

Please contact Town Clerk with any questions.

TOWN OF LAFAYETTE 10-04.01 APPLICATION FOR SPECIAL EVENT ON TOWN ROADS

Nature / Name of Event:		
Date(s) of Proposed Event:		
Time(s) Event to be Held:		
Location of Event {street(s)}:	Use additional pages if necessary.	
Applicant(s) Name:		
Business/Organization Name:		
Address of Applicant/Business:		
City/State/Zip:		
Phone:	2nd Phone:	
Driver's License or Business Tax	x ID # (required)	
Date of Birth (if DL# given):		
Use additional or alternate pages if Municipality Name:	necessary.	
Address:	Phone:	
Municipality Name:		
Address:	Phone:	
Name and Contact Information	of Person(s) in charge or present during event:	
	d will abide by all of the requirements and restrictions	
set forth by the Town Board of	the Town of LaFayette, Walworth County, State of Wisconsin.	
Signature of Applicant	Date of Application	
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262.723.4321 or clerk@lafayettewcwi.gov

TOWN OF LAFAYETTE PERMIT APPLICATION FOR SPECIAL EVENT ON TOWN ROADS

Application Fee:		(Payable to: Town of LaFayette)	
Mail or Deliver to:	Office of the Clerk-Treasurer Town of LaFayette N5573 Bowers Rd Elkhorn WI 53121-4165		
		Date Received by Clerk://	
		sixty (60) days prior to the event to be held, n to the monthly Town Board meeting.	
Please provide the fol	lowing information. If necessary, a	as attachments to this application.	
1)	A detailed map of route.		
2)	A Certificate of Insurance.		
3)	Date(s) of proposed event.		
4)	Time(s) of proposed event.		
5)	Maximum number of people involved in the event:		
	Paid workers, volunte	ers, safety personnel, participants, other.	
6)	Any vehicle(s) with or without mo	tors necessary used for the event	
	with a plan for parking.		
7)	Description of any temporary structures that may be erected and location.		
8)	Description of any fences, barriers, etc that may be used and location.		
9)	Description for collection and disposal of garbage and trash from the event.		
10)	10) Description of system and method to be used for supply, storage and		
	distribution of water and/or food.		
11)	Plan for fire protection, first aid facilities.		
12)	Plan for assistance of emergency personnel (fire dept, sheriff's dept, etc.)		
Please provide any ac	dditional information that you may l	nave that is not listed above.	
• •	•	a crime, statutory violation, or ordinance n directly relates to this application?	
	YES	□ NO	
If yes, description & da	ates on attachment(s):		
	APPROVED	□ DENIED	
	Any conditions may be listed sep	arately.	
Town Chair Signature		Date	