



For office use only:	
Licensing Year:	_____
License No.:	_____
Date Issued:	_____

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 _____

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
