



PERMIT APPLICATION

PARADE WALK RUN OTHER

DATE: _____

EVENT FEE \$50.00

EVENT

Event Title: _____

Date of Event: _____ Start & End Time: _____

Route (or attach map): _____

Assembly Area: _____ Disbanding Area: _____

Estimated Number of Participants: _____

INSURANCE

Name of Insurance Company: _____

Amount of Liability Insurance: _____

APPLICANT

Name of Organization: _____

Contact Name: _____ Phone: _____

Street Address: _____

City, State, & Zip: _____

If you would like to request that the event fee be waived, please submit a reason in writing along with this application.

APPLICANT'S STATEMENT

I hereby certify that the answers on this application are true and correct to the best of my knowledge. I agree, in consideration of the granting of this permit, to comply with the laws of the State of Wisconsin, and to the provisions of Section 41.07 of the City of Platteville Municipal Code.

Signature _____ Date _____

Office Use Only:

Date Application Received: _____ Receipt #: _____

Date Liability Insurance Certificate Received: _____

Police Department Date: A or D _____ Streets Department Date: A or D _____

Council Action and Date: A or D _____ License #: _____

Date Issued: _____ Issued by: _____ (City Clerk)