



Fee: \$50.00

TOWN OF DELAFIELD SPECIAL EVENT APPLICATION

I. ORGANIZATION INFORMATION

Name of Organization			
Street Address	City	State	Zip
Phone Number	Are you a 501(c)3 Organization?		Yes No
Event Contact Person (First & Last Name)			

II. EVENT INFORMATION

Name of Event	Date(s) of Event		
Event Start Time	Event End Time		
Location of Event			
a. Will your event take place in a residential neighborhood? <i>If yes, you will be required to notify all adjacent property owners of the event date and time.</i>			Yes No
b. Attach a detailed map/sketch of your event indicating the specific location, including a layout and a route, if applicable.			
c. Describe your event and its purpose (use separate sheet if needed).			
d. Will there be music on site?		Yes No	e. What times will music play? _____ am/pm
e. Will there be on site parking, confined to the location of the event?		Yes No	
If parking is not contained to site, provide a parking plan including: off site parking, shuttle information or right-of-way parking.			
f. How many people will be attending the event?			g. Will there be alcohol served? Yes No
h. Will there be vendors on site?		Yes No	
i. Does this event require portable toilets on site?		Yes No	

For Staff Review

Application Received By:			
Plan Commission Approval Required?	Yes No		
Town Board Approval Required?	Yes No		
Is this location allowed to hold special events under their plan of operation or conditional use permit?			Yes No
Highway Department Notified?	Yes No		
Police Department Notified?	Yes No		
Fire Department Notified?	Yes No		