



www.townofberry.org

9046 State Road 19, Mazomanie, WI 53560, 608-767-4152

CYCLE ROAD EVENT PERMIT

Issue Date: ____/____/____

This permit is issued to _____
(Group Name)

_____ for a bicycle/motorcycle
(Group Address)

(circle one) ride through the Town of Berry on _____, ____/____/____
(Day) (Date)

beginning at approximately _____ and ending at approximately _____.
(Time) (Time)

The route of travel to be (attach map or description of route being traveled).

The organizer/s of this event acknowledge that they have received and have read a copy of the Town's Cycle Policy 201.1. A deposit of \$500, or larger, to be determined by the board as necessary to secure payment of anticipated costs and assure performance of permit requirements according to Policy 201.1, has been received by the Town.

The contact person/office for the event to handle complaints shall be _____
(Required)

_____, phone _____ and shall be staffed one hour
(Required)

prior to the start and one hour after the ending of the event.

The Town shall place and remove all route warning signs furnished by the Town.

The organizers of the cycle event shall place and remove all cycle event route marking signs immediately after the end of the event.

You are further required to answer the following questions as a condition of this permit:

How will the permit holder provide insurance for the Town? _____

How will the permit holder plan to minimize traffic disruption for residents of the Town?

What actions will the permit holder take to improve motorist and cyclist interactions? ____

Signed by:

Brenda Kahl, Clerk/Treasurer, Town of Berry

Representative of Cycle Event