

# Wisconsin Dells Police Department Outdoor Entertainment Request Form

Date of Event: \_\_\_\_\_ Time: \_\_\_\_\_

Business Name: \_\_\_\_\_  
(Name of business where entertainment will take place)

Address: \_\_\_\_\_  
(Address of business where entertainment will take place)

Business Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Name of business owner where entertainment will take place)

Contact Person On Site During Event: \_\_\_\_\_  
(Person in charge of entertainment)

Phone for Contact Person: \_\_\_\_\_

Type of Entertainment: \_\_\_\_\_

Notes of Concern: \_\_\_\_\_

Signature of Business Owner or Designee: \_\_\_\_\_

*Below Line For Police Use Only*

\_\_\_\_\_ Approved

Contingencies for approval: \_\_\_\_\_

\_\_\_\_\_ Denied

Reason for denial: \_\_\_\_\_

Approved by: _____ Title: _____ Date: _____
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