

# City of Plymouth

P.O. Box 107 Plymouth, Wisconsin  
Phone 920-893-1271 Fax 920-893-0183

## APPLICATION FOR STREET USE PERMIT

Date \_\_\_\_\_

1. Applicant/Applicants Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
2. If the proposed street use is to be conducted for, on behalf of, or by an organization, Provide the name, address and telephone number of the headquarters of the organization and of the authorizing responsible heads of such organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. The name, address and telephone number of the person/persons who will be responsible for conducting the proposed use of the street, if different than above: \_\_\_\_\_  
\_\_\_\_\_
4. The date and duration of time for which the requested use of the street is proposed to occur: (no longer the 6 (six) hours) \_\_\_\_\_
5. An accurate description of that portion of the street proposed to be used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. The approximate number of persons for whom use of the proposed street area is requested: \_\_\_\_\_
7. The proposed use (described in detail) for which the Street Use Permit is requested: \_\_\_\_\_  
\_\_\_\_\_
8. A person or representative or group making application for the Street Use Permit shall be Present at the \_\_\_\_\_ Common Council Meeting to provide any additional information.

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*FOR OFFICE USE ONLY*

\$10.00 Fee – Receipt No. \_\_\_\_\_ Date \_\_\_\_\_

Recommendation – Director of Public Works \_\_\_\_\_

Recommendation – Chief of Police \_\_\_\_\_

Council Approval \_\_\_\_\_ Date \_\_\_\_\_

