



**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

**SPECIAL EVENT/PARADE PERMIT APPLICATION (\$25 FEE)**

HOW TO APPLY: Applications shall be made in writing on the form prescribed by law and filed with the City Administrator who may issue the same after appropriate review by the Co-Public Works Managers, the Parks and Recreation Director, the City Administrator, and the Chief of Police. All applications shall be filed no less than fifteen (15) days and no more than sixty (60) days prior to the parade or special event. Approval of the permit must be granted by the Common Council to the special event or parade. NOTE: Violation of this Ordinance shall subject anyone convicted of same to penalties as set forth in sec. 25.04 of the Municipal Code of the City of Prairie du Chien.

Applicant Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

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

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

Title of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Hours:

\_\_\_\_\_ Start Time \_\_\_\_\_ End Time

Estimated Number of Units/People \_\_\_\_\_

Brief Description of Event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(PLEASE COMPLETE BOTH SIDES OF APPLICATION)**

**( 1 )**

**PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY**

- 1. Has your route been reviewed and approved by the Police Department? YES NO
- 2. Will the event include animals? YES NO
- 3. Do you anticipate the event will require additional services from the City of Prairie du Chien, including police, fire protection, or streets? YES NO

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

- 4. Will the event require reservation of City park space? YES NO
- 5. Will the event require the closure of any City streets or roadways? YES NO

If you answered "yes" to Question 4 or 5, additional applications for Park Use Permit and/or Street Closure Permit will be required.

- 6. Please explain the medical services and the service provider at the event:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

**DETAILED DESCRIPTION OF ACTIVITIES, EVENT MAP, AND/OR ROUTES  
MUST BE ATTACHED OR APPLICATION WILL NOT BE ACCEPTED.**

*For Administrative Use Only*

\_\_\_\_\_  
Date Filed with Clerk:

\_\_\_\_\_  
Forwarded to Police Chief:

\_\_\_\_\_  
Recommendation: Approved Denied

\_\_\_\_\_  
Permit Issued: (The fee shall be set at \$25.00.)

\_\_\_\_\_  
Permit Number:

Copies Provided to: Police Chief Fire Chief Park Director  
Council Public Works