

City of Medford
639 South Second Street
Medford, WI 54451
(715)748-4321

PARADE/SPECIAL EVENT APPLICATION

Fee: _____ N/A _____

1. Organization: Aspirus Medford Hospital & Clinics
Contact Name: Amanda Lange Phone: (715) 748-7507
Address: 135 S Gibson St, Medford, WI 54451
2. On-Site Manager: Amanda Lange Phone: (715) 748-7507
Address: 135 S Gibson St, Medford, WI 54451

RECEIVED
SEP 16 2018
CITY OF MEDFORD

If the parade or special event is to be conducted by or for any person other than the applicant, the applicant for such permit shall file with the City Clerk a communication in writing from the person proposing to hold the parade or special event authorizing the applicant to apply for the permit on his/her behalf.

3. Date of the Parade/Event: Sunday, October 14, 2018
4. Start Time: Approximately 3:00 PM End Time: Approximately 5:00 PM

SPECIAL EVENT

1. General Description: 5K Run/Walk Event
2. Location: The event will begin at Medford Therapy & Fitness, cross Highway 64 to National Avenue; North on National Avenue to Wheelock; East on Wheelock to Luepke Way; South on Luepke Way to the pedestrian bridge; cross the pedestrian bridge; follow the East River walk to Allman Street; West on Allman Street to Centennial Parkway to Wheelock; West on Wheelock to National Avenue; South on National Avenue to Highway 64; cross Highway 64 to Medford Therapy & Fitness.
3. Number & Type of Participants: (i.e., artists at Art Fair; tables at Flea Market: Approximately 200 participants (walkers and runners).
6. Special Parking or Traffic Restrictions Required: None.

PARADE

1. Assembly Area: _____
2. Disassembly Area: _____
3. Assembly Time: _____ Disassembly Time: _____

4. Starting Point: _____ Ending Point: _____

5. Route: _____

6. March Units Anticipated:

- a. Bands _____
- b. Floats _____
- c. Motor Vehicles (Other than Floats) _____
- d. Animals or Animal Drawn Vehicles _____
- e. Oversized Vehicles _____
- f. Marching or Walking Units _____
- g. Other _____

7. Special Parking or Traffic Restrictions Required: _____

Amanda Hargis
Applicant's Signature

9/13/18
Date

To Be Completed By City Clerk

Date Received: 9-17-18 Fee Paid: n/a

Review:	(A)	Police Department Modification Recommended: _____	Approve	Disapprove
	(B)	Fire Department Modification Recommended: _____	Approve	Disapprove
	(C)	Public Works Department Modification Recommended: _____	Approve	Disapprove
	(D)	Electric Utility Modification Recommended: _____	Approve	Disapprove
		Final Action Modification Recommended: _____	Approve	Disapprove

Date Issued: _____