

PER	MIT APPI	LICATION
\Box PARADE \Box WALK	\square RUN \square	OTHER
DATE:		
	EVENT	Γ FEE <u>\$50.00</u>

EVENT	
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<u>EVENT</u>	
Event Title:	
Date of Event:	Start & End Time:
Route (or attach map):	
	Disbanding Area:
Estimated Number of Participants:	
INSURANCE	
Name of Insurance Company:	
Amount of Liability Insurance:	
<u>APPLICANT</u>	
Name of Organization:	
Contact Name:	Phone Number:
Street Address:	
City, State, & Zip:	
If you would like to request that the event fee be wai	ved, please submit a reason in writing along with this application.
	are true and correct to the best of my knowledge. I agree, in ly with the laws of the State of Wisconsin, and to the provisions of de.
Signature	Date
Office Use Only:	
· · · · · · · · · · · · · · · · · · ·	Receipt #:
Date Liability Insurance Certificate Received:	
Police Department: A or D	Streets Department: A or D
Council Action A or D date:	License #:
Date Issued: Issued by:	(City Clerk)