



**CITY OF MILTON**  
**APPLICATION FOR SPECIAL EVENT PERMIT**  
**FEE: None**

I hereby make application with the City of Milton for a Special Event Permit as provided by City Ordinance #312. You must be current on all monies owed to the City of Milton per Ordinance #295.

Name of Organization Open Doors Foundation

Mailing Address: PO Box 185 Milton WA 53563  
 Number Street City State ZIP

Primary Contact Deerck Matthews Henze  
 First Middle Last

Cell Phone: 262-473-9585 Home Phone: \_\_\_\_\_ Email: deerck.henze@edwardjones.com

**Event Schedule:**

The schedule begins when event set-up starts and ends when clean-up of the event area is complete. The schedule should encompass all activities planned for the event, such as:

- Vending: When will vendors set-up, hours of operation, tear-down
- Music/Performances: Stage set-up, performance schedule, tear-down
- Displays, Exhibits, Demonstrations: Set-up, open hours, tear-down
- Run/Walk/Parade, etc: When does staging start, start time(s), end time(s)

Address/Location of Event: Schulberg Park

Event Name: 4th of July Date of Event: 7/2/21 - 7/4/21

Responsible Party: Open Doors Foundation

Estimated Attendees: 10,000 + Estimated Time (Start-End): 7/2 4pm - 7/4 11pm

\*\*Please attach an event schedule with this application.

**Event Site Map:**

To ensure proper review of the event please attach an Event Site Map and a route (if applicable). Site plans should include, but are not limited to the following:

- Location of tents, stages, fencing, vendors, portable toilets, beer gardens, dumpsters, placement of vehicles, exit location for outdoor events that are fenced, clear signage, accessible paths for wheelchairs as well as ample disabled parking, and any other related event components not listed above.
- A detailed route map should also be provided if the event includes a run, walk, parade or other moving activity.

\*\*Please attach a detailed event site map with this application.

**Street Use:**

Are you requesting any Road Closures? YES  NO   
If No, please skip this section.

Please note: Access for emergency vehicles must be maintained.

Event Category

Neighborhood Block Party  Other: \_\_\_\_\_

Location Requested: Street Names and Block #s \_\_\_\_\_

Do you need barricades? YES  NO  (\*\*Please indicate on the Event Site Map where they will go)

If Yes, please contact the Department of Public Works at 868-6914 to make arrangements.  
*Fencing will be provided by applicant*

**Alcohol:**

Will alcohol be served/consumed:  YES  NO

If No, please skip this section.

If Yes, please fill out a Beer/Wine Sales Permit Application

\*\*Please indicate on the Event Site Map where the locations of Serving, Storing, and Consumption of alcohol will be.

Have you applied for the Temporary Class "B" Retailers License?  Yes  No

Have you submitted the Certificate of Insurance with a liquor liability naming the City of Milton as Additional Insured?

Yes  No Indicate Application Date: \_\_\_\_\_

**Sound:**

Do you plan to use amplifying devices?  YES  NO

If No, please skip this section.

By Ordinance, public amplification is not allowed except by permission from the Chief of Police. Permission for amplification does not exempt a group from obeying Ordinance restrictions on the volume of sound.

Type of Amplified Sound:

Band  DJ  Sound System  Speeches/Announcements  Karaoke

Other (please specify): \_\_\_\_\_

Times of Sound: 5pm To: 10pm  
(Cannot start before 9am) (Cannot end past 10pm)

**Excerpts from applicable City Ordinances**

**70-4 – Loud and unnecessary noise prohibited.**

70-4(b)(3): Radios, phonographs, similar devices. The using, operating or permitting to be played, used or operated any radio receiving set; musical instrument, phonograph or other machine or device for the producing or reproducing of sound in a loud and unnecessary manner. The operation of any set, instrument, phonograph, machine or device between the hours of 10:00 p.m. and 7:00 a.m. in a manner as to be plainly audible at the property line of the building or structure in which it is located shall be prima facie evidence of a violation of this section.

70-4(b)(4): Loudspeakers, amplifiers for advertising. The using, operating or permitting to be played, used or operated of any radio receiving set, musical instrument, phonograph, loudspeaker, sound amplifier or other machine or device for the producing or reproducing of sound which is cast upon the public streets for the purpose of commercial advertising or attracting attention of the public to any building or structure. Announcements over loudspeakers can only be made by the announcer in person and without the aid of any mechanical device.

70-4(c)(1): Permit required. The use of loudspeakers or amplifying devices on the streets or in the parks of the City of Milton is prohibited unless the party desiring to use such loudspeaker or amplifying device first obtains a permit from the chief of police.

70-4(c)(3): Time restrictions. The chief of police shall not grant a permit to use a loudspeaker or amplifying device before the hours of 9:00 a.m. or after 10:00 p.m. no permit shall be granted to anyone who, in the opinion of the chief of police, uses said loudspeaker or amplifying device in such a manner or for such a purpose as to constitute a nuisance.

DH (initials) I understand that any amplified noise allowed by this permit will end by 10:00 p.m.

Having read and answered all of the above statements and questions, I hereby consent to investigation of such facts by the Milton Police Department, and state that all of the above statements are true and correct to the best of my knowledge.

Date: 3/23/21

[Signature]  
Applicant's Signature

*For Office Use Only*

Date Received: _____	Initials: _____
Police Chief: _____	Date: _____
Fire Chief: _____	Date: _____
DPW Director: _____	Date: _____
Court Clerk: _____	Date: _____
City Clerk: _____	Date: _____
_____ Approved	_____ Denied
Date of Issuance: _____	
_____ Approved with the following conditions: _____	
_____	

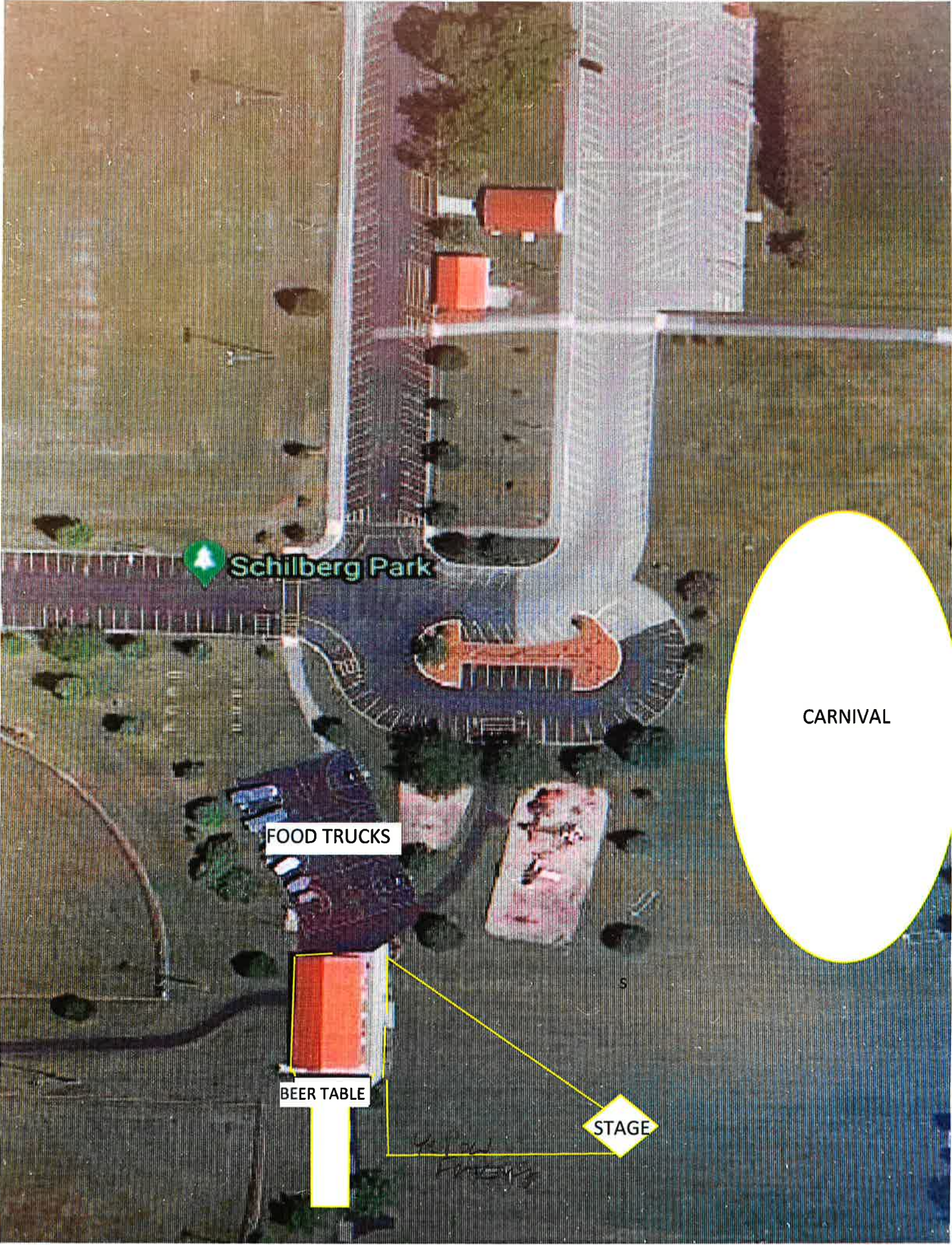
Schilberg Park

CARNIVAL

FOOD TRUCKS

BEER TABLE

STAGE





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**3/1/2021**

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 CC SERVICES, INC. 1705 N Towanda Ave Bloomington, IL 61701	CONTACT NAME Lisa Stearns	
	PHONE (A/C No, Ext): (309) 821-2926	FAX (A/C No): (309) 821-3004
EMAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED OPEN DOORS FOUNDATION PO BOX 185 MILTON, WI 53563	INSURER A: United States Liability Insurance Company	25895
	INSUREB 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	<b>GENERAL LIABILITY</b>			<b>NBP1560480</b>	<b>10/06/2020</b>	<b>10/06/2021</b>	EACH OCCURENCE \$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
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$2,000,000
							PRODUCTS-COMP/OP AGG
	<b>AUTOMOBILIE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED	RETENTION \$					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
A	<b>Non Profit Directors &amp; Officers</b>			<b>NBP1560480</b>	<b>10/06/2020</b>	<b>10/06/2021</b>	E.L. DISEASE-EA EMPLOYEE \$
							E.L. DISEASE-POLICY LIMIT \$
							D&O Ea. Claim \$1,000,000
							EPL Ea. Claim \$1,000,000
							D&O/EPL Shared Aggregate \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (See attached Acord 101 for additional liability limits)  
Non-profit focused on kid development and community events

CITY OF MILTON 710 S JANESVILLE STREET MILTON, WI 53563	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 <i>Thomas P. Keeney</i>



**ADDITIONAL REMARKS SCHEDULE**

AGENCY CC SERVICES, INC.		INSURED OPEN DOORS FOUNDATION PO BOX 185 MILTON, WI 53563
POLICY NUMBER NBP1560480		
CARRIER United States Liability Insurance Company	NAIC CODE 25895	EFFECTIVE DATE: 10/6/2020

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER: ACORD 25      FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

<b>COVERAGE PART</b>	<b>LIMITS</b>
<b>Businessowners Liability</b>	
Liability and Medical Expenses	\$1,000,000
Medical Expense (per person)	\$5,000
Damages To Premises Rented To You (Any One Premises)	\$100,000
General Aggregate	\$2,000,000
<b>Management Liability</b>	
Employment Practices Liability Each Claim Limit	\$1,000,000
Directors and Officers Liability Each Claim Limit	\$1,000,000
Shared Limit: All Purchased Coverage Parts	\$1,000,000
Fiduciary Liability Each Claim Limit	\$1,000,000
Directors and Officers Liability Retention	\$0
Employment Practices Liability Retention	\$0
Directors and Officers Retroactive Date	Full Prior Acts
Employment Practices Liability Retroactive Date	Full Prior Acts
Directors and Officers Prior or Pending Litigation Date	10/06/2020
Employment Practices Liability Prior or Pending Litigation Date	10/06/2020



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1705 N Towanda Ave  
Bloomington, IL 61701

**CONTACT NAME** Lisa Stearns  
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**EMAIL ADDRESS:**

INSURER(S) AFFORDING COVERAGE

NAIC #

**INSURED**  
OPEN DOORS FOUNDATION  
PO BOX 185  
MILTON, WI 53563

**INSURER A:** United States Liability Insurance Company 25895  
**INSURER B:**  
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CERTIFICATE NUMBER:

REVISION NUMBER:

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	<b>DED</b>						\$
	<b>RETENTION \$</b>						WC STATUTORY LIMITS OTH-ER
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	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE-EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. DISEASE-POLICY LIMIT \$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (See attached Acord 101 for additional liability limits)

Non-profit focused on kid development and community events

CERTIFICATE HOLDER

School District of Milton  
448 E High Street  
Milton, WI 53563

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



## ADDITIONAL REMARKS SCHEDULE

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POLICY NUMBER NBP1560480	EFFECTIVE DATE: 10/6/2020
CARRIER United States Liability Insurance Company	
NAIC CODE 25895	

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