



City of Mosinee

REQUEST FOR SPECIAL EVENT – MOSINEE RECREATION CENTER – 701 11TH STREET

SECTION 1 – APPLICANT INFORMATION				
Applicant Name (Last, First, MI)			Maiden	
Street Address		City	State	Zip
Driver's License Number			State License Issued In:	
Date of Birth	Sex	Home Phone Number	Cell phone Number	
Email Address:				
TELL US ABOUT YOUR EVENT: Date(s), Times, Reason, Security Plan, Activities that will Take Place, etc				
ATTACHMENTS REQUIRED:				
Insurance Policy	Will you be selling alcohol? If yes, attach application for beer license	If selling food, please attach Marathon County Health Department Food Sales License	Not-for-Profit (501 C 3) Organizational forms	
SECTION 4 – PENALTY NOTICE				
Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief. Signature_____				