Special Event Application



Application Date:					WISCONSIN
Applicant:			A	.ge:	
Address:					
Phone Number:					
On Behalf of: (Organization)					
	If a corporation, please	e include information o	n its principal	officers	<u>:</u>
Name	Age	Address			Telephone Number
Name	Age	Address			Telephone Number
Event Manager / R	esponsible Party:				
public amusement?		No:		r violati	ng a law regulating any
Please provide pre	vious experience and		ious public a	amusei	ments:
		Da	le / Time.		
Assembly Area:		Sta	rting Point:		
Route:					
Termination Point:		Numbe	r of Participar	nts:	
Insurance Company	(attach certificate)				
and safety of the person parades, runs, walks, b	ns using the streets within	the Village of West Saler etc. There is a \$50.00 ap	n. It is to be us plication fee for	sed for e	d for protecting the general welfare vents such as processions, al Event. There may also be
DATED this da	ay of, 2		oplicant Signa	ature	
OR OFFICE USE ONLY:			_		
ate application received: _		Fee Paid:		Insurance	9 OK:
OTIFICATION SENT TO T					the granting of this permit by:
OLICE DEPT. UBLIC WORKS UILDING INSPECTOR	Date Sent: Date Sent: Date Sent:		(Appl	ication da	te + 15 days or as needed)