

Application Date _____

Event Date _____

Town of Freedom
General Application for Special Events or Operations

1. Applicant or Contact Information – Please Print

Applicant or Contact's Name _____

Mailing Address _____

City _____ State _____ Zip Code _____ - _____

H Phone _____ - _____ - _____ W Phone _____ - _____ - _____ Mobile _____ - _____ - _____

FAX _____ - _____ - _____ E-Mail _____

2. Business Application – Complete this section if for a business, school, church or fraternal organization

Business Name _____

Business Address _____

City _____ State _____ Zip Code _____ - _____

Business Phone _____ - _____ - _____ Extension _____ FAX _____ - _____ - _____

Is the Event or Operation located within the Freedom Sanitary District? Yes No

3. Application Type – Check the Category and the Specific Event from the List

- Special Permit for Hazardous Conditions
 - Operation of an Incinerator
 - Fumigation or Thermal Insecticidal Fogging
 - Storage or Use of Explosives ¹
 - Demolition of a Structure through Razing
 - Burning of a Building or Structure
 - Public Display of Fireworks ²
 - Other _____
- Sales
 - Sale of Class C Fireworks ³
 - Christmas Tree Sales
- Tents ^{4 and 5}
- Air Supported or Membrane Structures

- Special Permit for Assembly of Unrelated Individuals
 - Special Outdoor Events
 - Picnics, Festivals or Fairs ⁵
 - Carnivals²
 - Displays or Trade Shows
 - Concerts or Music Festivals
 - Marathons/Parades or Street Dances²
 - Other _____
 - Special Indoor Events
 - Displays or Trade Shows
 - Home and Garden Shows
 - Building Expos
 - Other _____

1 N/A to quarrying operations 2 Requires Special Permit 3 Requires Bonding and Insurance 4. Requires Occupancy Permit 5. N/A to Residential Occupancies

4. Description – Briefly Describe the Location for the Event or Display and any other Pertinent Information

Attach Additional Sheets as Necessary including Plot Plans or Drawings

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuances of the permit creates no legal liability, express or implied, on the state or municipality; and certify that the above information is accurate. I expressly grant the building inspector, the fire inspector or those inspector's authorized agents, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work that is being done.

5. Applicant's Signature _____ **Date** _____

6. Approval Conditions – This permit is issued pursuant to the following conditions. See attached for conditions of approval.

7. Permit Issued By:

_____ Date _____
Freedom Fire Department

_____ Date _____
Outagamie County Sheriff's Department

_____ Date _____
Public Works Department