Marathon City – Administrator
311 Walnut Street PO Box 487
Marathon City, WI 54448
(715) 443-2221

Submission Date:	
Accepted By:	
Approval Date:	
Approved By:	

Street Use Permit Application

Event Information	
Date of Event:	Event Name:
Event Coordinator Name:	
Mailing Address:	
Email Address:	
Phone Number:	Village Resident? ☐ Yes ☐ No
Approximate Number of Attendees:	Time of Event:
Street Use Purpose:	
Is Street Closure Required? ☐ Yes ☐ No	If yes, what Street(s)?
Cross Streets:	
Total Number of Blocks Closed:	

Applicant Acknowledgement	
Street Closure will not be permitted unless the above information is complete and accurate. The Administrator or designee approves all street closures and determines any restrictions or additional fees. Any parties that wish to have fees modified/waived must submit a formal request to the Village Administrator. By signing below, I hereby acknowledge that I have completed the above information to the best of my knowledge, read the above information and will agree to all said rules and guidelines governing the use of the street.	
Signature:	Date:

Street Use Review (Office Use Only)	
Is the application complete? ☐ Yes ☐ No	
Is the date requested available ☐ Yes ☐ No	
Will alcohol be sold during event? ☐ Yes ☐ No	
Has picnic license been applied for? ☐ Yes ☐ No	Has license been approved? ☐ Yes ☐ No
Has a licensed operator been listed? ☐ Yes ☐ No	Has law enforcement been contacted? ☐ Yes ☐ No
Have rental fees been paid? ☐ Yes ☐ No	Check #
Has security deposit been received? ☐ Yes ☐ No	Check #
Is proposed street a main artery or high volume street? ☐ Yes ☐ No	
Will closure increase pedestrian safety during event? ☐ Yes ☐ No	
Is traffic control required? ☐ Yes ☐ No	If yes, what type:
Is a detour required? ☐ Yes ☐ No	
Will closure interfere with response of Police, Fire or EMS? ☐ Yes ☐ No	
Is rental approved? ☐ Yes ☐ No	
Has calendar been updated? ☐ Yes ☐ No	
Has DPW been notified? ☐ Yes ☐ No	
Has Law Enforcement been notified? ☐ Yes ☐ No	