

CITY OF GALLIPOLIS
P.O. BOX 339
333 THIRD AVENUE
GALLIPOLIS, OHIO 45631
740-441-6022/cityrec@gallipoliscity.com

PARADE PERMIT

DATE OF EVENT:

NAME OF EVENT:

ORGANIZATIONAL SPONSOR

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GENERAL GUIDELINES-*Please read carefully and sign below*

1. Complete applications must be submitted to the City Manager Office no less than 30 days in advance of the planned event.
2. Certificate of insurance that indemnifies and holds the City harmless to be submitted to City Manager's Office **At Least 1 week prior to the event.**
3. No throwing of objects from vehicles or floats, including candy. Walkers may hand out objects to parade viewers.
4. Please list reliable contact information on this application. Those listed will be emergency contact information.

I _____ am the person authorized by the applicant organization to make a request for a parade permit. I have read and understand the regulations and conditions stated in this application. It will be my responsibility to inform my associates, whom I represent, of these regulations and conditions. I also understand that if any person or persons in my organization fail to conform to the stated regulations found on the issued parade permit, sanctions may be imposed including the possibility that no parade permits will be issued to my organization for at least one year.

Signed

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Date

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APPLICANT CONTACT INFORMATION

NAME:

ADDRESS

PHONE

EMAIL

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EVENT INFORMATION

ASSEMBLY LOCATION:

ASSEMBLY START TIME:

PERSON IN CHARGE AT ASSEMBLY:

MOBILE PHONE:

DISBAND LOCATION:

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EVENT ROUTE:

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| <u>See Map</u> |
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Recreation Director Signature:

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Police Chief Signature:

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Street Superintendent Signature:

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City Manager's Signature:

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