

Village Clerk/Treasurer Jennifer Bass 5043 Chester Lane Caledonia, WI 53402 Office: 262-835-4451 Direct: 262-835-6414 Email: jbass@caledonia-wi.gov Website: caledonia-wi.gov

> **SCAN HERE TO VIEW ORDINANCE**

APPLICATION FOR SPECIAL EVENT PERMIT

for Establishments Licensed under Ordinance Title 7, Chapter 2

Appli	ication must be submitted no less than 30 days prior	to the event	
Permit Fee: \$150.00 Each Additional Event: \$10.00 \$300.00 Maximum Applicant Information (Manager or perso	* Indicates required information		
First Name:*	Last Name*:		
Phone Number (best to contact):*	Email Address:		
Business Information:			
Business Name:*	Address* (Street Addre	Address* (Street Address, Zip Code):	
Event Information* – Single Event Only ((If applying for multiple events, use the next	t page(s) to list ALL events):	
Date of Event:	Event Start Time:	Event End Time:	
	A.M.	P.M. A.M. P.M.	
DoesApplicantOwn the Property?* (If no, at permit): Yes No	ttach a notarized letter of agency authorizing the	e applicant to apply for a special event	
Security Plan:* A copy of your security plan for	or all events must be attached to this application	n.	
	rea encompassed by the physical descriptios Code of Ordinances. This description can lishment.		
	s, under penalties of law, that the info correct to the best of their knowledge a	ormation provided in this application is and belief.	
Applicant Signature:*	Da	ate:	

	For Office Use Only	
Application Date:	Total Permit Fee:	PD Approval Date:
Total number of events:	Receipt Number:	Clerk Approval Date:
	Permit Number:	

Date of Event:	Event Start Time:	Event End Time:
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