



VILLAGE OF EAST TROY

Application for Processions, Parades, Runs, Walks, Bicycle Races and Marathons

Application must be submitted 45 days prior to event.

Permit Fee: \$25.00
Sound System Rental \$ 30.00
Sound System Deposit \$300.00

NAME OF EVENT: _____
DATES/HOURS OF EVENT: _____
DESCRIPTION OF EVENT ACTIVITIES: _____

APPLICANT/ORGANIZATION:

Name: _____
 Address: _____
 Telephone Number: _____

EVENT CHAIRMAN:

Name: _____
 Address: _____
 Telephone Number: _____

- Has the Event Chairman previously conducted a public event? (If yes please explain when, where and nature of that event). _____
- Has the Applicant **OR** Event Chairman previously been convicted of violating a law regulating public events. (If yes, explain the specific offense, date of conviction, and in what court). _____
- Route (Including assembly and disbandment points): Attach map or description _____
- Participants: *(If necessary, use reverse side for this section)*
 - Vehicles - Number: _____ Type: _____
 - Persons - Number: _____
 - Animals - Number: _____
 Type: _____
- Starting Time: _____ Termination Time: _____ Unit Assembly Time: _____
- Space to be maintained between units: _____ feet
- Will the function occupy the entire width of the street to be traversed? _____
- Speed - Maximum Speed _____ mph Minimum Speed _____ mph

Please Note: A certificate of liability insurance must be included with this application. It must be in an amount not less than one million dollars (\$1,000,000) for one person and for one accident. The certificate must list the Village of East Troy as additional insured. This application must be filed no less than 15 days prior to usage. Applications made less than 45 days prior to the day of proposed usage must be made in person.

Applicant Signature _____ **Date** _____

For Office Use Only

Date of Filing: _____ Fee Rec'd.: _____ Ins. Cert. Rec'd.: **Yes / No** (Receipt to: 100-44900)

Approval: Village Board _____ Chief of Police _____ DPW Director _____

Copies of Permit Distributed (Date): Police _____ DPW _____ Emgcy Svcs _____