



225 Edward Street  
Chippewa Falls, WI 54729  
www.nwsfa.com  
715-723-2861

## Activity Application Request Form

(Please Check Website for available dates prior to submitting requests)

This application is to define events/activities/use for rental consideration of facilities and venue at Northern Wisconsin State Fairgrounds (NWSF). Please complete and check areas that apply to your request. All applications will be reviewed and a draft rental agreement will be issued if facilities are available. We reserve the right to accept/reject any application. **This is not a License or Contract to use the Fairgrounds.** (Print clearly incomplete or illegible applications will not be considered)

Name of activity and/or event: \_\_\_\_\_

Name of firm and/or organizing group: \_\_\_\_\_  
(Name as it will appear on license if approved)

Individual responsible for event: \_\_\_\_\_  
(Name of contact person in charge of event)

Mailing Address: \_\_\_\_\_

(City)

(State)

(Zip)

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
(Contact Person) (Contact Person)

Is the organizing group a Nonprofit: Yes \_\_\_\_ (Name): \_\_\_\_\_

### Dates, time of use:

Date(s) of Event: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_  
(Month) (Dates) (Year)

Set-up time requested: \_\_\_\_\_ Daily hours of Operation: \_\_\_\_\_  
(From) (Till) (From) (Till)

**Building(s)** requested: Expo Hall A: \_\_\_\_\_ Banquet Hall B: \_\_\_\_\_ Expo Hall C: \_\_\_\_\_ Leinenkugel Pavilion: \_\_\_\_\_  
Leinie Lodge: \_\_\_\_\_ Admin/Office space: \_\_\_\_\_ RCU School Exhibits: \_\_\_\_\_ Youth/Ag Building: \_\_\_\_\_ Coliseum: \_\_\_\_\_  
Horse Barn: \_\_\_\_\_ Cattle Barn: \_\_\_\_\_ Grandstand: \_\_\_\_\_ Gordy's Stage: \_\_\_\_\_ Gate Admission Booths: \_\_\_\_\_ Other: \_\_\_\_\_

**Areas** requested: Full Grounds: \_\_\_\_\_ Expo Building Areas: \_\_\_\_\_ Parking: (inside fenced area) \_\_\_\_\_ (outside fenced area) \_\_\_\_\_  
Horse Arena: \_\_\_\_\_ Grandstand: \_\_\_\_\_ Kiddy Land: \_\_\_\_\_ Food Concession area: \_\_\_\_\_ Other: \_\_\_\_\_

**Misc requests:** Ticket Booths: \_\_\_\_\_ Picnic Tables: \_\_\_\_\_ Park Benches: \_\_\_\_\_ Signage: \_\_\_\_\_ Parking Lot set-up: \_\_\_\_\_  
Permanent Food Stands: \_\_\_\_\_ Food Concession Area: \_\_\_\_\_ Main P/A: \_\_\_\_\_ Games/Inflatables: \_\_\_\_\_ Tents: \_\_\_\_\_ Stage: \_\_\_\_\_  
Refrigerated Beverage trailer: \_\_\_\_\_ Evening Street Lighting: \_\_\_\_\_ Banquet Tables/Chairs: \_\_\_\_\_

**Type/Event Activities:** Festival: \_\_\_\_\_ Trade Show: \_\_\_\_\_ Fundraiser: \_\_\_\_\_ Walk/Run: \_\_\_\_\_ Animal Show: \_\_\_\_\_ Benefit: \_\_\_\_\_  
Company gathering: \_\_\_\_\_ Meeting: \_\_\_\_\_ Wedding Ceremony: \_\_\_\_\_ Wedding Reception: \_\_\_\_\_ Live Music: \_\_\_\_\_ D/J: \_\_\_\_\_  
Catering at event: \_\_\_\_\_ Other: \_\_\_\_\_

**Will Alcohol be served:** (Yes) \_\_\_\_ (No) \_\_\_\_

**Please explain your event and how profits will be used:**

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**References:**

Please provide two (2) references from past activities, or similar events where you have held or had experience with this type of event or activity.

Name of venue site: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of venue: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Liability Insurance:**

Northern Wisconsin State Fair Association Inc. requires a current certificate of liability insurance (\$1,000,000. minimum) on file for every group, club or individual responsible for utilizing the Northern Wisconsin State Fairgrounds. The licensee must be listed as the primary insured party and NWSF as additionally insured. This certificate must be submitted to the Fairgrounds Office two weeks prior to event and/or activity. Insurance is available through NWSF Liability Insurance Ryder if needed.

Liability Insurance Request: Yes \_\_\_\_\_ No \_\_\_\_\_.

**Signature:**

I certify that the information stated on this Activity Application Form is complete and true to the best of my knowledge.

\_\_\_\_\_  
(Owners signature as stated on the front of this form)

\_\_\_\_\_  
(Date)

**Return Completed Form To:**

NWSF  
225 Edward Street  
Chippewa Falls, WI 54729  
Phone: 715-723-2861  
Fax: 715-723-6557  
info@nwsfa.com

10.3.17