



*"In the Spirit of Town Government"*

**TOWN OF BUCHANAN**  
**N178 COUNTY RD N, APPLETON, WI 54915**  
**Phone: (920) 734-8599 Fax: (920) 734-9733**

**APPLICATION FOR: PARADE PERMIT**

Application Date: \_\_\_\_\_

No person shall form, direct, marshal, lead or participate in any parade on any highway under the jurisdiction of the Town unless a permit has been obtained in advance as required by the Code of the Town of Buchanan, Chapter 495, Article VIII. A parade is defined as any parade, march or procession of any kind and the assembly areas therefore. Application for a permit shall be made 30 days prior to the event.

**Applicant**

Name: \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_

Event Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Person Responsible for Conducting Event**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Event Details**

Date & Duration: \_\_\_\_\_

Description of assembly area, the starting point, the route to be traveled and the termination point (provide a map if available):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Size of parade/event (number of units participating): \_\_\_\_\_

This is to certify that the information on this form is COMPLETE, TRUE, and CORRECT and the under signed is authorized to make this application. I understand that submitting this application does not constitute approval, and incomplete applications will result in delays and possible denial.

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Signature of Applicant

Date

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OFFICE USE ONLY

Date Filed: \_\_\_\_\_ Code provided to applicant: \_\_\_\_\_

Administrator/Clerk review: \_\_\_\_\_

Recommendation of other agencies: \_\_\_\_\_

Service costs: \_\_\_\_\_

Approval/Denial: \_\_\_\_\_