

APPLICATION FORM FOR PARADE LICENSE

1. Applicant: (promoters, sponsors, organization, etc.)
Name: _____ Birthdate: _____
Business Address: _____
Telephone No. _____ Driver's License No. _____
NOTE: If not an individual, please complete the attached
Form A - List of Officers

2. Proposed Dates and Hours:
(a) Dates: _____
(b) Hours: _____

3. Proposed locations of the following:
(a) Starting Point: _____ A.P.N. _____
Address: _____
(b) Stopping Point: _____ A.P.N. _____
Address: _____
(c) Parking & Incidental Uses: _____ A.P.N. _____
Addresses _____

4. Provide a detailed description of the route proposed for the parade:

5. Estimated number of persons, floats, and vehicles in the proposed parade:
Persons _____ Vehicles _____
NOTE: (a) All materials on parade floats shall be fire-resistive or flame-retardant.
(b) All motorized apparatus shall be provided with an approved portable fire extinguisher of at least 2-A, 10-B:C rating, readily accessible to the operator.

6. Provide a detailed description regarding the manner of clean-up of the parade route and all other areas used for related activities:

We certify, under penalty of perjury, that the foregoing is true and correct.

Signature of Applicant or Organization President & Other Required Officers

Signature of Property Owner(s)

LIST OF OFFICERS

1.	_____	_____
	(NAME)	(OFFICE OR POSITION)
	_____	_____
	(ADDRESS)	(BIRTHDATE)/(DRIVER'S LICENSE)
	_____	_____
	(CITY STATE ZIP)	(SIGNATURE)
2.	_____	_____
	(NAME)	(OFFICE OR POSITION)
	_____	_____
	(ADDRESS)	(BIRTHDATE)/(DRIVER'S LICENSE)
	_____	_____
	(CITY STATE ZIP)	(SIGNATURE)
3.	_____	_____
	(NAME)	(OFFICE OR POSITION)
	_____	_____
	(ADDRESS)	(BIRTHDATE)/(DRIVER'S LICENSE)
	_____	_____
	(CITY STATE ZIP)	(SIGNATURE)
4.	_____	_____
	(NAME)	(OFFICE OR POSITION)
	_____	_____
	(ADDRESS)	(BIRTHDATE)/(DRIVER'S LICENSE)
	_____	_____
	(CITY STATE ZIP)	(SIGNATURE)
5.	_____	_____
	(NAME)	(OFFICE OR POSITION)
	_____	_____
	(ADDRESS)	(BIRTHDATE)/(DRIVER'S LICENSE)
	_____	_____
	(CITY STATE ZIP)	(SIGNATURE)
6.	_____	_____
	(NAME)	(OFFICE OR POSITION)
	_____	_____
	(ADDRESS)	(BIRTHDATE)/(DRIVER'S LICENSE)
	_____	_____
	(CITY STATE ZIP)	(SIGNATURE)