

EVENT APPLICATION

Mail or Fax to the Mequon Police Department
Application must be submitted 60 days prior to the event.

Date of application: _____ Date(s) of event: _____

Time(s) of event: _____ Type of event: _____

Company or organization: _____

Address: _____

Phone #: _____

Company contact name & title: _____

Contact's ph #: _____ Ph # on date of event: _____

Name of person completing the Event Application: _____

Home address: _____

Home ph #: _____ Alternate ph #: _____

Location of event (You must be specific as to address and/or route of travel): _____

Estimated length of event: _____ Estimated # of participants: _____

Will there be:
food for sale? Yes No

beverages for sale? Yes No

volunteers assisting? Yes No

staff assisting? Yes No

Have you hired private security? Yes No

COMPLETE PAGE 2

Incomplete applications will result in delay or denial of event approval.

If there is private security, volunteers, or staff assisting, what are their duties and responsibilities?

Name of person in charge of private security, volunteers, or staff: _____

Address: _____

Home ph #: _____

Alternate ph #: _____

What assistance, if any, would be needed to assist in a safe and orderly event (from police, fire, or emergency personnel)? _____

Will traffic flow be disrupted in any way? If yes, explain: _____

Incomplete applications will result in a delay or denial of event approval.

POLICE DEPARTMENT USE ONLY

Date received: _____ Date(s) of event: _____

Application approved by: _____

Date approved: _____

Special notes: _____
