

City of Wisconsin Dells

Application for: SPECIAL EVENTS PERMIT

Application Date: _____ FEE \$160.00 Receipt No. _____

Name of Applicant: _____

Address of Applicant: _____

Daytime Telephone Number: (____) _____ Email Address: _____

Name & Address of Officers, if Corporation: _____

FOR SPECIAL EVENTS PERMIT:

Date(s) of Event: _____

Type of Event: _____

Location of Event: _____

Number and Types of Participants: _____

Contact Person: _____ Telephone No: _____

Fireworks: YES or NO

Beer/Wine Served or Sold: YES or NO (If yes, Temporary Class B Beer/Wine License must be applied for.)

FOR PARADE/OR RUNNING/WALKING EVENT:

Assembly Area: _____

Starting Time & Estimated Ending Time: _____

Starting Point: _____

Parade/Run Route: _____

Estimated Number of Units/or Runners: _____

Printed Name of Applicant

Signature of Applicant

Date

Subject to compliance with Wisconsin Dells Municipal Code chapter 24

Date Approved: _____ day of _____ 20____

Date Denied: _____ Reason(s): _____

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 9/15