1. Call to order
2. Roll Call
3. Approval of Minutes from the January 27, 2020 Public Safety and Welfare Committee meeting
4. Public Comment
5. **Discussion and Possible Action Re:** A Change of Agent request from Kwik Trip, Inc. for Kwik Trip #456, 2145 CTH PB, Verona, WI 53593
6. **Discussion and Possible Action Re:** A Special Event Permit application from Stacey Burkart, Verona Area Public Library Director, for the Word on the Street 5K Run/Walk and Kids’ Run on Saturday, May 2, 2020
7. **Discussion and Possible Action Re:** A Special Event Permit application from Lauren Birkel, Glacier Edge Elementary School PTO, for the Color Run 2020 on Wednesday, May 6, 2020
8. **Discussion and Possible Action Re:** Ordinance No. 20-959 amending Section 7-1-8 of the Code of Ordinances of the City of Verona related to animals on public property
9. **Discussion Re:** Update on SBR Endurance Performance Winter Wonderland Triathlon
10. Adjournment

Heather Reekie, Chairperson

POSTED: Verona City Hall
Verona Public Library
Miller & Sons Market
City Web Page at: [www.ci.verona.wi.us](http://www.ci.verona.wi.us)

IF YOU NEED AN INTERPRETER, MATERIALS IN ALTERNATIVE FORMATS OR OTHER ACCOMMODATION TO ACCESS THE MEETING, PLEASE CONTACT THE CITY CLERK AT 608-845-6495 AT LEAST 48 HOURS PRECEDING THE MEETING. EVERY REASONABLE EFFORT WILL BE MADE TO ACCOMMODATE YOUR REQUEST.
1. **Call to order:** Heather Reekie called the meeting to order at 6:30 p.m.

2. **Roll Call:** Heather Reekie, Katie Kohl and Evan Touchett were present. Also present: Police Chief Bernie Coughlin, and City Clerk Ellen Clark.

3. **Approval of Minutes:** Motion by Touchett, seconded by Kohl, to approve the minutes from the January 13, 2020 Public Safety and Welfare Committee meeting. Motion carried 3-0.

4. **Public Comment:** There was no public comment.

   **Discussion and Possible Action Re:** Ordinance No. 20-955 amending Section 27 of Chapter 1 of Title 10, Motor Vehicles and Traffic for the Code of Ordinances of the City of Verona.

   Coughlin explained the proposed parking restrictions along Westridge Parkway just north of W. Verona Avenue are due to the transportation improvements currently under construction for the new high school campus. The restricted areas identified in this ordinance are to protect the future bike lane and travel lane assignments, which will be epoxy painted pavement markings on Westridge Parkway at the intersection of W. Verona Avenue.

   Motion by Reekie, seconded by Touchett, to recommend to the Common Council to approve Ordinance No. 20-955 amending Section 27 of Chapter 1 of Title 10, Motor Vehicles and Traffic for the Code of Ordinances of the City of Verona. Motion carried 3-0.

5. **Adjournment:** Motion by Kohl, seconded by Touchett, to adjourn at 6:32 p.m. Motion carried 3-0.

   Ellen Clark, City Clerk
5. **A Change of Agent request from Kwik Trip, Inc. for Kwik Trip #456, 2145 CTH PB, Verona, WI 53593.**

   Kwik Trip, Inc. has requested a change of agent for their Combination Class “A” and “Class A” Liquor License at Kwik Trip #456 from Alexander Abel to Jim M. Thomson.

   **Motion: To recommend to the Common Council to approve a Change of Agent request for Kwik Trip #456, 2145 CTH PB, Verona, WI 53593.**

6. **A Special Event Permit application from Stacey Burkart, Verona Area Public Library Director, for the Word on the Street 5K Run/Walk and Kids’ Run on Saturday, May 2, 2020.**

   This is the fourth year for this event. This fundraising event for the Verona Public Library will run from 8 a.m. – 10 a.m. The route begins and ends at the library. Participants will cross E. Verona Avenue at Franklin Street and Lincoln Street. An officer will be staffed at the Franklin Street crossing location. Sidewalk chalk will be used for pavement markings.

   **Motion: To approve a Special Event Permit for the Word on the Street 5K Run/Walk and Kids’ Run on Saturday, May 2, 2020.**

7. **A Special Event Permit application from Lauren Birkel, Glacier Edge Elementary PTO, for the Glacier Edge Color Run on Wednesday, May 6, 2020.**

   This is the fourth year for this event, which is a fundraiser for the Glacier Edge Elementary School. The event will run from 5 p.m. – 7 p.m. The one-mile route begins and ends at the Glacier Edge playground. There will be color stations along the course at Tower Park and Tollefson Park. The run will take place on the sidewalks. Approval of this event will be contingent upon approval by the Parks, Recreation & Forestry Commission.

   **Motion: To approve a Special Event Permit for the Glacier Edge Color Run on Wednesday, May 1, 2019, contingent upon approval by the Parks, Recreation & Forestry Commission.**

8. **Ordinance No. 20-959 amending Section 7-1-8 of the Code of Ordinances of the City of Verona related to animals on public property.**

   The proposed Ordinance amendment allows service dogs, rescue dogs, and Police and Fire K9’s to be located on public grounds and cemeteries. The proposed change reflects current practice of what animals the City allows on public property. Staff recommends the Common Council approve the Ordinance amendment relating to animals on public property.

   **Motion: To recommend to the Common Council to approve Ordinance No. 20-959 amending Section 7-1-8 of the Code of Ordinances of the City of Verona related to animals on public property.**
February 14, 2020

City Clerk
City of Verona
111 Lincoln Street
Box 188
Verona, WI 53593

RE: Appointment of Agent Change
Kwik Trip 456
2145 CTH B.

Dear City Clerk:

Jim Thomson has been assigned to take over leadership responsibilities of our Kwik Trip 456 convenience store located in the City of Verona. Therefore, we would like to appoint Jim as the new agent of the store.

Enclosed, please find a completed Appointment of Agent and Auxiliary Questionnaire forms reflecting the change. In addition, enclosed is a $17.00 check to cover the administrative fee for this service. I respectfully request that you please include this item on the agenda of your next City Council meeting for consideration.

If you require anything further, please contact me at (608) 791-7385 or JChristianson@kwiktrip.com. Thank you for your assistance with this matter.

Yours truly,

[Signature]
Jay Christianson
Licensing Agent

Enclosures
Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  

☐ Town  
☐ Village of Verona  
☑ City  
County of Dane

The undersigned duly authorized officer/member/manager of KWIK TRIP, INC.  
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Kwik Trip 456

Located at  
2145 County Rd., B, Verona, WI 53593

Appoints  
Jim M. Thomson  
(Trade Name)

9514 Union Valley Road., Black Earth, WI 53515  
(Name of Appointed Agent)

(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes  ☑ No  
If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course?

☐ Yes  ☑ No  

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 44 years, 7 months

Place of residence last year  
1107 Hillview Rd., Black Earth, WI 53515

For:  
KWIK TRIP, INC.  
(Name of Corporation / Organization / Limited Liability Company)

By:  

(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, Jim M. Thomson  
(Print / Type Agent's Name)

hereby accept this appointment as agent for the corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted at the premises for the corporation/organization/limited liability company.

(Signature of Agent)  
2/12/20  
(Date)  
Agent's age 44  
Date of birth 7/15/1975

9514 Union Valley Road., Black Earth, WI 53515  
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on  
(Date)  

by  
(Signature of Proper Local Official)  
Title  
(Town Chair, Village President, Police Chief)

AT-104 (R. 4-18)  
Wisconsin Department of Revenue
Auxiliary Questionnaire
Alcohol Beverage License Application
Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name)
Thomson Jim Martin

Home Address (street/route) Post Office City State Zip Code
9514 Union Valley Road 608-886-3226 Black Earth WI 53515

Age Date of Birth Place of Birth
44 7/15/1975 Tomah, WI

The above named individual provides the following information as a person who is (check one):
☐ Applying for an alcohol beverage license as an individual.
☐ A member of a partnership which is making application for an alcohol beverage license.
☑ Agent of Kwik Trip, Inc.

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

➔ 1. (a) How long have you continuously resided in Wisconsin prior to this date? 44 years and 7 months
(b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? Yes ☑ No

➔ 2. (a) Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, or laws of any other states? Yes ☑ No
(b) Have you ever been convicted of any violations of any county or municipal ordinances? Yes ☑ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

➔ 3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes ☑ No
If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes ☑ No
If yes, identify.

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes ☑ No
(If yes, identify)

READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named on the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Jim M. Thomson
Wisconsin Department of Revenue
OFFICIAL USE ONLY

I have reviewed the attached application and have found the following legal violations have occurred involving the applicant:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

NO C.I.B RECORD Yes [ ] No [ ]

RECOMMENDATION: APPROVE [ ] DENY [ ]

Signature of Chief of Police

Date
WISCONSIN
SELLER / SERVER CERTIFICATION

Trainee Name: Jim Martin Thomson
Date of Completion: 01/23/2019

School Name: 360training.com, Inc.
Certification #: WI-184848

I, [Signature]
Certify that the above named person successfully completed an approved Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66

Corporate Headquarters
6802 N Capital of Texas Hwy, Suite 150
Austin, TX 78731
P: 877.881.2235
Kwik Trip
Certificate of Completion

This certifies that

Jim Thomson
Has successfully completed

Learn2Serve Alcohol Certification (WI)

Completed on 1/23/2019 08:41 AM America/Chicago
CITY OF VERONA

APPLICATION FOR A SPECIAL EVENT PERMIT
For Parades, Runs, Walks, Bicycle Events, Triathlons, Festivals, Neighborhood Events, etc.
*All required application materials must be submitted at least 45 days prior to the event. Failure to meet this requirement may result in the denial of the application pursuant to Section 7-7-1(h) of the City of Verona Code of Ordinances*

Application Fee: $30.00

Applicant Information
APPLICANT NAME: Stacey Burkart
APPLICANT ADDRESS: 500 Silent Street, Verona, WI 53593
APPLICANT PHONE: 508-845-7180 x125

Agency Information
AGENCY/ORGANIZATION NAME: Verona Public Library
AGENCY ADDRESS: 500 Silent Street, Verona, WI 53593
PHONE: 508-845-7180

Event Information
TYPE OF EVENT & NAME OF EVENT: Word on the Street 5K Run/Walk & Kids’ Run
EVENT DATE(S): Saturday, May 2, 2020
EVENT TIME(S): 8:00 - 10:00am

DO YOU INTEND TO CLOSE A PORTION OF ANY OF THE CITY OF VERONA STREETS FOR YOUR EVENT?
YES □ NO □

*If you answered YES to street closures, please attach a map/diagram of the portion(s) of street you wish to have closed for your event. Please include street names and as much information as possible.

If you are NOT intending to close any City Streets but intend to use City Streets you will share the street with vehicular traffic and agree to abide by all traffic laws. Failure to comply with traffic laws will result in the immediate termination of all event activities. Applicant Initial Here: SB

ADDITIONAL INFORMATION REQUIRED
Please include the following information/materials regarding the event with your application:

1. Route Map or Map of Event Layout- include any street closures (if applicable)
2. Route Description (if applicable)
3. Certificate of Insurance
4. A copy of the applicant’s Driver’s License

(Application Continues on Reverse)
**Event Contacts**

**PLEASE LIST NAMES, LOCATIONS AND MOBILE PHONE NUMBERS OF ON-SITE EVENT CONTACT PERSONS**

<table>
<thead>
<tr>
<th>NAME</th>
<th>LOCATION AT EVENT (Ex: Race Start, Supply Tent etc.)</th>
<th>TIME ON-SITE (Ex: 10 a.m. to 2 p.m.)</th>
<th>CELL PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stacey Burkart</td>
<td>Race start</td>
<td>6:00 - 11:00am</td>
<td>608-575-7041</td>
</tr>
<tr>
<td>Elizabeth Strutz</td>
<td>Volunteer table</td>
<td>7:00 - 11:00am</td>
<td>608-515-4335</td>
</tr>
<tr>
<td>Julie Harrison</td>
<td>Race start</td>
<td>7:00 - 11:00am</td>
<td>608-843-4488</td>
</tr>
<tr>
<td>Leah Portz</td>
<td>Race start</td>
<td>7:00 - 11:00am</td>
<td>608-576-6619</td>
</tr>
</tbody>
</table>

**Application Procedures**

1. Application and all required materials shall be submitted to the City Clerk a minimum of 45 days prior to the event.
2. Upon verification of the application the City Clerk shall submit the application to the Police Chief for further review.
3. The applicant may be contacted by the Police Chief to review street closures and the need for on-site police officers or City staff at the event.
4. The applicant is subject to a background check.
5. All police traffic control/city staff time incurred shall be billed to the applicant upon the completion of the event.
6. The applicant may be required to attend a Public Safety and Welfare Committee meeting or a Common Council meeting at which the event application will be reviewed for approval.
7. Once the application is approved by the appropriate official(s) the City Clerk will notify the applicant.

**Applicant Signature**

PLEASE READ CAREFULLY BEFORE SIGNING

I understand the application and event requirements and agree to adhere to all applicable federal, state, and municipal laws in addition to the requirements on the application. I agree to pay any invoices received from the City of Verona for staff time at the event within 30 days of the invoice date. I understand that the failure to adhere to any application requirements or any federal, state or municipal laws involving the event will result in the denial of the application or immediate termination of the event. The violation of federal, state or municipal laws will be subject to applicable fines and penalties.

![Signature]

Applicant Signature

![Date]

Date
APPLICATION FOR SPECIAL EVENTS

MUNICIPAL CLERK
Application Received Date: ____________________________ Municipal Clerk: ____________________________
Event Date(s): ____________________________ 45 Day Application Requirement Met: YES ☐ NO ☐
Application Submitted to Chief of Police on: ____________________________

CHIEF OF POLICE
Application Received Date: ____________________________ Chief of Police: ____________________________
The event application has been reviewed and the following issues need to be addressed:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Meeting with Applicant: YES ☐ NO ☐ If YES, Date of Meeting: ____________________________
Traffic Control/Officers Needed:
________________________________________________________________________
________________________________________________________________________
CIB Information:
________________________________________________________________________
________________________________________________________________________
CERTIFICATION OF APPLICATION BY CHIEF OF POLICE:
Approved ☐ Denied ☐ Chief of Police: ____________________________ Date: ____________________________

MUNICIPAL CLERK
PUBLIC SAFETY & WELFARE COMMITTEE Date: ____________________________ APPROVE DENY
COMMON COUNCIL
On ____________________________ 20___, the Common Council of the City of Verona voted to ____________________________
the following event for the date(s) listed.
________________________________________________________________________
City Clerk: ____________________________ Date: ____________________________
APPLICATION FOR A SPECIAL EVENT/NEIGHBORHOOD EVENT PERMIT
For Parades, Runs, Walks, Bicycle Events, Triathlons, Festivals, Neighborhood Events, etc.
*All required application materials must be submitted at least 45 days prior to the event. Failure to meet this requirement may result in the denial of the application pursuant to Section 7-7-1(h) of the City of Verona Code of Ordinances*

Application Fee:
$150.00 + any additional fees
Non-Profit Organization: $50.00 + any additional fees

REQUIRED INFORMATION
Please include the following information/materials regarding the event with your application:
- A copy of the applicant's Driver's License
- Route map and description and/or map of event layout
- Certificate of Insurance – at least 30 days prior to event

APPLICANT INFORMATION
Name: Lauren R. Birkel
Address: 6426 Demarco Trail
Phone: 608-692-9893
DOB: 01-23-1982
Email: lbirkel@orangeshoe.com

AGENCY/ORGANIZATION INFORMATION
Name: Glacier Edge Elementary School - PTO
Address: 800 Kimball Lane (Attn: PTO), Verona, WI 53593
Phone: 608-497-2100

EVENT INFORMATION
Name of Event: Color Run 2020
Event date(s): May 6, 2020
Set up Start Time: 3pm
Type of event: Fundraiser Run/Walk
Event time(s): 5pm-7pm
Tear Down End Time: 7pm

(Application Continues on Reverse)
<table>
<thead>
<tr>
<th>Informational Questions</th>
<th>No</th>
<th>Yes</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Was a Special Event Permit previously approved in times past for this event?</td>
<td></td>
<td>✔</td>
<td>Additional application required.</td>
</tr>
<tr>
<td>2 Will there be outdoor amplified sound?</td>
<td></td>
<td>✔</td>
<td>Additional licenses may be required.</td>
</tr>
<tr>
<td>3 Will alcohol be sold, served or consumed?</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Are you requesting any City streets to be closed to traffic?</td>
<td></td>
<td>✔</td>
<td>If yes, please provide a map clearly marking the highways that will be used. Additional permission from the County is required.</td>
</tr>
<tr>
<td>5 Will your event use County, State or US Highways?</td>
<td></td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>6 Will park, conservancy land, or trails be used? If so, have you reserved a park, pavilion, or any other city facilities for the event?</td>
<td></td>
<td>✔</td>
<td>Contact Parks Department: 845-6695 If using park facilities, the application will not go before the Public Safety Committee without Parks Department approval.</td>
</tr>
<tr>
<td>7 Will items or services be sold or given away at this event?</td>
<td></td>
<td>✔</td>
<td>If yes, please attach a list of types of items or services.</td>
</tr>
<tr>
<td>8 Does this event involve a plan for tents, stages, inflatable bounce houses or temporary structures?</td>
<td>✔</td>
<td></td>
<td>Include on event layout map.</td>
</tr>
<tr>
<td>9 Does your event include the use of fireworks, rockets, lasers, other pyrotechnics, or open flame?</td>
<td>✔</td>
<td></td>
<td>Must receive written approval from Fire Chief or his designee. 608-845-9401</td>
</tr>
<tr>
<td>10 Do you plan to provide portable toilets at your event?</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Will your event have dedicated coverage by an Emergency Medical Provider?</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Is this a race or timed event where participants need the right of way on City streets?</td>
<td>✔</td>
<td></td>
<td>If traffic control is desired, a police officer is required, per WI Law.</td>
</tr>
<tr>
<td>13 Will there be a clear path of travel (min. 18’ wide) for emergency vehicles throughout your event?</td>
<td></td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>14 Does your event include running or biking that will need a dedicated lane of travel on City streets?</td>
<td>✔</td>
<td></td>
<td>Posting of No Parking signs by PD will be needed and billed to event.</td>
</tr>
</tbody>
</table>

*If you answered YES to street closures, please attach a map/diagram of the portion(s) of street you wish to have closed for your event. Please include street names and as much information as possible.

If you are NOT intending to close any City Streets, or request the right of way, but intend to use City Streets, you will share the street with vehicular traffic and agree to abide by all traffic laws. Failure to comply with traffic laws will result in the immediate termination of all event activities.

*Applicant Initial Here: [Blank]*
**EVENT CONTACTS**

Please list names, locations and cell phone numbers of on-site event contact persons.

<table>
<thead>
<tr>
<th>NAME as shown on ID</th>
<th>DOB</th>
<th>LOCATION AT EVENT (Ex: Race Start, Supply Tent etc.)</th>
<th>TIME ON-SITE (Ex: 10 a.m. to 2 p.m.)</th>
<th>CELL PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lauren R S Birkel</td>
<td>1-23-1982</td>
<td>Glacier Edge/Start-Finish Area</td>
<td>2:30pm</td>
<td>608-692-9893</td>
</tr>
<tr>
<td>Brodie F Birkel</td>
<td>06-16-1980</td>
<td>Glacier Edge/Route</td>
<td>3pm</td>
<td>608-692-9873</td>
</tr>
</tbody>
</table>

**APPLICATION PROCEDURES**

1. Application and all required materials shall be submitted to the City Clerk a minimum of 45 days prior to the event. *(Section 7-7-1(h) of the City of Verona Code of Ordinances)*
2. Upon verification of the application the City Clerk shall submit the application to the Police Chief for further review.
3. The applicant will be contacted by the Police Department Staff to review event route and the need for on-site police officers or City staff at the event.
4. The applicant is subject to a background check.
5. All police traffic control/city staff time incurred shall be billed to the applicant upon the completion of the event.
6. The applicant may be required to attend a Public Safety and Welfare Committee meeting and/or a Common Council meeting at which the event application will be reviewed for approval.
7. Once the application is approved by the appropriate official(s) the permit will be issued.

**APPLICANT SIGNATURE**

Please read carefully before signing.

I understand the application and event requirements and agree to adhere to all applicable federal, state, and municipal laws in addition to the requirements on the application. I agree to pay any invoices received from the City of Verona for staff time at the event within 30 days of the invoice date. I understand that failure to adhere to any application requirements or any federal, state or municipal laws involving the event will result in the denial of the application or immediate termination of the event. The violation of federal, state or municipal laws will be subject to applicable fines and penalties.

Signature: ____________________________

Date: 02-10-2020

*Once application is approved, the permit will be issued to applicant via email. A copy of the permit must be available at event for conformation.*
CHIEF OF POLICE

Date Received by Police: ____________________

The event application has been reviewed and the following issues need to be addressed:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Meeting with Applicant: Yes □ No □ If YES, Date of Meeting: ____________________

Barricades needed? Yes □ No □

Traffic Control/Officers Needed:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

CIB Information:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

CERTIFICATION OF APPLICATION BY CHIEF OF POLICE:

Approved □ Denied □ ___________________________ ___________________________
Signature of Chief of Police Date

MUNICIPAL CLERK

Application Received Date: 2/20/20 45 Day Application Requirement Met: YES □ NO □
Date Submitted to Police on: 2/20/20 All required documents submitted: YES □ NO □
Items Still Required: __________________________

PUBLIC SAFETY & WELFARE COMMITTEE:

Date of meeting: APPROVE □ DENY □

COMMON COUNCIL:

Date of meeting: APPROVE □ DENY □

Signature of Municipal Clerk: ___________________________ Date:

Copy provided to applicant: Yes □ No □ Date: ___________________________
Copy provided to: EMS: Yes □ No □ | Fire: Yes □ No □ | PD: Yes □ No □ | PW: Yes □ No □
In the case of severe weather, the Color Run will not be rescheduled.

Check-in is from 5-6pm. Color Run begins at 6pm.

The Glacier Edge Color Run will take place along a one mile loop starting and ending at the Glacier Edge Playground. There will be two color stations along the course located at Tower Park and Tolleston Park.

Course Map

May 6, 2020

Glacier Edge

Color Run

Get Active, Gather Pledges,
CERTIFICATE OF LIABILITY INSURANCE

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 have ADDITIONAL INSURED provisions or 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
TRICOR, Inc. - Platteville
1370 N. Water Street
Platteville, WI 53818

CONTACT NAME: Melodee Richard, CISR
PHONE: (608) 473-1094 1109
FAX: (608) 723-6440
EMAIL ADDRESS: mrichard@tricorinsurance.com

INSURER(S) AFFORDING COVERAGE
INSURER A: Employees Mutual Companies
NAIC #: 21415

COVERAGES

COVERAGE 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.

<table>
<thead>
<tr>
<th>INSURER</th>
<th>TYPE OF INSURANCE</th>
<th>ADDL/SUBR (INSR. XX)</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (MM/DD/YYYY)</th>
<th>POLICY EXPIRATION (MM/DD/YYYY)</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>CLAIMS-MADE X OCCUR</td>
<td>X 5D30809</td>
<td>05/01/2019</td>
<td>05/01/2020</td>
<td>EACH OCCURRENCE $2,000,000</td>
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<td>DAMAGE TO RENTED PREMISES (EA occurrence) $300,000</td>
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<td>MED EXP (Any one person) $10,000</td>
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<td>PERSONAL &amp; ADV INJURY $2,000,000</td>
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<td>GENERAL AGGREGATE $4,000,000</td>
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<td></td>
<td>PRODUCTS - COMPO/AGG $4,000,000</td>
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<tr>
<td>A</td>
<td>AUTOMOBILE LIABILITY</td>
<td>ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY</td>
<td>X 5E30809</td>
<td>05/01/2019</td>
<td>05/01/2020</td>
<td>COMBINED SINGLE LIMIT $2,000,000</td>
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<td>BODILY INJURY (Per person) $</td>
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<td>BODILY INJURY (Per accident) $</td>
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<td>PROPERTY DAMAGE $</td>
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<tr>
<td>A</td>
<td>UMBRELLA LIABILITY</td>
<td>X OCCUR EXCESS LIAB CLAIMS-MADE</td>
<td>DED X RETENTION $ 0 5J30809</td>
<td>05/01/2019</td>
<td>05/01/2020</td>
<td>EACH OCCURRENCE $9,000,000</td>
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<td></td>
<td>AGGREGATE $9,000,000</td>
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</tbody>
</table>

WORKERS COMPENSATION AND EMPLOYER'S LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? N/A
Mandatory in NH
If yes, describe under DESCRIPTION OF OPERATIONS below

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City of Verona is an additional insured on the general liability by policy form
CG7011 10/13 (copy attached) for the Color Run 5/1/19

CERTIFICATE HOLDER

City of Verona
111 Lincoln St
Verona, WI 53593

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: John D. Olsen

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COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION – VICARIOUS LIABILITY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

<table>
<thead>
<tr>
<th>Name Of Additional Insured Person(s) Or Organization(s):</th>
</tr>
</thead>
</table>

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. **Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However, the insurance afforded to such additional insured only applies to the extent permitted by law.

B. This insurance does not apply to any "bodily injury", "property damage" or "personal and advertising injury" resulting from any act or omission by, or willful misconduct of the additional insured shown in the Schedule, whether the sole or a contributing cause of the loss. The coverage afforded to the additional insured is limited solely to the additional insured's "vicarious liability" that is a specific and direct result of your conduct.

"Vicarious liability" as used in this endorsement means liability that is imposed on the additional insured solely by virtue of its relationship with you, and not due to any act or omission of the additional insured.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.
CITY OF VERONA

AMPLIFICATION DEVICE PERMIT APPLICATION

Please answer the following questions.

Name of Business or Event:

Glacier Edge Elementary Color Run (PTO)

Email Address:

ubirkel@orangeshoe.com

Hours during which amplification will be used:

From 5:00 a.m. to 7:00 a.m.

Requested duration of the permit (e.g. May-Oct)

May 16, 2020

What type of music will be playing?

☐ Live Band
☒ Recorded Music
☐ Acoustic
☐ Other: Announcements to participants

Type of amplification:

Speaker

Please attach a sketch of the outdoor area indicating where music will be located/played.

*See Color Run Map - Speakers will be right behind Glacier Edge.

Applicant Signature

[Signature]

Date

2-17-2020