

City of Fort Scott Application for Parade Permit

To: The Fort Scott City Manager

The undersigned hereby makes application for a parade permit to conduct a street event on the streets of the City of Fort Scott and in support of such application makes the following statements and representations.

Name of Event: _____ **Actual date of event:** _____

Type of event: Parade _____ Run _____ Walk _____ Escort _____ Security _____

Assembly time for event participants: _____ AM _____ PM

Actual start time of event: _____ AM _____ PM

Actual end time of event: _____ AM _____ PM

Starting location of the event: _____

Ending location of the event: _____

Person making application:

Name: _____

Res. Phone: _____

Residence address: _____

Bus. Phone: _____

Business address: _____

Fax: _____

Length of residence in Fort Scott: _____

Occupation: _____

Chairman or person in charge of event:

Name: _____

Res. Phone: _____

Residence address: _____

Bus. Phone: _____

Business address: _____

Fax: _____

Length of residence in Fort Scott: _____

Occupation: _____

Names and addresses of directors and trustees of the organization are:

Name: _____

Res. Phone: _____

Residence address: _____

Bus. Phone: _____

Name: _____

Res. Phone: _____

Residence address: _____

Bus. Phone: _____

Have you contacted the City of Fort Scott Public Works Department for any needed street closures?

Yes _____ No _____

Do you have a contract with a barricade company or do you plan to provide the necessary cones and barricades? Yes _____ No _____ Not Needed _____

How many people do you have scheduled to assist with traffic control? _____

Proposed parade to be held by, or on behalf of or for any person other than applicant?
Yes _____ No _____

State the purpose or objective of the proposed event:

Is the parade political in nature? Yes _____ No _____

If yes, please provide documentation of political status.

Proposed route of event:

Estimated number of pedestrians: _____

Estimated number of vehicles: _____

Estimated number of floats: _____

Estimated number of animals: _____

Any additional information that should be considered:

I have carefully read the foregoing application and swear that every statement made therein is true and correct to the best of knowledge and belief.

Signature of Person Making Application

Date

Subscribed and sworn to before me, by the said _____
this _____ day of _____ 20_____.

Notary Public in and for Bourbon County, Kansas

Application received by: _____ Date: _____ Time: _____

Approved: _____ Date: _____
City Manager

Disapproved: _____ Date: _____
City Manager