



JACKSON COUNTY WISCONSIN LARGE ASSEMBLY APPLICATION

JACKSON COUNTY ORDINANCE 12.04

*Application must be made at least 60 days prior to event
Application Fee \$150.00*

COMPLETE ALL SECTIONS ~ attach applicable information if not enough room allowed

1. Name and type of the Event: _____
2. Address of the Event: _____
3. Date and Duration of the Event: _____
4. Name of Legal Licensee: _____
5. Mailing Address of the Legal Licensee: _____
6. Name and Phone Number of Organizer of Event: _____
7. Estimated Number of People Attending Event: _____
8. Number of tickets for sale (if applicable.) _____
9. The maximum number of people which the applicant shall permit to assemble at any time. _____
10. Layout for event including acreage, boundaries, parking, roadways, and plans for fencing/gates at event if applicable.(attach plans)
11. Water supply:
 Public Name of Village/City/Town _____
 Private well(s) **Attach report(s)** of safe results of bacteria and nitrate analysis performed on well(s) in the last twelve months with this application.
12. Explain the disposal of wastewater: _____
13. The plans for providing toilet and lavatory facilities including the source, number and location, type and the means of disposing of waste deposited.
Number of toilets to be provided.

Required Toilets Males	Required Toilets Females	Hand wash Sinks
1 per 125 males	1 per 60 females	1 per 200 users
14. The plans for holding, collecting and disposing of solid waste material. _____
15. Lighting plans to illuminate the location: _____

- 16. Security Plan and Company _____
 **Approval of or Proof of contact with Jackson County Sheriff or his/her designee is needed. (Attach letter of approval or proof of contact)
- 17. Medical Plan and Personnel _____
- 18. Fire Protection Plan _____
- 19. Provide an Emergency Plan for Severe Weather: _____
- 20. Camping Plans contact Jackson County Public Health (715) 284-4301 ext. 408
- 21. Food/ Concessions: Contact Jackson County Public Health (715) 284-4301 ext. 408
- 22. Verification that you have contacted the town board where your event is to be held in regards to rules and regulations that town may have.
- 23. If Alcohol is being served, attach a copy of your liquor license.

BOND

A \$10,000 cash bond must be included with the application and given to the County Clerk.

I swear that the information contained in this application is, to the best of my knowledge, true and complete. I have received a copy of and further agree to abide by the rules and regulations of Jackson County Ordinance 12.04 pertaining to Large Assembly and Jackson County Ordinance 9.17 pertaining to Peace and Order (Noise)

SIGNATURE REQUIREMENTS: The Event Organizer and Property Owner are required to sign this application.

Event Organizer's Printed Name: _____

Signature: _____ Date: _____

Property Owner's Printed Name: _____

Signature: _____ Date: _____

The County Clerk has 10 business days from the receipt of the completed application to forward the application to the Large Assembly Committee to begin the review process.

SUBMIT PLANS AND CHECK TO: Jackson County Clerk
 307 Main Street
 Black River Falls, WI 54615
 (715) 284-0201

FOR OFFICE USE			
Date Submitted _____	Date of Committee Meeting _____	Permit Approved	YES NO Date _____
(Not to exceed 60 days)			
Amount Paid _____	Cash _____	Check _____	Check Number _____ \$10,000 Cash Bond _____
(Make check payable to Jackson County)			
			2015 SW