

VILLAGE OF MUKWONAGO  
**Performance Stage Rental Application**  
Special Event Form Required

Date Submitted: \_\_\_\_\_

Event Date: \_\_\_\_\_

**GUIDELINES**

This form must be completed in its entirety and submitted to the Village of Mukwonago Clerk's Office, 440 River Crest Ct, Mukwonago, WI 53149, for approval. A Signed copy authorizing the use of the Park Facility will be returned to the requesting party. Fees and the park form must be on file **three (3) months** prior to the event. "Residents" include Village of Mukwonago residents.

Mail completed applications to: Village Clerk-Treasurer's Office  
ATTN: Park Rentals  
440 River Crest Ct  
Mukwonago WI 53149  
Email to: [lourdoux@villageofmukwonago.gov](mailto:lourdoux@villageofmukwonago.gov)

**FEES (complete those that apply)**

**Performance Stage at Indianhead Park**

|                   |                            |          |
|-------------------|----------------------------|----------|
| Performance Stage | \$350.00 per day           | \$ _____ |
| Non-Resident Fee  | Additional \$25.00 per day | \$ _____ |
|                   | TOTAL                      | \$ _____ |

***SOUND SYSTEM USE REQUIRES PRE-EVENT MEETING WITH REPRESENTATIVE FROM  
PUBLIC WORKS DEPARTMENT AT LEAST 48 HOURS IN ADVANCE OF EVENT  
DURING NORMAL BUSINESS HOURS***

**SECURITY DEPOSIT (Refundable)**

|                           |                  |          |
|---------------------------|------------------|----------|
| Performance Stage Deposit | \$500.00 per day | \$ _____ |
|---------------------------|------------------|----------|

**RENTAL INFORMATION**

Date(s) of Event: \_\_\_\_\_

Estimated Number of Participants: \_\_\_\_\_

NOTE: (Special Event Permit will be required under separate application)

Event Set-Up Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

**APPLICANT INFORMATION**

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

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

Daytime Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**ORGANIZATION INFORMATION (if applicable)**

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Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Is organization a 501(c)3? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Website Address: \_\_\_\_\_

**TERMINATION OF AN EVENT**

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The Village reserves the right to shut down an event that is in progress if it is deemed to be a public safety hazard by the Police Department, Fire Department, and/or there is a violation of Village Ordinances, State Statutes or the terms of the applicant's permit. The Village Administrator and/or his/her designee may revoke an approved park facilities use permit if the applicant fails to comply in good faith with the provisions of the permit prior to the event date.

**CERTIFICATION**

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By signing this form, the applicant certifies authorization to act on behalf of their organization, and hereby agrees to hold the Village, its officers, agents, employees, and contractors harmless against all claims, liability, loss, damage or expense (including but not limited to actual attorney fees) incurred by the Village for any damage or injury to person or property caused by or resulting directly or indirectly from the activities for which the permit is granted. Any change to coverage requires Village approval.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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Office Use Only

\_\_\_\_\_  
Fees Paid

\_\_\_\_\_  
Receipt #

\_\_\_\_\_  
Deposit Returned

\_\_\_\_\_  
Key # Issued

\_\_\_\_\_  
Key Returned

Department Approval

Administrator \_\_\_\_\_

Building Inspection \_\_\_\_\_

Fire \_\_\_\_\_

DPW \_\_\_\_\_

Police \_\_\_\_\_

Utilities \_\_\_\_\_