PERMIT FOR PARADE PROCESSION OR MOVING ASSEMBLAGE

Applicant: _____
Last name First Name Middle Initial

Address: _____
Number Street Address Apt # City State Zip

Telephone: _____ **Email Address:** _____

Name of Sponsoring Organization: _____

Business Address: _____
Number Street Address Apt # City State Zip

Telephone: _____

Name, Date and Time of Activity: _____

Formation will be WHERE? _____ **Time:** _____
(Location)

Desired Route - Specify directions (north, south, etc.) using a separate sheet if necessary:

_____

_____

_____

Purpose or reason for activity: _____

Number of People, Autos, Floats, Bands, Etc.: _____

Location of Disbandment: _____

Have you, or has your organization, ever been issued a previous permit? Yes ( ) No ( )
If yes, when? _____

Police personnel required: Yes ( ) No ( )

Fire personnel/equipment required: Yes ( ) No ( )

By signing this application, you hereby agree to comply with all terms, ordinances, rules and regulations relating to the issuance of this special street permit.

_____
Signature of Applicant **Date**

THIS PORTION OF APPLICATION TO BE COMPLETED BY THE DIVISION OF POLICE

It has been determined by the Loveland Police Department that the following number of police officers, who will be working "off-duty" hours and WHO MUST BE HIRED AND PAID FOR BY YOU AND/OR YOUR SPONSORING ORGANIZATION, are required as escorts for your activity.

_____ Officers _____ Sergeants _____Vehicles

The person to whom Police personnel shall report is: _____

At what time? _____ Location: _____

Approved: Yes ( ) No ( ) Costs Waived: Yes ( ) No ( )

_____
Chief Date

THIS PORTION OF APPLICATION TO BE COMPLETED BY THE DIVISION OF FIRE

It has been determined by Loveland Symmes Fire Department that the following number of Fire personnel who will be working "off-duty" hours and WHO MUST BE HIRED AND PAID FOR BY YOU AND/OR YOUR SPONSORING ORGANIZATION, are required as escorts for your activity.

Fire Personnel: _____

Division of Fire Vehicles: _____

The person to whom Fire personnel shall report is: _____

At what time? _____ Location: _____

Approved: Yes ( ) No ( ) Costs Waived: Yes ( ) No ( )

_____
Chief Date

APPROVED BY:

_____
Thomas Carroll, City Manager

_____
Date