

# CITY OF RHINELANDER



City Clerk's Office

## APPLICATION FOR PARADE PERMIT

MUST BE SUBMITTED **60 DAYS** PRIOR EVENT

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ DATE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ORGANIZATION \_\_\_\_\_ ADDRESS \_\_\_\_\_

DATE OF PARADE \_\_\_\_\_ TIME \_\_\_\_ - \_\_\_\_ APPROXIMATE TIME PARADE WILL LAST? \_\_\_\_\_

LOCATION OF ASSEMBLY AREA \_\_\_\_\_ TIME UNITS WILL ASSEMBLE AT SUCH AREA \_\_\_\_\_

ROUTE OF PARADE \_\_\_\_\_ TERMINATE AT \_\_\_\_\_

APPROXIMATE NUMBER OF:  
PEOPLE \_\_\_\_\_ VEHICLES \_\_\_\_\_ ANIMALS \_\_\_\_\_ BANDS (OR MARCHING UNITS) \_\_\_\_\_ MISC. UNITS \_\_\_\_\_

WILL PARADE OCCUPY:  ALL OF STREET?  HALF OF STREET? *INTERVAL OF SPACE MAINTAINED* \_\_\_\_\_

EXPLAIN PURPOSE OF PARADE \_\_\_\_\_

PRINT APPLICANT NAME \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

*For Office Use Only:*

PROOF OF LIABILITY INSURANCE DOCUMENTATION PROVIDED:  YES  NO

STREET CLOSING PERMIT SUBMITTED:  YES  NO

SPECIAL EVENT PERMIT SUBMITTED:  YES  NO

PERMIT:  GRANTED  REFUSED

EXPLAIN \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE: \_\_\_\_\_

COPIES TO: **MAYOR, CITY ADMINISTRATOR, MEDIC I, RFD, PUBLIC WORKS, OCDC, RPD**