

# SPECIAL EVENT AND ENTERTAINMENT APPLICATION

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

Baraboo-Dells Airport, Administrative Committee, 135 4<sup>th</sup> Street, 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 |

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: (illustrate on attached map)

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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, City of Wisconsin Dells, 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