

**Oneida County
Large Assembly Application**

Oneida County Clerk
P. O. Box 400
Rhineland, WI 54501
715-369-6125

Name of Event:			
Applicant's last name:		First:	MI:
Mailing address:			
City:	State:	Zip:	Phone:
Property owner's last name:		First:	MI:
Mailing address:			
City:	State:	Zip:	Phone:
*Corporation Name (if applicable):			
Mailing address:			
City:	State:	Zip:	Phone:
Date(s) that assembly will be held:			
*Note: Attach a certified copy of the articles of incorporation including names, residence and mailing address of the primary officers of said corporation, and the name, phone numbers, residential and mailing addresses of each responsible person.			
PROPERTY INFORMATION:			
Township:	Section:	Town:	Range:
Address where assembly is to be held (legal description of the property must be attached):			
	Ordinance requirements - Please attach a plan for the event or assembly which describes in detail how your organization will address each of the following areas below:	Column to be initiated by applicant	Column to be initiated by County Clerk
1	Proof of ownership of all property upon which the assembly is to be held, or a valid, written lease executed by the property owner, and a statement made upon oath that the applicant has permission to use the property for an assembly of 1,000 or more persons. If the property is owned by a corporation, proof that the person purporting to act for the corporation has actual authority of the shareholders of said corporation to authorize the use of the corporate real estate for the proposed purpose.		
2	The nature or purpose of the assembly.		
3	The total number of days and/or hours which the assembly is to last.		
4	Maximum number of persons which the applicant shall permit to assemble at any time, not to exceed the maximum number which can reasonably assemble at the location of the assembly, in consideration of the nature of the assembly, or the maximum number of persons allowed to sleep within the boundaries of the location of the assembly by the zoning ordinances of the County if the assembly is to continue overnight.		
5	Maximum number of tickets to be sold, if any:		
6	Plans to limit the maximum number of people permitted to assemble.		
7	Plans, including an accurate description of the means to be used, for marking the boundaries of the location of the assembly.		
8	Plans for supplying potable water including the source, amount available and location of outlets and the means of disposing of waste water.		
9	Plans for providing toilet, lavatory facilities and hand washing stations including source, number and location, type and the means of disposing the waste.		

10	Plans for medical services and on-site first aid to include the names and hours of availability of the medical support personnel, and poisons for contacting emergency medical services.		
11	Plans to illuminate the location of the assembly (if required by ordinance)		
12	Plans for parking vehicles including size and location of lots, how traffic flow and traffic control is to be maintained, points of highway access and interior roads including routes between highway access and parking lots.		
13	Plans for phone service including the source, number and location of the hard wired telephone.		
14	Plans for camping facilities, if any, including facilities available and their location.		
15	Plans for security including the number of guards and the name, address and telephone number of the primary security officer, along with certification that the such information has been provided to local law enforcement agencies.		
16	Plans for fire and severe weather protection and emergency response, including onsite capabilities to respond to fire or severe weather emergencies.		
17	Plans for sound control and sound amplification.		
18	Plans for sale, preparation and distribution of food and beverages, including a statement as to whether alcohol will be allowed, and/or service, whether it will be sold or given away, and method of disposal of solid waste(recyclables, garbage, trash, rubbish, etc.) If any person other than the person applying for the permit shall engage in the sale of food or beverages, the names, address, and license or permit number of such person shall be included on the application. If such information is not known at the time of the application, a list shall be provided at least 15 days prior to start of the assembly. All recyclables, garbage, trash and other refuse shall be stored in securely covered containers until removed from the assembly area. Such containers shall be maintained in a sanitary condition, shall not be overfilled, and shall be emptied at least once daily. Nothing herein shall be deemed to guarantee the issuance of any alcohol beverage license, or to be deemed to be a waiver of any requirement for such license under ordinance or other law.		
19	If any tattooing or body piercing shall take place at the assembly, plans to ensure that such practices are done in a safe and sanitary way, and in structures which have walls, ceilings and floors which are not composed of fabric, vinyl, or any other easily pliable material that is not durable, easily cleanable and which are such that there are no unreasonable openings to the outdoors which would allow the entry of dust, airborne contaminants, insects or other pests. Any such structures and artists shall be licensed by the Oneida County Health Department, unless the code providing such licensure provides an exception to the licensing requirement.		
20	Attach certificate of insurance issued by insurance companies licensed to transact business with the State of Wisconsin providing that the applicant and the assembly are covered by a comprehensive general liability policy providing a minimum coverage of \$2,000,000; and worker's compensation insurance as required by Wisconsin Law.		

ISSUANCE: The Application for a license shall be processed within 20 days of receipt. The application shall be reviewed by the Public Safety Committee, with the assistance of law enforcement officials. The license shall be issued by the County Clerk if all conditions are complied with as determined by the Public Safety Committee.

REVOCAION: The license may be revoked by the governing body of Oneida County, the Public Safety Committee or any committee thereof designated by the governing body to so act at any time if any of the conditions necessary for the issuing of or contained in the license are not complied with, or if any condition previously met ceases to be complied with.

APPLICANTS CERTIFICATION: By signing and submitting this application, applicant agrees that it shall indemnify, defend and hold the county, its appointed, hired and/or elected officers, agents, employees and designees free and harmless from and against all costs, claims, damages, losses and expenses, including but not limited to, legal fees and expenses that may be incurred on account of damages, deaths or injuries arising out of or resulting from the holding of the event and/or assembly, and/or the conduct of the applicant, promoters, performers, performance participants, product vendors, audience members and any and all other persons or entities in any way participating in, or involved in the event.

The application shall be signed and sworn to or affirmed by the individual making application in the case of an individual, by all officers in the case of a corporation, by all partners in the case of a partnership or by all officers of any unincorporated association, society or group or, if there be no officers, by all members of such association, society or group.

The undersigned swear or affirm that they have the authority to make this application, and that, to the best of their knowledge, all statement in this application are true and correct.

Print name (applicant): _____ Date: _____

Signature (applicant): _____ Date: _____

Subscribed and sworn to before me
this _____ day of _____,

Notary Public, _____ County, WI
My Commission expires: _____.

Print name (applicant): _____ Date: _____

Signature (applicant): _____ Date: _____

Subscribed and sworn to before me
this _____ day of _____,

Notary Public, _____ County, WI
My Commission expires: _____.

(Additional Signature pages may be attached if additional signatures are required)

OFFICE USE ONLY		
CONDITIONS OF APPROVAL/ISSUANCE		
Staff reviewing application:		
Fee Paid: \$100.00	Receipt:	Date Received: