## **Town of Beaver Dam Event Permit Application**

**Permit Fee:** To be set by town board pending application information

**Due Date:** submit at least 45 days prior to event date

**Return Application to:** Town of Beaver Dam Clerk W8540 Cty Rd W, Beaver Dam, WI 53916

Questions: Call 920-887-0791 ext 13 Email: townclerkofbd@gmail.com

APPLICANT INFORMATION	I:		
Name:			
Address:		<del></del>	
City:	State:	Zip Code:	
Phone Number:	Email:		
EVENT INFORMATION:			
Name of Event:			
Sponsoring Agency:			
Location of Event:			
Date of Event:	Start Time:	End Time:	
Alternate Date:	Start Time:	End Time:	
Briefly describe your event:			
Does event require complete requested:	e, partial or closure of any st	reets, roads, or highways?	Explain below with route
Do you require any signs, co	nes, markings, or police pres	ence for your event? YES	NO
Signature of Applicant:		Date:	

## **OFFICE USE ONLY**

Amount Paid:	☐ Cash	□ Ch	eck	Check Number:	Date:	
Modifications Recommended if Applicable:						
<u>Final Action</u>						
	□A	pprove	ed	☐ Denied		
Signature: Chairman				Date:		
Signature: Chief of Police				Date:		