

PARADE APPLICATION

NAME (LAST) (FIRST) (MIDDLE)

ADDRESS CITY STATE ZIP

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TELEPHONE # SOC. SECURITY # and/or Tax I.D. # DATE OF BIRTH

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ORGANIZATION (NAME) (ADDRESS) TELEPHONE #

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REPRESENTATIVE (NAME) (ADDRESS) TELEPHONE #

DATE AND TIME OF PARADE

NUMBER OF PERSONS, VEHICLES AND ANIMALS

DESCRIPTION OF ROUTE TO BE TRAVELLED.

PLEASE ATTACH A COPY OF LIABILITY INSURANCE.

I, the undersigned, do swear that the foregoing information is true and that any changes in the information will be reported to the City Clerk. Also, that any federal, state or local laws, rules or regulations shall be complied with during the above activities.

DATE

APPLICANT SIGNATURE

DATE

CITY CLERK SIGNATURE