

Received in Clerk's Office:

Date 2:10P

Time: 4-11-16

Initials: (R)

APPLICATION FOR STREET CLOSING PERMIT

(To include Parking lots & Parking Stalls)



1. Application must be submitted to the Clerk's Office no less than 14 business days before the date of proposed event.
 2. Any changes to the information provided must be updated as circumstances change.
 3. As part of this application, applicant must submit a health certificate for each animal to be used.
 4. *Waukesha Municipal Code 11.27 regulates Drinking on Public Streets.
- * Please visit the City website at www.ci.waukesha.wi.us to view the municipal code book

Applicant CARROLL UNIVERSITY
(Person or organization seeking to obtain a Permit)

Event Name/ Purpose GRADUATION CEREMONY

Street/Parking Stalls to be Closed N. EAST AVE BETWEEN COLLEGE AVE AND WRIGHT ST.

*Authorized & Responsible Contacts / Individuals Conducting Event

PRINT NAME	ADDRESS	CITY & ZIP	DAY-TIME PHONE NUMBER	CELL NUMBER / ALTERNATE NUMBER
JOHN HARBECK	100 N. EAST AVE	WAUKESHA 53186	262-524-7328	262-894-7328
KEVIN KOBER	" " " "	" "	262-524-7301	262-894-3982

Date of Proposed Event (Mth/Day/Yr.) MAY 8, 2016 (MOTHER'S DAY) Parade? Yes No

Time parade/event will begin to assemble 7AM Time parade/event will begin 7AM

Time parade/event will end 4PM Time parade/event will finish disbanding 4PM

If Parade, location & exact street address of area where it will assemble and disband _____

Route along which the Parade will proceed, including the sidewalks or lanes of traffic it will occupy OR Area of Street to be closed (attach map or use reverse side if more than one area) _____

BACK
ALL BARRICADES WILL BE MANAGED AT ALL TIMES DURING EVENT

Number of Barricades Needed 15 + 1 "ROAD CLOSED AHEAD" SIGN

Approximate Number of Persons anticipated to attend Parade/Event 4000

Basis on which this estimate is made PREVIOUS ATTENDANCE

Approximate Number of Vehicles Anticipated to Participate in Parade/Event _____

Types of Vehicles _____

Approximate Number of Animals Intended to Be in Parade/Event _____ Identify number of each type of animal:

_____ Horses	_____ Dogs	# _____	Type of animal _____	# _____	Type of animal _____
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Name of attending local veterinarian who shall provide care for any sick or injured animals _____

Health Certificates, as Specified Above, Are attached? _____ Yes _____ No

✓ I hereby make an application for a Parade Permit/Street Closing as detailed above. I have read the information, answered the questions and agree to abide by the requirements.

Signature [Signature]
Print Name J. Harbeck
3.31.16

<input checked="" type="checkbox"/> Police <u>OK</u>	<input checked="" type="checkbox"/> Engineering <u>OK</u>
<input checked="" type="checkbox"/> Fire <u>OK</u>	<input checked="" type="checkbox"/> WPRF <u>OK</u>
<input checked="" type="checkbox"/> Transit	<input type="checkbox"/> Administrator
<input type="checkbox"/> Attorney	

Approved Denied City Clerk's Office _____ Date _____