

**SPECIAL EVENT APPLICATION
CITY OF KENOSHA – PARK DIVISION**

Please note that this application does not guarantee approval of your event or equipment requested. The event will need the approval of the Board of Park Commissioners and/or the Superintendent of Parks .

EVENT ORGANIZATION INFORMATION

Name of Responsible Organization _____

Contact Person who is responsible for event: _____

Address: _____

City/State/Zip _____

Daytime # _____ Evening # _____ Cell# _____

Fax # _____ E-mail: _____

Is the Host Organization a 501(c)-3? Yes, provide ES# _____

EVENT INFORMATION

Name of the Event: _____

Date Requested: _____ Rain Date _____

Location Requested: _____ Estimated Attendance _____

Charitable Event: _____ No _____ Yes, Proceeds donated to _____

Brief Description of the Event: _____

Set up date and time: _____

Time of Event: _____

Take down date and time: _____

FOR OFFICE USE ONLY:

Application Packet Received _____ Admin. Or Commission Approval _____

Copies sent to: Alderperson _____ Dirk _____ Police _____

Fire: _____ PW Admin _____ PW-Streets: _____ Kris _____