



**CITY OF PRAIRIE DU CHIEN**

214 East Blackhawk Avenue

PO Box 324

Prairie du Chien, WI 53821

Phone: 608-326-6406

FAX: 608-326-8182

**ENTERTAINMENT LICENSE APPLICATION**

**\$50 NON REFUNDABLE APPLICATION FEE**

General Description of Entertainment or Amusement: \_\_\_\_\_

\_\_\_\_\_

Location of Function: \_\_\_\_\_ Date(s) of Function: \_\_\_\_\_

Hours: \_\_\_\_\_

Start Time

End Time

Trade Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Event Chair/Contact Person: \_\_\_\_\_

Chair/Contact Phone: \_\_\_\_\_

Name of Sponsoring Organization (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The application shall be accompanied by a certificate of insurance showing that the applicant is covered by liability insurance by an insurance company licensed to do business in Wisconsin in the amount of \$300,000 for the injury or death of one person, \$1,000,000.00 for any one accident and \$50,000 for property damage. If the entertainment involves carnival-type rides, proof of current inspection of such rides by the Wisconsin Department of Industry, Labor and Human Relations must also be furnished.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge. I agree to inform the clerk within ten (10) days of any change in the information supplied in this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Today's Date

*For Administrative Use Only*

Police Chief Recommendation: Approve  or Deny

Police Chief Signature: \_\_\_\_\_

City Administrator Recommendation: Approve  or Deny

City Administrator Signature: \_\_\_\_\_