

SPECIAL PARTY PERMIT APPLICATION (Please type or print.)

Aldermanic District #:	Date of Request:
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Licensee:
 (Name of individual; each partner; or agent, if a corporation or LLC)

Corporation or LLC Name:

Business/Trade Name:

Business Address (include Zip Code):

Business Phone:

Mailing Address (if different from business address):

I respectfully request a Special Party Permit for the licensed premises identified above for an event on:

Date: _____ (A separate application is required for each date for which a permit is being sought.)

Start Time: _____ **a.m./p.m.** **End Time:** _____ **a.m./p.m.**

Types of Entertainment or Exhibitions requested (check all that apply):

<input type="checkbox"/> Dancing by Patrons	<input type="checkbox"/> Poetry Readings	<input type="checkbox"/> Dancing by Performers, describe: _____
<input type="checkbox"/> Plays, Skits	<input type="checkbox"/> Rapping/Rap Contest	_____
<input type="checkbox"/> Concerts	<input type="checkbox"/> Solo Singers	<input type="checkbox"/> Adult Entertainment, Exotic Dancers, Strippers*, describe: _____
<input type="checkbox"/> Disc Jockey	<input type="checkbox"/> Group Singers	_____
<input type="checkbox"/> Live Musicians	<input type="checkbox"/> Wrestling, describe: _____	_____
<input type="checkbox"/> Magic Shows	<input type="checkbox"/> Patron Contests, describe: _____	_____
<input type="checkbox"/> Other: (If the type of entertainment, exhibitions, or dancing is not listed above, please describe the type below.)		

Types of Music (check all that apply):

<input type="checkbox"/> Blues	<input type="checkbox"/> Dance – R&B	<input type="checkbox"/> Jazz	<input type="checkbox"/> Reggae	<input type="checkbox"/> Polka
<input type="checkbox"/> Classic R&B	<input type="checkbox"/> Easy Listening	<input type="checkbox"/> Latin Pop	<input type="checkbox"/> Techno	<input type="checkbox"/> Irish
<input type="checkbox"/> Classic Rock	<input type="checkbox"/> Folk	<input type="checkbox"/> Mexican	<input type="checkbox"/> Top 40	
<input type="checkbox"/> Contemporary R&B	<input type="checkbox"/> Hard Rock	<input type="checkbox"/> Modern Rock	<input type="checkbox"/> Tropical	
<input type="checkbox"/> Country	<input type="checkbox"/> Heavy Metal	<input type="checkbox"/> New Age	<input type="checkbox"/> _____	
<input type="checkbox"/> Dance – Pop	<input type="checkbox"/> Hip – Hop	<input type="checkbox"/> Rap	<input type="checkbox"/> _____	

Will sound amplification equipment be used as part of this event? Yes No

If yes, please describe: _____

I am filing this request fewer than 45 days prior to the event for which the permit is being sought, and therefore, waive my right to an appeal of the alderperson’s decision.

I understand that there is a possibility that my permit may not be approved due to the untimely filing of my application.

I understand that the filing of an application does not constitute authorization to hold any event, that the event for which the permit is sought cannot be held unless and until a valid special party permit and certificate of authorization have been issued, and that the permit and certificate cannot be issued unless and until the permit fee has been paid and the application has been approved. I further understand that special party permits and certificates of authorization are required to be posted in a conspicuous place in the premises for the duration of the event.

SUBSCRIBED & SWORN TO BEFORE ME THIS

_____ day of _____, 20_____

(Signature of Applicant)

Notary Public, State of Wisconsin
 My Commission expires _____ (Notary Seal must be affixed)

FOR OFFICE USE ONLY

Aldermanic District # _____ Check One: Grant Deny

License Division: _____ _____ (Signature of Local Alderperson)

Filed _____ By: Initials _____ SDANC# _____ Issued _____ By: Initials _____ Faxed to LIU