APPLICATION FOR PARADE LICENSE
**MUST APPLY FOR LICENSE AT LEAST TWO WEEKS IN ADVANCE OF EVENT**

APPLICANT INFORMATION:
Name _____________________________________________ Phone ______________________________
Home Address_________________________________City___________ State_________ Zip Code__________
Alternate Contact Information ___________________________________________________________________

ORGANIZATION INFORMATION:
Name _________________________________________________________ Phone_______________________
Address____________________________________ City _____________State_________ Zip Code__________
Mailing Address______________________________ City_____________ State_________Zip Code__________

PARADE INFORMATION:
Date of Street Parade_______________________________________ Approx. Number of Entrants___________
Formation Time: ________________ Beginning time: __________________   Ending time: __________________
Purpose of Parade: ___________________________________________________________________________
Staging Area: _______________________________________________________________________________
Requested Parade route (Attach Map of Parade Route if Applicable):
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

ADDITIONAL INFORMATION:
☐ Traffic Control Needed?
☐ Type of vehicles used__________________________
☐ Animals? If so what type used and cleanup______________________________________
☐ Misc. Please List:___________________________________________________________

I agree to comply with all requirements of the Salina Code and regulations relating to Street Parades.
Date_______________________Signature________________________________________________________

FOR OFFICE USE ONLY:
Amount Paid $________ Date ___________ Receipt No. ________________Received by __________________
Licensing Year: __________ License No.: __________ Date Issued: __________
Certificate of Police Department

The application is acknowledged and the day, time, and route of the above described parade is hereby approved/disapproved.

_____________________              __________________________________________
Date             Police Department Representative

Certificate of Risk Management

The application is acknowledged and the day, time, and route of the above described parade is hereby approved/disapproved.

_____________________         __________________________________________
Date        Risk Management

Certificate of City Clerk

The application is hereby approved/disapproved.

_____________________         __________________________________________
Date        City Clerk