

**MANITOWOC COUNTY COURTHOUSE
APPLICATION FOR AFTER HOURS USE PERMIT**

Name of Organization or Individual Applicant		Telephone
Address		Fax
City	State	Zip Code
Website Address		

Authorized Agent's Name and Title		Telephone
Address		Fax
City	State	Zip Code
Email Address		

Date Requested	Crowd Size Estimate
Description of Proposed Event	
Set-up Start Time	Event Start Time
Event End Time	Take-down End Time
Displays, Equipment, and Other Items to Be Provided by Applicant	
Special Requests	
<p align="center"> Is the event closed to the public? G Yes G No Is there an admission charge? G Yes G No Is this a fund-raising or a for-profit event? G Yes G No Please attach a separate page explaining the reason for each "yes" answer. </p>	

Insurance Carrier	Policy Number
-------------------	---------------

I certify that I am authorized to sign this application on behalf of the applicant, that I have full and complete authority to bind the applicant, that I have received a copy of the Manitowoc County Courthouse Policies and Procedures (After Hours Use), and that the applicant agrees to be bound by the terms of the After Hours Use Policies and Procedures.	
Authorized Signature	Date Signed

Return completed application to: Manitowoc County Public Works Department
1110 South 9th Street, Manitowoc, WI 54220