

**VILLAGE OF PRAIRIE DU SAC**  
**Temporary Class B Retailer's Supplemental Information**

This Form shall be completed along with the License Application

Event: \_\_\_\_\_  
Event Date(s): \_\_\_\_\_  
Event Location: \_\_\_\_\_  
Proposed Hours\*: \_\_\_\_\_  
Approximate # of Participants: \_\_\_\_\_  
Event Sponsor: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECURITY:**

Type of On-Site Security: \_\_\_\_\_

**AREA OF DISPENSING & CONSUMPTION**

Fenced Area: \_\_\_\_\_  
Location/Size: \_\_\_\_\_

Enclosed Building/Structure: \_\_\_\_\_  
Location/Size: \_\_\_\_\_

**EMERGENCY ACCESS**

Medical Personnel On-site(describe) \_\_\_\_\_

Direct Communication (Cell Phone, 2-way radio, etc.) \_\_\_\_\_

**IDENTIFICATION/AGE VERIFICATION**

Describe proposed procedure to verify and identify legal consumers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*All Serving and Consumption must be completed by 12:00 Midnight and assembly disbursed.

**TRAFFIC CONTROL**

Parking (Describe location, # spaces, how controlled): \_\_\_\_\_  
\_\_\_\_\_

Emergency Access (Describe route/location reserved for public safety vehicles):  
\_\_\_\_\_  
\_\_\_\_\_

**EVIDENCE OF INSURANCE:**

Applicant shall furnish Certificate of Insurance naming Village of Prairie du Sac as Additional Insured:

General Aggregate Limit:	\$ 2,000,000
Per Occurrence Limit:	\$ 1,000,000
Personal & Advertising Limit:	\$ 1,000,000
Medical Expense Limit:	\$ 5,000
Property Damage Limit	\$ 100,000

rev. 2/14/00

Please describe coordination with other Village Departments, if applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_