



SPECIAL EVENT PERMIT APPLICATION

New Event ☐ Repeat Event ☒ Date Received: 04/16/25 Date of Event: 06/12/25 Fee Amount: 500.00

APPLICANT INFORMATION:

Name of person, entity, or organization holding the special event:

MOOSE Lodge 830

Address: Street, City, State, Zip

1222 JUNEAU ST Watertown WI 53098

Phone: 920-261-8458

Email:

Website:

☒ Non-profit Group ☐ For Profit ☐ Other, please describe: Nonprofit Tax-Exempt Number

YES
501(c)3, if applicable (include photocopy)

Is this the applicant's 1st special event application for the calendar year? Yes ☒ No ☐

Wisconsin Seller Permit Number: Sales Tax, if applicable (include photocopy)

If the named applicant is not required to hold a Wisconsin Seller's Permit pursuant to s. 77.54 (7m), Wis. Stats., check this box ☐

EVENT INFORMATION:

Event Name: CAR Show Event Date(s): 6-12-25

Event Location Address include parking locations and streets to be used if applicable:

1222 JUNEAU ST

A **DETAILED** map is required upon submittal of application, is it included? Yes ☒ No ☐

Is the event located in a City Park? Yes ☐ No ☒

If yes, do you have a park reservation? Yes ☐ No ☐ Park name: _____

Is the event closing of a Street/Alley/Right-of-Way/Parking Lot? Yes ☐ No ☒

Will you need City Services for your event? Yes ☐ No ☒ for _____

Is the event on private property? Yes ☒ No ☐ If yes, do you have written permission? Yes ☒ No ☐

Is the event a city sponsored parade or celebrating a Federal Holiday? Yes ☐ No ☒

If yes, please explain:

Event start/end time: 5:00 PM - 8:00 PM Event set up/take down times: 3:00 PM - 10:00 PM

Total Attendance: #90-100 Alcohol consumed, sold, or served? Yes ☒ No ☐ Vendors? Yes ☐ No ☒

Event Description (purpose, activity, who can participate, etc. Attach additional sheet if necessary.)

Watertown CAR Club Public fund raise for Thank

Will your event be selling food? Yes ☒ No ☐ If yes, please explain: (Type of food and sold by who)

MOOSE Lodge

Serving
Diners

MAIN EVENT ORGANIZER – PRIMARY CONTACT IF DIFFERENT FROM APPLICANT:

Contact Name: First, Middle, Last Norman Andrew Tessman

Address: Street, City, State, Zip

Phone: _____

Email: _____

OFFICE USE ONLY:

APPROVED ON:

PERMIT #