

TOWN OF GIBRALTAR

P O Box 850 * Fish Creek WI 54212 * 920-868-1714

SPECIAL EVENT REQUEST

Organization Name: _____
Address: _____
Phone: _____
Requestor/Agent Name: _____
Phone: _____

TYPE OF REQUEST

Temp License (Beer) (Wine) _____
Direct Sales: _____
Use of Town Property: _____
Temp. Structure Permit: _____

EVENT INFORMATION

Event Name: _____
Date(s) of Event: _____
Time(s) of Event: _____
Site Location: _____
Alternative Site: _____

Fundraiser? Yes _____ No _____
Funds Recipient: _____
Address: _____
Phone: _____

EVENT DESCRIPTION

Please supply any additional information about your event that would be helpful to the Town of Gibraltar in reviewing your request:

GIBRALTAR TOWN BOARD ACTION

Request heard at meeting on: _____
ACCEPTED: _____ Permit Number Issues by Clerk _____
NOT ACCEPTED: _____
REASON: _____