

OFFICE USE:

Date: 4-19-2022

Check # 5050

FEE \$25.00

By: _____

**Must be submitted minimum of 45 days prior to event*



Application for Special Event

Type of Event: Parade Run/Walk Other: _____

Name of Event: MEMORIAL DAY PARADE

Name of Sponsoring Organization: AMERICAN LEGION POST 216

Address: POB 216 LODI WI

Contact Person: PAUL FISK

Phone Number: 608-516-8687 Email: LODI LEGION @ GMAIL.COM

Date of Event: 30 MAY 2022

Time Event Assembles: 9:30 Event Start: 10 AM End: _____

Specific Location of Event (Streets/Area): MAIN STREET, LODI STREET, WATER STREET.

Expected Number of Participants: 100-150 Spectators: ? Vehicles: < 10 END AT VETERANS PARK

Other details: _____

Secondary Contact Name: TOM BROWDRIGG, LARRY JOHNSON

Secondary Contact Phone Number: 608-235-5265

A map and/or route of the Event MUST be attached – including details of the layout

The City of Lodi reserves the right to approve, modify or deny requests for the Event that may compromise public safety. The City of Lodi assumes no liability as a result of any Event actions and/or activities.

Applicant Certification:

I understand that I am responsible to mail/deliver notifications of the event to residents and/or businesses that will be impacted at least 1 week in advance of the event.

I understand that I am responsible for the set up and the removal of all personal property utilized for the event.

I understand that a one million dollar insurance certificate may be required and, if so, must be attached naming the City of Lodi as an additional insured.

I understand that additional permits for food, alcohol, tents or direct selling may be required to comply with City of Lodi municipal code and/or Columbia County regulations.

I hereby certify that the foregoing facts concerning this Special Event are true to the best of my knowledge.

Paul Fisk
Applicant Signature

4-19-2022
Date

