MEQUON POLICE DEPARTMENT 11300 N. Buntrock Ave. Mequon, WI 53092

FAX: 262-242-7655

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 Ap | pplication: |
| 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 | Have you hired private security? Yes No |
| beverages for sale? Yes No | |
| volunteers assisting? Yes No | |
| staff assisting? Yes No | |

COMPLETE PAGE 2

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

| Application approved by: Date approved: | If there is private security, volum | teers, or staff assisting, what are their duties and responsibilities? |
|---|-------------------------------------|--|
| Name of person in charge of private security, volunteers, or staff: | | |
| Name of person in charge of private security, volunteers, or staff: | | |
| Address: | | |
| Alternate ph #: | | |
| Alternate ph #: 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: | Address: | |
| 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: | Home ph #: | |
| 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: | Alternate ph #: | |
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| Application approved by: | | POLICE DEPARTMENT USE ONLY |
| Date approved: | Date received: | Date(s) of event: |
| | Application approved by: | |
| Special notes: | Date approved: | |
| | Special notes: | |
| | | |
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