

## **EVENT PERMIT APPLICATION**

TYPE OF PERMIT - PLEASE CHEC Group Demonstration Group Assembly	K ALL THAT APPLY:			
Picket Parade				
	<b>T</b>			
ate of Event: Time of Event:				
Description of Event, including all p	planned activities:			_
Requested assembly areas:				
(A) First Name of Applicant:	Last Name:	Phone Number:		
Address:	City:	State:	Zip Code:	
(B) If the event is proposed to be c and telephone number of the org written communication from the c	ganization's headquarters and t	he applicant shal	I file with this application	
Organization Name:		Phone Number:		
Address:	City:	State:	Zip Code:	
Name(s) of authorized, responsible (C) Name, address, and telephone			airperson:	
First Name:	Last Name:	Phone Number:		
Address:	City:	State:	Zip Code:	
First Name:	Last Name:	Phone Number:		
Address:	City:	State:	Zip Code:	

(D) Requested route to be traveled for parade: requested street(s) to be closed; requested sidewalk areas to be closed (Starting and ending of route including all streets in the route for parade; Mark areas being requested on the attached map):

(E) Approximate number of persons, number and types of animals (must be bagged or diapered), and vehicles to be included in event:

(F) Requested use of streets, i.e., entire street or only a portion of street(s):

(G) Interval of space requested between units of such event (parade only):

The undersigned responsible party represent that he or she is familiar with the content of Chapter 15 Article I, Section 8 for Disorderly Conduct and Chapter 13 Article VI, Section 56 for Vehicles in Parades of the Code of Ordinances of the City of Forsyth. The undersigned represents that he or she is the person in charge or chairperson of the permitted activity and, as such, hereby assumes responsibility for any damage to any public or private property that results from the activity and hereby indemnifies and holds harmless the City from liability to participants or third parties for property damage or personal injury which results from the activity.

Signature of Responsible Party

Date: \_\_\_\_\_

For Office Use Only:	
Date Received by Police Chief:	

Approved Denied

Permit Conditions:

Reason for Denial:

Signature of Police Chief

Date:\_\_\_\_\_

Date Received by City Clerk:\_\_\_\_\_

Approved Denied

Signature of City Clerk

Date:\_\_\_\_\_

