

**CITY OF HUDSON
COUNCIL/COMMITTEE ISSUES**

Item # 7

Submitted to: Public Safety Committee

Date: 01/04/19

Submitted by: Chief Geoff Willems

Regarding: Halos of the St Croix Valley request

ISSUE: The Halos of Hudson would like to have their 5k run walk on August 3rd 2019. I have attached the application and map for review. The Halos are requesting the same plan as 2018 to include the closure of 1st Street from Walnut Street to St. Croix Street for the safety of their participants. the Halos are paying for police officers for this event and respectfully ask for the additional street closure from 9AM until 10 AM.

- **Legal aspects:**
- **Budget Impact:**
- **Past History:** Opening up the street at Vine Street and trying to funnel everyone onto the sidewalk causes many people to overflow into the roadway and it is an unsafe environment.
- **Other Pertinent Data:**

STAFF RECOMMENDATION: Approve event

COMMITTEE RECOMMENDATION:



CITY OF HUDSON

505 THIRD STREET
HUDSON, WI 54016

PROCESSIONS, PARADES, RUNS, WALKS, BICYCLE RACES & MARATHONS APPLICATION FORM

- Procession
- Parade
- Run**
- Walk**
- Bicycle Race
- Marathon

ATTENTION: If your event is anticipated to have 1000 or more people in attendance a **SPECIAL EVENT PERMIT** is needed. You **WILL NOT** need to complete this form. See the City Clerk for a Special Event application.

FEE DUE: \$50 ** **Tax Exempt Organization (include copy of tax exempt status)**

Event Name
Halos 9th Annual Memorial Walk and Family Fun Day

Organization Name
Halos of the St. Croix Valley

Organization Address
207 Knowles Avenue, New Richmond, WI 54017

Names of Officers of Organization (Please list names and addressed of the officers of the organization. If additional space is needed please attach the list separately to this application)

Kelli Espiritu 1539 Sequoia Lane, New Richmond, WI 54017, President
Chris Roberts 9685 Stonebridge Trail, Stillwater, MN 55082, Secretary
Barry Espiritu 1539 Sequoia Lane, New Richmond, WI 54017, Vice President
Jessica Keopple 2148 126th Street, New Richmond, WI 54017
LeAnn Marson, 548 Wisconsin Avenue, Amery, WI 54001, Director
Marti Rasmussen 636 Lake Street, River Falls, WI 54017, Director
Nicole John, 1258 Rich River Way, New Richmond, WI 54017, Director
Jessica Ameson 805 Woodland Lane, New Richmond, WI 54017, Director

Date of Event **Saturday, August 3, 2019**

Location of Event (please include route map)
Lakefront Park - Map Attached

Anticipated Number of Participants
900

NOTE: If barricades, cones, garbage cans or lot closures are needed please contact the Public Works Department to make these arrangements.

Applicant Information/Contact Person for Event Information

First Name
Kelli

Last Name
Espiritu

Street Address
1539 Sequoia Lane

City
New Richmond

State
WI

Zip
54017

INSURANCE REQUIRED

All events require that the applicant or organization furnish evidence of a liability insurance policy in the amounts of not less than One Hundred Thousand Dollars (\$100,000.00) for one (1) person and Five Hundred Thousand Dollars (\$500,000.00) for any one (1) accident and shall be in force and effect at the time such usage is to take place. Said evidence of insurance shall include a certificate of insurance naming the City of Hudson as an additional insured in connection with said usage on a primary and non-contributory basis.

PLEASE BE ADVISED THAT ALL APPLICATIONS WILL BE SUBMITTED TO THE PUBLIC SAFETY COMMITTEE FOR REVIEW AND RECOMMENDED TO THE COMMON COUNCIL FOR ACTION. ALL SECTIONS OF THE CHAPTER 212 OF THE CODE OF THE CITY OF HUDSON MUST BE FOLLOWED.

** IF THE CITY DETERMINES THAT THE COST OF MUNICIPAL SERVICES INCIDENT TO THE STAGING OF THE USAGE WILL BE INCREASED BECAUSE OF THE USAGE, THE CITY MAY REQUIRE THE PERMITTEE TO MAKE AN ADDITIONAL PAYMENT TO THE CITY IN AN AMOUNT EQUAL TO THE INCREASED COSTS.

APPLICANT'S SIGNATURE

I hereby certify that the answers on this application are true and correct. I agree, in the consideration of granting this permit, to comply with the laws of the Federal Government, State of Wisconsin and to the provisions of the Municipal Code of Ordinances in the City of Hudson.

Signature 	Date December 28, 2018
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Mail or bring completed form with payment to:

**City of Hudson
 505 Third Street
 Hudson, WI 54016**

FOR STAFF USE ONLY

Public Safety Approval:	Amount/Date Paid:
Copy sent to Public Works:	Insurance Submitted:
Receipt #:	



Our Route:

Start under the Hudson Arch
Heading North to St. Croix St.
Left on St. Croix
Take walking trail through park to pier
Down pier
U-turn
Then through south end of park in a circle (within the park and on sidewalk or bike path) and up the sidewalk to top of park on 1st and Locust.

*We will again be requesting officers and barricades for 1st Street Walnut-St. Croix and happy to pay for them as we did last year.

CITY OF HUDSON
REGISTRATION APPLICATION FOR CHARITABLE ORGANIZATIONS TO SELL AT COMMUNITY
EVENT OR CELEBRATION APPROVED BY THE COMMON COUNCIL
(pursuant to Chapter 124-5 (l) of Hudson Municipal Code)

NAME OF COMMUNITY EVENT: Halos of the St. Croix Valley's Memorial Walk & Family Fun Day

NAME OF GROUP SPONSERING EVENT: Halos of the St. Croix Valley

DATES OF SALES: Saturday, August 3, 2019

LOCATION OF SALES: Lakefront Park

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*******REGISTRATION*******

NAME OF CHARITABLE ORGANIZATION: Halos of the St. Croix Valley

PERMANENT ADDRESS: 207 South Knowles Avenue, New Richmond, Wisconsin 54017

TELEPHONE # OF ORGANIZATION OR CONTACT PERSON: Kelli (651) 329-3815

FEIN # 46-422-0801

Product for sale and a brief description:
Tickets for games, silent auction goods, refreshments.

Please PRINT the names of persons who are authorized to sell for your organization at this event.

Kelli Espiritu

Barry Espiritu

Darrell Roberts

I declare that the information on this form is true and correct to the best of my knowledge and belief. The organization accepts responsibility for the sellers listed above, and I am authorized to sign this form.

Print name Kelli Espiritu

Signature *Kelli Espiritu*

Phone: 651-329-3815

Date: December, 28, 2018

I, the undersigned, have reviewed the application and hereby
() Approve () Deny said Applicant Date: _____

Signature Chief of Police or
Authorized Officer

COUNCIL ACTION: _____

Registration number assigned: _____

COMMON COUNCIL APPROVED COMMUNITY EVENT - DIRECT SELLERS
Name of Organization Approved for Community Event: Halos of the St. Croix Valley

Date of event: Saturday, August 3, 2019

(Please return your list of approved sellers to the Clerk's Office 24 hours prior to the event.)

NAME	BUSINESS NAME	ADDRESS	ITEMS TO BE SOLD
1			
2			
3			
4	This form will be filled out and sent to clerks office in July.		
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