITTER CONTROL. HOW WILL THIS BE HANDLED? Trash cans @ Clinic. Volunteer pickup any trash

WILL ANYTHING BE SERVED IN GLASS, METAL OR PLASTIC CONTAINERS? (if yes, please attach a copy of your recycling plan) yes no

PLEASE INDICATE ANY ADDITIONAL SECURITY MEASURES BEING TAKEN AND DESIGNATE HEAD OF SECURITY IF APPLICABLE (private security, fences, persons checking identification, etc.) Police to help with crossing 15th Ave

IF STREET CLOSURES ARE REQUESTED, please indicate exact requested location, dates and times, including setup and take down (attach map and site plan of the area)

PLEASE INDICATE ANY NEED FOR POLICE SERVICES OR ANY OTHER CITY SERVICES. Police to help with crossing 15th Ave

If special services are necessary, the applicant must likely will be required to make reimbursement to the City of Monroe for the total number of labor hours performed at an overtime rate of pay.

PLEASE INDICATE ANY PLANS THAT HAVE BEEN MADE FOR MEDICAL SERVICES AND FIRST AID. EMS on Starling

WILL THERE BE ANY COOKING WITH FLAMMABLE LIQUIDS OR GASES OR POTENTIALLY DANGEROUS COOKING APPLIANCES? no

PLEASE DESCRIBE ANY OTHER DETAIL OF YOUR EVENT NOT ALREADY COVERED. YOU MAY ATTACH AN ADDITIONAL PIECE OF PAPER.

****YOU MUST SUBMIT PLANS FOR LARGE TENTS AND A DETAILED MAP OR DIAGRAM OF THE ENTIRE SPECIAL EVENT AREA INCLUDING PARKING AREAS.**

4. Term of Permit Special Event Begins: Date: 8/27/16 Hour: 8:00
Special Event Ends: Date: 8/27/16 Hour: 11:00
Hours of operation each day (attach separate sheet if necessary) From: _____ To: _____

5. Prior Suspensions or Revocations A statement of any prior suspension or revocation of a Special Event permit of the Sponsor or any individual who will hold a position of responsibility with respect to the Special Event _____

6. Mapped Routes When the proposed Special Event will feature foot or bicycle races, runs, rides or parades, the Sponsor shall submit the proposed route at the time of filing the application _____

7. Vendors Is Sponsor requesting suspension of vendors (Vendors, Canvassers, Peddlers) that are not associated with Special Event? If yes, describe area in which vendors are suspended during special event: N/A

THE CITY REQUESTS THAT ALL NEIGHBORS/BUSINESSES IN THE CLOSED AREA BE NOTIFIED.
HAVE THE REQUIRED LEVELS OF INSURANCE INDEMNIFYING THE CITY BEEN OBTAINED?
ATTACH COPY OF INSURANCE CERTIFICATE TO COMPLETED SPECIAL EVENT PERMIT APPLICATION. (PLEASE NOTE INSURANCE REQUIREMENT THAT THE CITY OF MONROE BE NAMED AS AN ADDITIONAL INSURED ON THE CERTIFICATE OF INSURANCE)

TYPE OF SPECIAL EVENT: _____ EXEMPT _____ NON-EXEMPT X
FEES: \$0.00 \$25.00 7-11-16
(NO REFUND ON FEES)

The applicant agrees to indemnify and save harmless the City against all liabilities, claims, demands, and losses, including costs, expenses, and reasonable attorney fees, for injury or death of any individual or loss or damages to the property of any person arising from any activity undertaken pursuant to a permit issued under this chapter. Applicant agrees to provide insurance binder or certificate of insurance as required by 3-13-10 INSURANCE REQUIREMENTS (Attached). Applicant further agrees to comply with 3-13-13 SPECIAL EVENT REGULATIONS (Attached).

WITNESSED BY _____
SIGNATURE OF APPLICANT/DATE: Spencer Henderson 8/27/16

TO BE COMPLETED BY CITY OF MONROE

Approved by: [Signature]

Fire Chief

Police Chief

[Signature]
Building Inspector

[Signature]
City Clerk

Approved by Public Safety Committee on: _____
Approved by City Council on: _____

Call when ok
to pay

608.214.9156

Jacobi



CITY OF MONROE
1110 18th Avenue, Monroe, WI 53566
Phone (608) 329-2524 FAX (608) 329-2561

Application for Amplified Sound & Background Music Permits

To The City of Monroe:

The undersigned most respectfully makes application for a permit under section 9-4-20 of the Monroe City Code subject to all applicable conditions, regulations, and provisions of all state statutes and city ordinances & resolutions regarding issuance of said permit.

Please indicate with an X the type of permit you are applying for and the dates you are requesting for your permit.

Amplified Sound Permit - Permit for voice or other sound, other than background music, that is amplified by a mechanical or electronic device, or multiple mechanical or electronic devices, whenever the sound amplified is intended to be audible outside a dwelling or business enclosure by an audience located within a geographically defined area. Holders of this type of permit are exempt from maximum permissible sound levels, but are subject to nuisance sound regulations. This permit may also authorize multiple amplified sound events if such events are part of a series of coordinated events sponsored by a single person, company or organization.

- \$10.00 daily permit (cost is \$10 per day)
Dates Requested: August 27th 2016
- \$100.00 monthly permit
Date Range of Month Requested: _____
- \$400.00 annual permit through June 30th, 20__

Background Music Permit – Permit for amplified music that plays continuously for extended periods of time and that is intended to serve as a background for other activities that occur within a geographically defined area such as shopping or dining and that is audible in a public area outside a building or structure. Holders of this type of permit are subject to maximum permissible sound levels and nuisance sound regulations.

- \$10.00 monthly permit
Date Range of Month Requested: _____
- \$75.00 annual permit through June 30th, 20__

Both aforementioned types of permits are applicable to use of any musical instruments. All permits will expire on a date certain which shall be no later than the next succeeding June 30th following issuance.

Applicant(s): Jacobi Kunder

Telephone number: (608) 328-2832

Address: 153815 Ardmore Way Monroe WI 53866
(Street) (City) (State) (ZIP)

Permit Location (geographically defined area): Monroe Clinic property

Date of Application: 6-24-16

Signature of Applicant(s): [Signature]

Applicants Stop Here! Do not write below this line!

These Sections for Office Use Only!

Date paid: 7-14-16 Total amount paid: 10 (Acct# 5-519 background music) (Acct# 5-501 amplified sound)

Approved at Public Safety Committee meeting held on (For Long Term Amplified Sound Permits)

X Approved by City Clerk (For Short Term Amplified Sound and Background Music Permits)

Disapproved (reason)

Special Conditions of Approval:

Amplified Sound or Background Music Permit Issuance

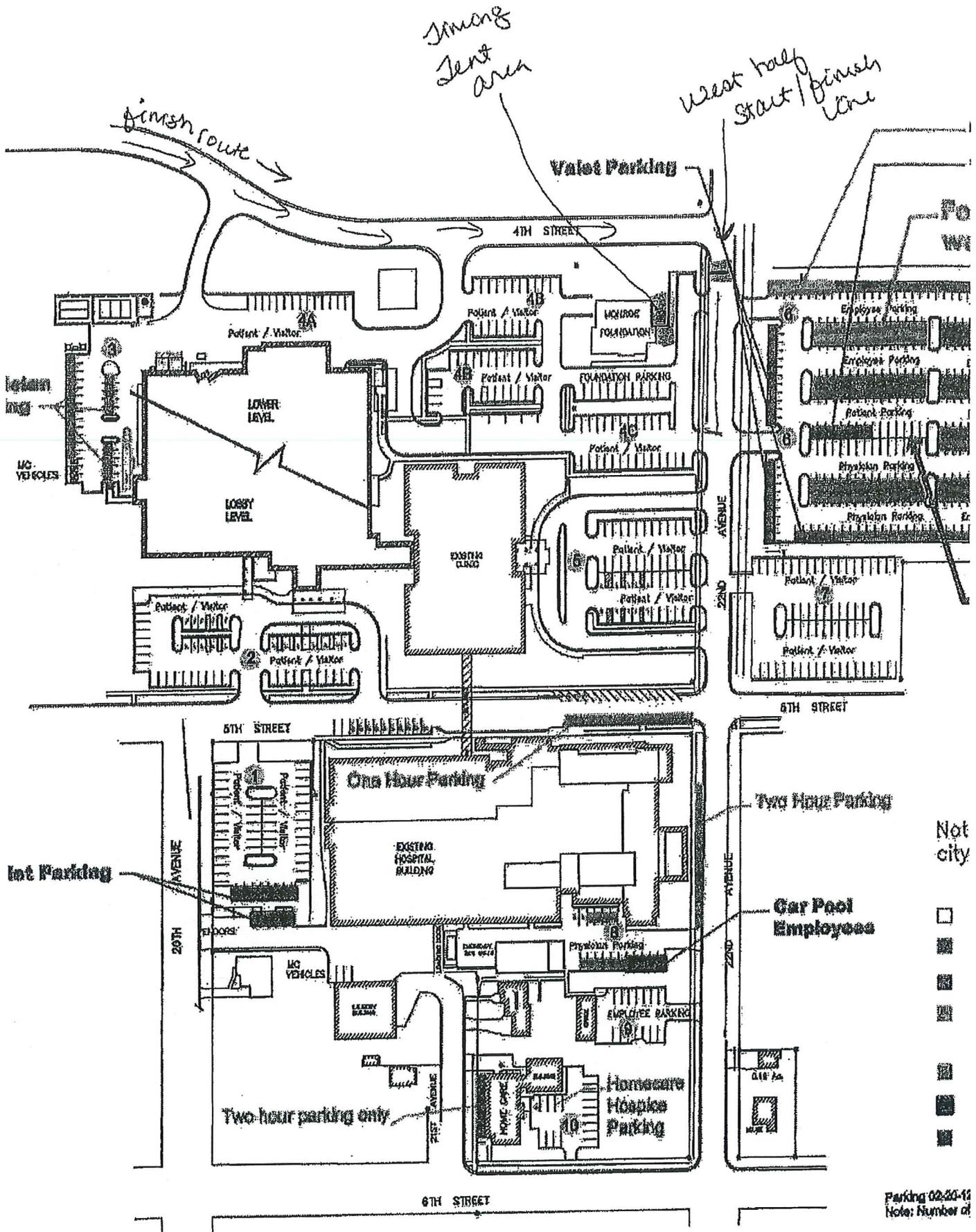
Permit #

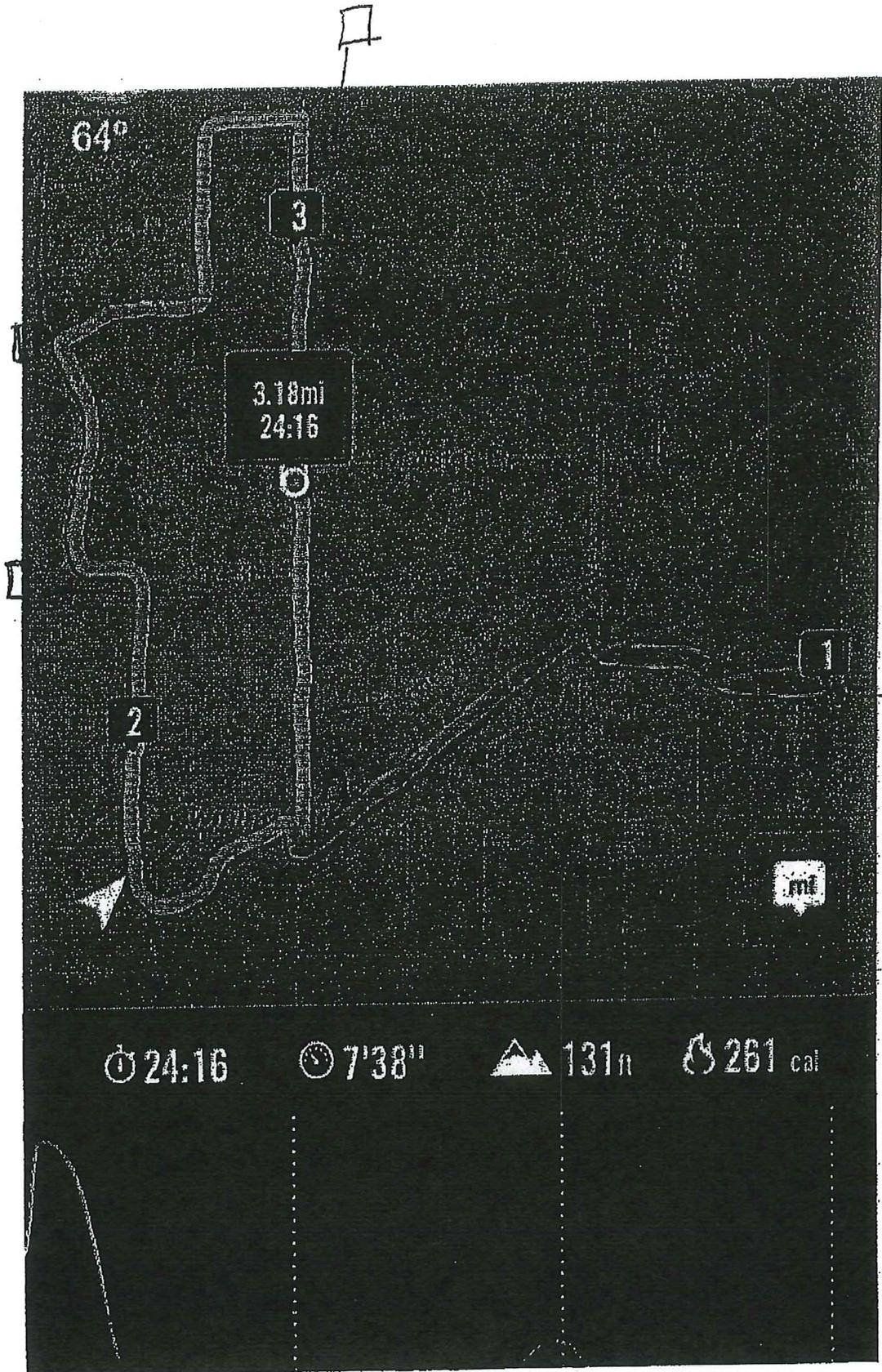
Permit is approved and issued as requested in this application unless otherwise indicated above under special conditions.

Given under my hand and the corporate seal of said City of Monroe this day of 20

(SEAL)

[Signature], Clerk



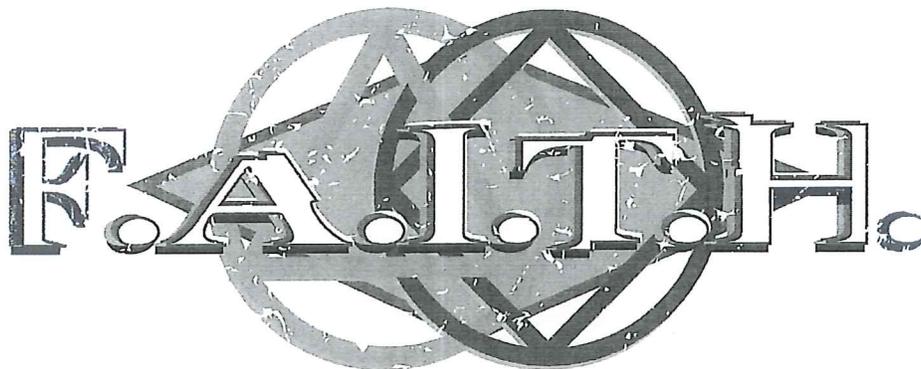


* START + Finis

pink highlight is wash route

△ police possible

□ Volunteer



FIGHTING ADDICTION : IT TAKES HELP
ADDICTION AWARENESS
GREEN COUNTY WISCONSIN

SECOND ANNUAL
5K RUN / 2 MILE WALK ★Chip Timing

Saturday, August 27 7:30 am Registration & Packet Pick-up / 9:00 am Race Time

LOCATION:
MONROE CLINIC
515 22nd Avenue, Monroe, WI
The race will start and finish at Monroe Clinic.

ENTRY FEE:
Adult \$25
Student \$15 (High School and younger)

Includes race t-shirt and bag

★ Registration form and payment must be received by August 16 to guarantee your shirt. Prices go up August 17, so register early.

MAIL REGISTRATION FORM TO:
F.A.I.T.H. ADDICTION AWARENESS
N3815 Autumn Ridge
Monroe, WI 53566

All proceeds will benefit the
Substance Abuse Program of
Green County Human Services

Sponsored by



REGISTRATION

Name _____ Gender: M F

Age _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Runner Walker

T-Shirt Size

Adult: S M L XL XXL XXXL

Youth: M L

DISCLAIMER:

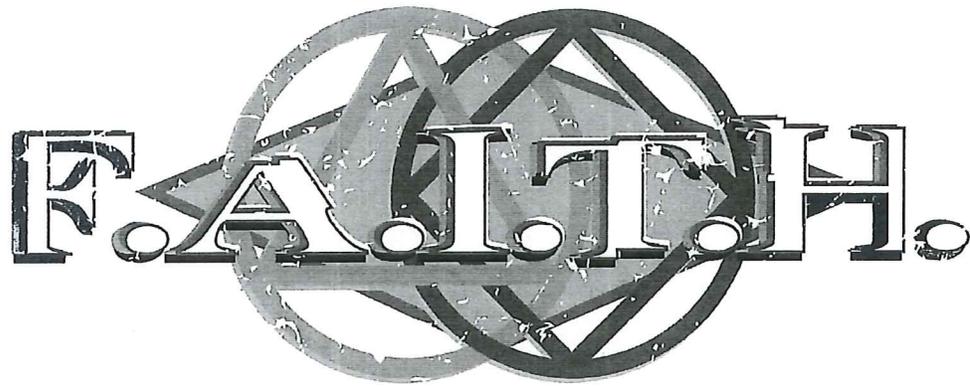
I know that running a road race is a potentially hazardous activity. I assume all risks associated with running this event. I, for myself, and anyone entitled to act on my behalf, waive and release Green County Healthy Community Coalition and Monroe Clinic, all representatives, sponsors, and volunteers for all claims or liabilities of any kind arising out of my participation in this event.

Parent/Guardian if under 18

Date

CHECK OUT RACE DETAILS AT: www.faithgreencounty.wix.com/addictionawareness
QUESTIONS: Contact Jackie at 608-328-2832

SECOND ANNUAL



FIGHTING ADDICTION : IT TAKES HELP
ADDICTION AWARENESS
GREEN COUNTY WISCONSIN

**5K RUN/
2 MILE WALK**

★ Chip Timing

LOCATION:
MONROE CLINIC

515 22nd Avenue
Monroe, WI

(The race will start and finish at
Monroe Clinic)

ENTRY FEE:

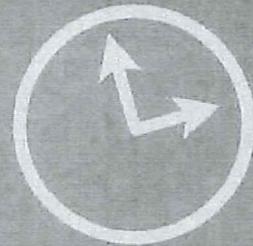
Adult \$25

Student \$15
(High School and
younger)

Includes race
t-shirt and bag

★ *Registration
form and payment
must be received by
August 16 to
guarantee your shirt.
Prices go up
August 17,
so register early.*

Saturday
AUGUST
27



7:30 am
Registration
& Packet Pick-up
9:00 am Race Time

All proceeds will benefit the
Substance Abuse Program of Green County Human Services

Check out race details at:
www.faithgreencounty.wix.com/addictionawareness
Questions: Contact Jackie at 608-328-2832

Sponsored by





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/29/2016

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 Lanz & McArdle Agency Inc. 1022 17th Ave. PO Box 116 Monroe, WI 53566 Keith Hoesly	CONTACT NAME: Keith Hoesly PHONE (A/C, No, Ext): 608-325-9126 E-MAIL ADDRESS:	FAX (A/C, No): 608-325-9128
	INSURER(S) AFFORDING COVERAGE	
INSURED Jackie Kundert N3815 Autumn Ridge Rd Monroe, WI 53566	INSURER A: West Bend Mutual Insurance Co.	
	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			A051340 00	08/27/2016	08/28/2016	EACH OCCURRENCE	\$ 1 Million
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$ 1 Million
							GENERAL AGGREGATE	\$ 2 Million
							PRODUCTS - COMP/OP AGG	\$ 2 Million
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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)
The City of Monroe is listed as an additional insured

CERTIFICATE HOLDER MONRCIT City of Monroe 1110 18th Ave. Monroe, WI 53566	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 Keith Hoesly

**CITY OF MONROE
PUBLIC SAFETY COMMITTEE
SPECIAL EVENT REQUIREMENTS**

**SPECIAL EVENT
FAITH Addiction Awareness 5K Run/Walk
August 27, 2016**

**SPONSOR
FAITH of Green County
N3815 Autumn Ridge Rd
Monroe, WI 53566
(608) 214-9156 (Jackie Kundert)**

This special event permit is approved subject to the following conditions and requirements:

- 1. Authorize the sponsor(s) to hold a FAITH Addiction Awareness of Green County 5K Walk/Run, August 27, 2016, from 8:00 AM to 11:00 AM, beginning/ending at Monroe Medical Foundation campus and travelling over a preapproved route on nearby City streets/trails.**
- 2. On trails in the jurisdictional authority of the State DNR, sponsor must have consent obtained by the DNR. The City of Monroe assumes no control or authority for those areas.**
- 3. The event includes a large gathering and walk/run event with an anticipated crowd of up to 300.**
- 4. The Police Department will supply staff to control traffic in those areas deemed to have a safety need to facilitate the event.**
- 5. For purposes of this permit, the event area includes all of the area within the Monroe Medical Foundation campus, and within 100 feet of the race route within the City of Monroe. No other special events or similar activities may take place in the same area at the same time.**
- 6. An amplified sound permit has also been issued and event is subject to provisions of that permit.**
- 7. No other services are requested or authorized.**

City of Monroe Special Event Permit

Received in Clerk's office on 8-2-16
By [Signature] Date Paid 8-2-16

25.00
+ 50.00 late
75.00
total

Thank you for being willing to plan a community celebration or special event. This permit application form will provide the City information needed to assist you in sorting through departments and types of requirements needed to obtain proper permits and inspections so as to assist us all in creating a safe and lawful event.

Application must be turned in to the Clerk's office no later than 30 calendar days prior to the start of the event. A late fee of \$50.00 will apply for any permit applications turned in less than 30 calendar days prior to the start of the event. The permit application must be complete with the proper insurance certificate, fees, maps, other necessary permit applications, and signatures included in order to be considered on time to avoid the late fees. There are no exemptions to the fees.

Special events are governed by city ordinances and organizers are responsible for all necessary permits, trash and litter pickup, and for damage to any property as well as possible billing for city services. The organization/organizer agrees to be responsible for the supervision of the event and conduct of persons present.

1. Name and Address

a. Name, address, and telephone number of Sponsor:
Name: Green County Ag Society
Address: 2600 10th St.
Monroe, WI 53566
Phone: 608-325-9159
Person in Charge: John Dieckhoff

b. Names, addresses and telephone numbers of not less than (3) individuals who will hold positions of responsibility with respect to the Special Event:
Name: Larry FAKINS Name: Bryan Witt Name: Stephanie Miranda
Address: _____ Address: _____ Address: _____
Phone: 558-3250 Phone: 558-0138 Phone: 426-1768

2. Convictions A statement of any conviction of the Sponsor, any officer or director of the Sponsor, the person in charge, and the three (3) individuals listed under 1b above, for any violation of any criminal law or municipal ordinance other than traffic violations. Such statement shall include a statement of the nature of the offense and the punishment or penalty assessed therefore.

N/A

3. Description of Special Event

NAME OF EVENT: Cheese City Challenge Truck & Tractor Pull
TYPE OF EVENT: tractor pull
(Example: run, walk, parade, festival, neighborhood event)
LOCATION OF EVENT: Fairgrounds Grandstand + Infield
NUMBER OF YEARS THIS EVENT HAS BEEN IN EXISTANCE: 3rd

NUMBER OF PEOPLE ANTICIPATED: 2000

PEAK HOURS OF EVENT: 1pm-5pm

ESTIMATED CROWD SIZE DURING PEAK HOURS: 2000

NUMBER OF PEOPLE AT LAST EVENT: 850

WILL THIS YEARS EVENT INCLUDE, USE OR PROVIDE (Indicate "yes" or "no")

yes beer/wine no carnival no tents no electrical usage no barricades
yes food service yes noise amplification no fireworks no 2-way radios
no use of city hydrants yes medical assistance or first aid
yes outdoor signs/banners

ARE YOU CHARGING FOR PARKING, PARTICIPANT FEES, OR ANY TYPE OF ADMISSION OR SPECTATOR FEES? PLEASE EXPLAIN.

\$ 15 / person

ARE YOU SELLING CONCESSIONS? PLEASE EXPLAIN.

Beverages by Ag Society, other food vendor TBA

HAVE PROVISIONS BEEN MADE FOR PORTABLE/PERMANENT RESTROOMS? ATTACH PLAN FOR ANY NEEDED PORTABLE RESTROOMS, INCLUDING NUMBER RENTED AND COPY OF RENTAL AGREEMENT

Permanent Restrooms will be open and two portables infield

NUMBER OF SITES AND LOCATIONS WHERE MONEY WILL BE HANDLED:

2 grandstand sites

THE EVENT IS RESPONSIBLE FOR TRASH AND LITTER CONTROL. HOW WILL THIS BE HANDLED?

GCF ground crew / private disposal service

WILL ANYTHING BE SERVED IN GLASS, METAL OR PLASTIC CONTAINERS? (If yes, please attach a copy of your recycling plan) yes no

PLEASE INDICATE ANY ADDITIONAL SECURITY MEASURES BEING TAKEN AND DESIGNATE HEAD OF SECURITY IF APPLICABLE: (private security, fences, persons checking identification, etc.)

Private Security Company contracted

IF STREET CLOSURES ARE REQUESTED, please indicate exact requested location, dates, and times, including set up and take down: (attach map and site plan of the area)

no

PLEASE INDICATE ANY NEED FOR POLICE SERVICES OR ANY OTHER CITY SERVICES:

no event will be discussed w/ Chief Kelly

4. Term of Permit

Special Event Begins: Date: 8/28/16 Hour: 1:00 pm
Special Event Ends: Date: 8/28/16 Hour: 6:00 pm

Hours of operation each day

(Attach separate sheet located at end of form if necessary) From: _____ To: _____

5. Prior Suspensions or Revocations A statement of any prior suspension or revocation of a Special Event permit of the Sponsor or any Individual who will hold a position of responsibility with respect to the special event _____

6. Mapped Routes When the proposed Special Event will feature foot or bicycle races, runs, rides or parades, the Sponsor shall submit the proposed route at the time of filing the application.

7. Vendors Is Sponsor requesting suspension of vendors (Vendors, Canvassers, Peddlers) that are not associated with Special Event? If yes, describe area in which vendors are suspended during special event. No

THE CITY REQUESTS THAT ALL NEIGHBORS/BUSINESSES IN THE CLOSED AREA BE NOTIFIED. HAVE THE REQUIRED LEVELS OF INSURANCE INDEMNIFYING THE CITY BEEN OBTAINED? _____

ATTACH A COPY OF INSURANCE CERTIFICATE TO COMPLETED SPECIAL EVENT PERMIT APPLICATION. (PLEASE NOTE INSURANCE REQUIREMENT THAT THE CITY OF MONROE BE NAMED AS AN ADDITIONAL INSURED ON THE CERTIFICATE OF INSURANCE)

**Special Event Permit Fee - \$25.00 fee per event or series of same event within a calendar year.
Late fee - \$50.00 late fee for applications received less than 30 calendar days prior to the start of the event.**

(NO REFUND ON FEES)

The applicant agrees to indemnify and save harmless the City against all liabilities, claims, demands, and losses, including costs, expenses, and reasonable attorney fees, for injury or death of any individual or loss or damages to the property of any person arising from any activity undertaken pursuant to a permit issued under this chapter. Applicant agrees to provide insurance binder or certificate of insurance as required by 3-13-10 INSURANCE REQUIREMENTS (Attached). Applicant further agrees to comply with 3-13-13 SPECIAL EVENT REGULATIONS (Attached).

By submitting this form, I certify that: (1) I am authorized to submit this form on behalf of the individual or entity for whom the form is being submitted; (2) The individual or entity for whom I am submitting this form is solely responsible for the accuracy and currency of all information contained in this form.

[Signature]
Signature of Applicant

8-1-16
Date

Clear Form

TO BE COMPLETED BY CITY OF MONROE

Approved by: [Signature]

Fire Chief

Police Chief

[Signature]
Building Inspector

[Signature]
City Clerk

Approved by Public Safety Committee on: _____

Approved by City Council on: _____



12th Street

11th Street

Walk In Only
Main Gate #1
10th Street

Walk In Only
Gate #2

Gate #6 Closed

Gate #7 Closed

Gate #3 Closed

Track

Green County Fairgrounds Monroe, WI 2014



Horse
Arena

Vendor
Parking

Monroe Clinic
Exhibition Hall
Building 1

Fair Office

Police
Building 2

Superintendent
Parking

Beer
Garden

Lockers
Building 1A

4th Food Stand
Vendor to Kitchen
Building 1B

Restroom
Building 1C

FOOD VENDORS

Colony Brands
Grandstand

West Rest
Rooms

Barn 3 - West
Wing Poultry &
Rabbits

Green Co.
Farm
Bureau
Stock
Pavilion

Barn 3 -
North Wing
Pigs

Barn 3 -
East Wing
Dairy Cattle

27th Ave.

CARNIVAL

Barn 4 -
Dairy Cattle

Barn 5 -
Dairy Cattle

Barn 6 -
Dairy Cattle

JMB Insurance
Show Ring
Barn 7

Barn 8 -
Beef Cattle

Storage

9th Street

Disabled
Parking

Maintenance
Building 1E

Barn 10 -
Sheep

East Rest
Rooms

Camping Area

General Admission Parking

Vehicle Exit
12th Street
Gate #5

Vehicle Entrance
10th Street
Gate #4

29th Avenue

12th Street

11th Street



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/8/2016

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 AVID Risk Solutions, Inc. N17W24222 Riverwood Drive Suite 190 Waukesha, WI 53188	CONTACT NAME: Stephanie Mauthe	
	PHONE (A/C, No, Ext): E-MAIL ADDRESS:	
INSURED Green County Agricultural Society & Mechanics Institute 2600 10th St Monroe, WI 53568	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: West Bend Mutual Insurance Company	
	INSURER B: Travelers Insurance Company	25674
	INSURER C:	
	INSURER D:	
	INSURER E:	

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		2092895	04/25/2016	04/25/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			2092895	04/25/2016	04/25/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			NUW 209289502	04/25/2016	04/25/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	6JUB-5B41415-7-15	08/06/2015	08/06/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liabil			212747402	04/25/2016	04/25/2017	D&O Non Profit 1,000,000

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

CERTIFICATE HOLDER

City of Monroe
1110 11th Avenue
Monroe, WI 53566

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
B. H.





CITY OF MONROE
 1110 18th Avenue, Monroe, WI 53566
 Phone (608) 329-2524 FAX (608) 329-2561

Application for Amplified Sound & Background Music Permits

To The City of Monroe:

The undersigned most respectfully makes application for a permit under section 9-4-20 of the Monroe City Code subject to all applicable conditions, regulations, and provisions of all state statutes and city ordinances & resolutions regarding issuance of said permit.

Please indicate with an X the type of permit you are applying for and the dates you are requesting for your permit.

Amplified Sound Permit - Permit for voice or other sound, other than background music, that is amplified by a mechanical or electronic device, or multiple mechanical or electronic devices, whenever the sound amplified is intended to be audible outside a dwelling or business enclosure by an audience located within a geographically defined area. Holders of this type of permit are exempt from maximum permissible sound levels, but are subject to nuisance sound regulations. This permit may also authorize multiple amplified sound events if such events are part of a series of coordinated events sponsored by a single person, company or organization.

\$10.00 daily permit (cost is \$10 per day) August 28, 2016
 Dates Requested: _____
 \$100.00 monthly permit
 Date Range of Month Requested: _____
 \$400.00 annual permit through June 30th, 20__

Background Music Permit – Permit for amplified music that plays continuously for extended periods of time and that is intended to serve as a background for other activities that occur within a geographically defined area such as shopping or dining and that is audible in a public area outside a building or structure. Holders of this type of permit are subject to maximum permissible sound levels and nuisance sound regulations.

\$10.00 monthly permit
 Date Range of Month Requested: _____
 \$75.00 annual permit through June 30th, 20__

Both aforementioned types of permits are applicable to use of any musical instruments. All permits will expire on a date certain which shall be no later than the next succeeding June 30th following issuance.

Applicant(s): 3 Miranda for Green Co. Fairgrounds

Telephone number: (608) 325-9159
Address: 2600 10th St., Monroe WI 53566
(Street) (City) (State) (ZIP)

Permit Location (geographically defined area): (same as above)
Grandstand area + infield May radiate
throughout city of Monroe

Date of Application: August 1, 2016

Signature of Applicant(s): S. Miranda

Applicants Stop Here! Do not write below this line!

These Sections for Office Use Only!

Date paid: 8-2-16 Total amount paid: 10.00 (Acct# 5-519 background music)
(Acct# 5-501 amplified sound)

Approved at Public Safety Committee meeting held on _____
(For Long Term Amplified Sound Permits)

Approved by City Clerk
(For Short Term Amplified Sound and Background Music Permits)

Disapproved (reason) _____

Special Conditions of Approval: _____

Amplified Sound or Background Music Permit Issuance

Permit # _____

Permit is approved and issued as requested in this application unless otherwise indicated above under special conditions.

Given under my hand and the corporate seal of said City of Monroe this _____ day of _____, 20____

(SEAL)

Carol J. Atlas Clerk

CITY OF MONROE
PUBLIC SAFETY COMMITTEE
SPECIAL EVENT REQUIREMENTS

SPECIAL EVENT
CHEESE CITY CHALLENGE TRACTOR PULL
August 28, 2016

SPONSOR
Fair Assoc, Agricultural and Mechanics Institute
2600 10th Street
Monroe, WI 53566
(608) 325-9159 (W), 558-0138 –Bryan Witt

This special event permit is approved subject to the following conditions and requirements:

- 1. Authorize the Green County Agricultural and Mechanics Institute to hold the Cheese City Challenge Tractor Pull, at the Green County Fairgrounds, August 28, 2016. The event period begins at 1:00 PM and ends at 6:00 PM, with tractor pulls, beer sales in Grandstand/beer garden, and entire grounds are licensed premises.**
- 2. The event will be held entirely on the Green County Fairgrounds, a private property.**
- 3. The Fair Assoc must obtain a separate temporary beer permit from the City to include the entire grounds within the fence. Sales to take place in the Grandstand, the regular American Legion beer garden, and a beer garden in the infield for the pulls.**
- 4. The City and its Police Department, hold the event and beer permit holders' staff responsible to take steps to insure, as per state law, that underage persons are unable to unlawfully obtain alcoholic beverages. Minors may be on the premises per the permit. The permit holders must use a system to identify those persons able to purchase alcohol, however, all persons may be subject to ID check. Since the entire grounds are licensed, there can be no carry-ins, all must be purchased and consumed on premises, per state law. Signs need to be posted at all entrances.**
- 5. Adequate security and traffic control must be provided for the event, and the Police Department has been tasked to do so, in numbers to do so safely, including overtime if necessary.**
- 6. Certificate of insurance is required and is attached to the permit along with any other required permit(s).**

- 7. No other city services requested or authorized.**
- 8. For purposes of the event, since the property is privately owned, the fence surrounding the fairgrounds will serve as the event boundary. No other events other than those authorized by law may take place in the same place at the same time.**
- 9. This permit is only valid within the corporate limits of the City of Monroe.**

City of Monroe Special Event Permit

Received in Clerk's office on	<u>7-6-14</u>		
By	<u>7-6-14</u>	Date Paid	<u>7-6-16</u>

Thank you for being willing to plan a community celebration or special event. This permit application form will provide the City information needed to assist you in sorting through departments and types of requirements needed to obtain proper permits and inspections so as to assist us all in creating a safe and lawful event.

Application must be turned in to the Clerk's office **no later than 30 calendar days** prior to the start of the event. A late fee of \$50.00 will apply for any permit applications turned in less than 30 calendar days prior to the start of the event. The permit application must be complete with the proper insurance certificate, fees, maps, other necessary permit applications, and signatures included in order to be considered on time to avoid the late fees. There are no exemptions to the fees.

Special events are governed by city ordinances and organizers are responsible for all necessary permits, trash and litter pickup, and for damage to any property as well as possible billing for city services. The organization/organizer agrees to be responsible for the supervision of the event and conduct of persons present.

1. Name and Address

a. Name, address, and telephone number of Sponsor:

Name: Alzheimer's & Dementia Alliance of Wisco

Address: 517 N Segoe Road Suite 301

Madison, WI 53705

Phone: (608) 232-3400

Person in Charge Ingrid Kunding

b. Names, addresses and telephone numbers of not less than

(3) individuals who will hold positions of responsibility with respect to the Special Event:

Name: Tammy Derrickson

Name: Ingrid Kunding

Name: Deanna Truedson

Address: 1113 10th Ave

Address: Same As Above

Address: Same as Above

Monroe, WI 53566

Phone: (608) 325-3173

Phone: (608) 232-3410

Phone: (608) 843-3402

2. Convictions A statement of any conviction of the Sponsor, any officer or director of the Sponsor, the person in charge, and the three (3) individuals listed under 1b above, for any violation of any criminal law or municipal ordinance other than traffic violations. Such statement shall include a statement of the nature of the offense and the punishment or penalty assessed therefore.

N/A

3. Description of Special Event

NAME OF EVENT: 2016 Green County Alzheimer's Walk

TYPE OF EVENT: Walk

(Example: run, walk, parade, festival, neighborhood event)

LOCATION OF EVENT: Behring Senior Center

NUMBER OF YEARS THIS EVENT HAS BEEN IN EXISTANCE: 17 years

NUMBER OF PEOPLE ANTICIPATED: 200

PEAK HOURS OF EVENT: 8:30 a.m. - 11:00 a.m.

ESTIMATED CROWD SIZE DURING PEAK HOURS: 200

NUMBER OF PEOPLE AT LAST EVENT: 184

WILL THIS YEARS EVENT INCLUDE, USE OR PROVIDE (Indicate "yes" or "no")

No beer/wine No carnival No tents No electrical usage No barricades
Yes food service Yes noise amplification No fireworks No 2-way radios
No use of city hydrants No medical assistance or first aid
Yes outdoor signs/banners

ARE YOU CHARGING FOR PARKING, PARTICIPANT FEES, OR ANY TYPE OF ADMISSION OR SPECTATOR FEES? PLEASE EXPLAIN.

No fees will be charged

ARE YOU SELLING CONCESSIONS? PLEASE EXPLAIN.

No concessions will be sold.

HAVE PROVISIONS BEEN MADE FOR PORTABLE/PERMANENT RESTROOMS? ATTACH PLAN FOR ANY NEEDED PORTABLE RESTROOMS, INCLUDING NUMBER RENTED AND COPY OF RENTAL AGREEMENT

No, using Behring Senior Center facility

NUMBER OF SITES AND LOCATIONS WHERE MONEY WILL BE HANDLED: _____

1-Behring Senior Center

THE EVENT IS RESPONSIBLE FOR TRASH AND LITTER CONTROL. HOW WILL THIS BE HANDLED?

Volunteers will pick up any trash along the walk route

WILL ANYTHING BE SERVED IN GLASS, METAL OR PLASTIC CONTAINERS? (If yes, please attach a copy of your recycling plan) yes no

PLEASE INDICATE ANY ADDITIONAL SECURITY MEASURES BEING TAKEN AND DESIGNATE HEAD OF SECURITY IF APPLICABLE: (private security, fences, persons checking identification, etc.)

None

IF STREET CLOSURES ARE REQUESTED, please indicate exact requested location, dates, and times, including set up and take down: (attach map and site plan of the area)

None

PLEASE INDICATE ANY NEED FOR POLICE SERVICES OR ANY OTHER CITY SERVICES:

N/A

4. Term of Permit

Special Event Begins: Date: 09/10/2016 Hour: 7:30 a.m.
Special Event Ends: Date: 09/10/2016 Hour: 11:00 a.m.

Hours of operation each day

(Attach separate sheet located at end of form if necessary) From: _____ To: _____

5. Prior Suspensions or Revocations A statement of any prior suspension or revocation of a Special Event permit of the Sponsor or any Individual who will hold a position of responsibility with respect to the special event None

6. Mapped Routes When the proposed Special Event will feature foot or bicycle races, runs, rides or parades, the Sponsor shall submit the proposed route at the time of filing the application.

7. Vendors Is Sponsor requesting suspension of vendors (Vendors, Canvassers, Peddlers) that are not associated with Special Event? If yes, describe area in which vendors are suspended during special event. No

THE CITY REQUESTS THAT ALL NEIGHBORS/BUSINESSES IN THE CLOSED AREA BE NOTIFIED. HAVE THE REQUIRED LEVELS OF INSURANCE INDEMNIFYING THE CITY BEEN OBTAINED? _____

ATTACH A COPY OF INSURANCE CERTIFICATE TO COMPLETED SPECIAL EVENT PERMIT APPLICATION. (PLEASE NOTE INSURANCE REQUIREMENT THAT THE CITY OF MONROE BE NAMED AS AN ADDITIONAL INSURED ON THE CERTIFICATE OF INSURANCE)

Special Event Permit Fee - \$25.00 fee per event or series of same event within a calendar year.
Late fee - \$50.00 late fee for applications received less than 30 calendar days prior to the start of the event.
(NO REFUND ON FEES)

The applicant agrees to indemnify and save harmless the City against all liabilities, claims, demands, and losses, including costs, expenses, and reasonable attorney fees, for injury or death of any individual or loss or damages to the property of any person arising from any activity undertaken pursuant to a permit issued under this chapter. Applicant agrees to provide insurance binder or certificate of insurance as required by 3-13-10 INSURANCE REQUIREMENTS (Attached). Applicant further agrees to comply with 3-13-13 SPECIAL EVENT REGULATIONS (Attached).

By submitting this form, I certify that: (1) I am authorized to submit this form on behalf of the individual or entity for whom the form is being submitted; (2) The individual or entity for whom I am submitting this form is solely responsible for the accuracy and currency of all information contained in this form.

Ingrid A. Kunderp / 06/24/2016 Clear Form
Signature of Applicant Date

TO BE COMPLETED BY CITY OF MONROE

Approved by [Signature]

Fire Chief
[Signature]
Building Inspector

Police Chief
[Signature]
City Clerk

Approved by Public Safety Committee on: _____

Approved by City Council on: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/6/2016

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 Anderson's Insurance Associates, Inc 17500 W. Liberty Ln. New Berlin WI 53146		CONTACT NAME: CSR --DEFA PHONE (A/C, No, Ext): (262) 789-8500 E-MAIL ADDRESS: FAX (A/C, No): (262) 754-6038																						
INSURED Alzheimer's & Dementia Alliance of WI, Inc 517 N Segoe Rd Suite 301 Madison WI 53705-3172		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>West Bend Mutual Insurance</td> <td>15350</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	West Bend Mutual Insurance	15350	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES CERTIFICATE NUMBER: CL166602164 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 SUBR INSD 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		1315410	7/1/2016	7/1/2017	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 \$ 3,000,000 Voluntary Property Damage \$ 2,500												
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		1315410	7/1/2016	7/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$ 1,000,000												
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$												
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A	1353973	7/1/2016	7/1/2017	<table border="1"> <tr> <td>PER STATUTE</td> <td>OTH-ER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$ 500,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$ 500,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td>\$ 500,000</td> </tr> </table>	PER STATUTE	OTH-ER		E.L. EACH ACCIDENT		\$ 500,000	E.L. DISEASE - EA EMPLOYEE		\$ 500,000	E.L. DISEASE - POLICY LIMIT		\$ 500,000
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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)
CITY OF MONROE IS HEREBY ADDED AS AN ADDITIONAL INSURED

COPY

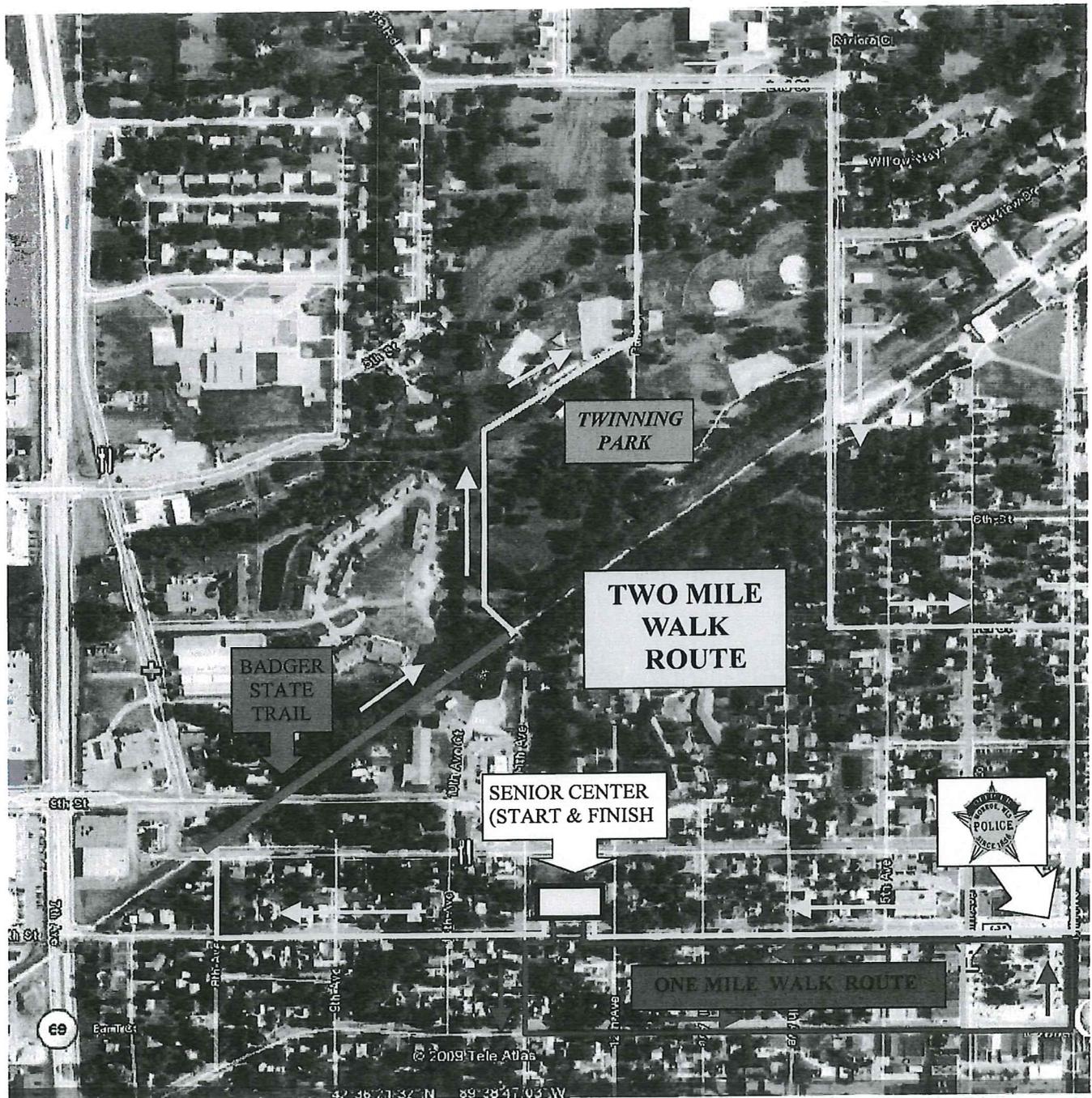
CERTIFICATE HOLDER CITY OF MONROE 1110 18TH AVE MONROE, WI 53566	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE S Anderson/BARBKO
--	---

2016 GREEN COUNTY ALZHEIMER'S WALK - SAT. SEPT 10, 2016

Both the Two-Mile and One-Mile walks start and finish at the Behring Senior Center at approximately 8:40 a.m.

Walkers on Two-Mile route will walk onto the Badger State Trail starting at the intersection of 9th Street and 8th Avenue to the exit at the Southwest corner of Twining Park.

Monroe P.D. will help walkers cross construction area at 17th Avenue at 9th Street.





CITY OF MONROE
 1110 18th Avenue, Monroe, WI 53566
 Phone (608) 329-2524 FAX (608) 329-2561

Application for Amplified Sound & Background Music Permits

To The City of Monroe:

The undersigned most respectfully makes application for a permit under section 9-4-20 of the Monroe City Code subject to all applicable conditions, regulations, and provisions of all state statutes and city ordinances & resolutions regarding issuance of said permit.

Please indicate with an X the type of permit you are applying for and the dates you are requesting for your permit.

Amplified Sound Permit - Permit for voice or other sound, other than background music, that is amplified by a mechanical or electronic device, or multiple mechanical or electronic devices, whenever the sound amplified is intended to be audible outside a dwelling or business enclosure by an audience located within a geographically defined area. Holders of this type of permit are exempt from maximum permissible sound levels, but are subject to nuisance sound regulations. This permit may also authorize multiple amplified sound events if such events are part of a series of coordinated events sponsored by a single person, company or organization.

\$10.00 daily permit (cost is \$10 per day) 09/10/2016
 Dates Requested: _____
 \$100.00 monthly permit
 Date Range of Month Requested: _____
 \$400.00 annual permit through June 30th, 20__

Background Music Permit – Permit for amplified music that plays continuously for extended periods of time and that is intended to serve as a background for other activities that occur within a geographically defined area such as shopping or dining and that is audible in a public area outside a building or structure. Holders of this type of permit are subject to maximum permissible sound levels and nuisance sound regulations.

\$10.00 monthly permit
 Date Range of Month Requested: _____
 \$75.00 annual permit through June 30th, 20__

Both aforementioned types of permits are applicable to use of any musical instruments. All permits will expire on a date certain which shall be no later than the next succeeding June 30th following issuance.

Applicant(s): Alzheimer's & Dementia Alliance of Wisconsin

Telephone number: (608) 232-3400

Address: 517 N Segoe Rd #301 Madison WI 53705
(Street) (City) (State) (ZIP)

Permit Location (geographically defined area): Behring Senior
Center parking lot - back side

Date of Application: 06/01/2016

Signature of Applicant(s): Ingrid A. Kundepi

Applicants Stop Here! Do not write below this line!

These Sections for Office Use Only!

Date paid: 7-6-16 Total amount paid: 10.00 (Acct# 5-519 background music)
(Acct# 5-501 amplified sound)

Approved at Public Safety Committee meeting held on _____
(For Long Term Amplified Sound Permits)

Approved by City Clerk
(For Short Term Amplified Sound and Background Music Permits)

Disapproved (reason) _____

Special Conditions of Approval: _____

Amplified Sound or Background Music Permit Issuance

Permit # _____

Permit is approved and issued as requested in this application unless otherwise indicated above under special conditions.

Given under my hand and the corporate seal of said City of Monroe this _____ day of _____, 20____

(SEAL)

Carl Stamm Clerk



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/6/2016

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 Anderson's Insurance Associates, Inc 17500 W. Liberty Ln. New Berlin WI 53146	CONTACT NAME: CSR --DEFA	
	PHONE (A/C, No, Ext): (262) 789-8500	FAX (A/C, No): (262) 754-6038
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: West Bend Mutual Insurance	15350
INSURED Alzheimer's & Dementia Alliance of WI, Inc 517 N Segoe Rd Suite 301 Madison WI 53705-3172	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL166602164

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			1315410	7/1/2016	7/1/2017	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							DAMAGE TO RENTED PREMISES (Ea occurrence)
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			1315410	7/1/2016	7/1/2017	PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS							GENERAL AGGREGATE
	UMBRELLA LIAB EXCESS LIAB						Voluntary Property Damage	\$ 2,500
							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							Uninsured motorist combined	\$ 1,000,000
							EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	1353973	7/1/2016	7/1/2017	PER STATUTE	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							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)
CITY OF MONROE IS HEREBY ADDED AS AN ADDITIONAL INSURED

CERTIFICATE HOLDER

CANCELLATION

CITY OF MONROE 1110 18TH AVE MONROE, WI 53566	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 S Anderson/BARBKO

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
ADDITIONAL INSURED – NOT OTHERWISE CLASSIFIED

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization (Additional Insured):

City Of Monroe
1110 18th Ave
Monroe, WI 53566-1850

WHO IS AN INSURED is amended to include as an insured the person or organization shown in the Schedule as an additional insured, but only with respect to liability incurred solely as a result of some act or omission of the named insured.

It is further understood and agreed that the designation of the entity named as an additional insured does not increase or alter the limit of liability, nor the scope of coverage of this policy.

The coverage granted to the additional insured under this endorsement shall be excess over any other valid and collectible insurance, whether contingent, excess or primary.

This endorsement provides no coverage to the additional insured for its liability arising out of the claimed negligence, statutory liability or fault of the additional insured.

As a condition of coverage, the additional insured shall be obligated to tender the defense and indemnity of every claim or suit to all other insurers that may provide coverage to the additional insured, whether on a contingent, excess or primary basis.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**CITY OF MONROE
PUBLIC SAFETY COMMITTEE
SPECIAL EVENT REQUIREMENTS**

SPECIAL EVENT

**ALZHEIMER'S AND DEMENTIA ALLIANCE GREEN COUNTY
ALZHEIMER'S WALK
September 10, 2016**

SPONSOR

**Alzheimer's and Dementia Alliance
517 North Segoe Rd. #301
Madison, WI 53705
(608) 232-3400**

This special event permit is approved subject to the following conditions and requirements:

- 1. Authorize the sponsor(s) to hold A Green County Alzheimer's Walk, September 10, 2016, from 7:30 AM to 11:00 AM, beginning and ending at the Behring Senior Center, and traveling over a route approved by the Police Department.**
- 2. The event includes a charity walk.**
- 3. For purposes of this permit, the event area includes all of the area within the Behring Senior Center facility and within 100 feet along the walk route. No other events except as authorized by law, may take place in the same area at the same time.**
- 4. If necessary, Police are directed to assist with traffic control, including the use of overtime.**
- 5. No other services are requested or authorized.**