



SPECIAL EVENT PERMIT APPLICATION

Name of Special Event: _____

Start Date: _____ End Date: _____

Approximate event times

	MON	TUES	WED	THURS	FRI	SAT	SUN
Setup							
Start							
End							
Cleanup							

Location of event: ☐ Park/Public Property: _____

☐ Public Street/Sidewalk/Right of Way: _____

☐ Private property: _____

☐ Other: _____

Please list streets (and include map) that would need to be closed due to the Event: _____

Location of Event parking: _____

Estimated attendance per day: _____

Please check any that apply:

<input type="checkbox"/> Alcohol will be served during Event	Class B permit required
<input type="checkbox"/> Barricades / detours of city streets required	Approval by Public Works Department required
<input type="checkbox"/> Use of City property is requested	Describe in the additional information section below
<input type="checkbox"/> Food truck or other food vendor will be present during Event	Provide additional information in the section below

Provide any additional information that may be relevant to a review of this application:

Contact Information

Organization sponsoring Event: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary and/or Secondary contact must be available onsite or by phone at all times of the Event

Primary Contact: _____

Phone (indicate cell or landline): _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Secondary Contact: _____

Phone (indicate cell or landline): _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

The information contained in this application for a Special Event permit is true, correct, and complete to the best of my knowledge. If there are any changes to the Special Event, I agree that I will promptly notify the City of Fountain City and request approval of the changes.

(Sign Name)_____
(Print Name)_____
(Print Title with Organization)_____
(Date)

**Return completed applications to City Hall
42 North Main Street
Fountain City, WI 54629**