



City of Chariton, Iowa

APPLICATION FOR PARADE/PUBLIC ASSEMBLY PERMIT

If a parade or public assembly will be on the sidewalks and/or streets, return the completed application to City Hall, 115 South Main Street, (641) 774-5991.

1. APPLICANT'S NAME: _____

2. APPLICANT'S ADDRESS: _____
STREET CITY STATE ZIP

3. PHONE NUMBER: _____

4. EVENT NAME: _____

5. TYPE OF EVENT: (circle one) Parade Public Assembly 5K Run/Walk

6. DATE OF EVENT: _____ Start Time: _____ am/pm End Time: _____ am/pm

7. DATE AND TIME REQUESTING STREET CLOSURE (IF NEEDED) _____

8. WILL BARRICADES BE NEEDED? IF SO, HOW MANY? _____

9. DATE AND TIME FOR CLEAN-UP/TEAR DOWN _____

10. EXPECTED NUMBER OF ATTENDEES: _____

11. EVENT LOCATION:

() City Street(s) _____
Name of street(s) and include a map

() Other _____

Contact Person: _____

Name and contact information of person to be present at event and will serve as the contact person(s) for the applicant at the proposed parade or public assembly.

12. Will there be live music? Yes ___ No ___

13. List and describe all mechanical or electronic equipment to be used, including sound amplification, and state where it will be located:

14. State the number and type of any motor vehicles or other forms of transportation to be used, including bicycles _____

15. State the number and type of any animals to be used _____

16. Will extra trash receptacles be needed? Yes ___ No ___ If yes, how many? _____

17. Proposal to monitor the event, including the names of any person, not employed by the City, who will be responsible for setting up, cleaning up, or maintaining order and whether the police department will be needed to assist in maintaining order _____

18. Proposal for cleanup _____

19. Describe any items to be sold or distributed _____

20. Will alcohol be sold? Yes ___ No ___

If yes, have applicable licenses been applied for and acquired? Yes ___ No ___
Location of where the alcohol will be distributed from must be marked on accompanying map, along with the exits.

If the applicant is not an individual, the person signing this application acknowledges that he/she has the authority to act on behalf of the group that is requesting the permit.

Signature of Applicant Date

INDEMNIFICATION AGREEMENT

If insurance is required, the applicant agrees to:

Pay on behalf of the City all sums which the City shall be obligated to pay by reason of any liability imposed upon the City for damages of any kind resulting from use of public property and the public right of way, whether sustained by any person or persons, caused by accident or otherwise and shall defend at its own expense and on behalf of the City any claim against the City arising out of the use of public property and the public right-of-way.

Signature of Applicant Date

___ Approved	___ Not Approved	_____	_____
		Street Superintendent	Date

___ Approved	___ Not Approved	_____	_____
		Police Chief	Date

___ Approved	___ Not Approved	_____	_____
		Fire Chief	Date

___ Approved	___ Not Approved	_____	_____
		Parks and Recreation Director	Date

___ Approved	___ Not Approved	_____	_____
		City Manager	Date

EDWARD JONES

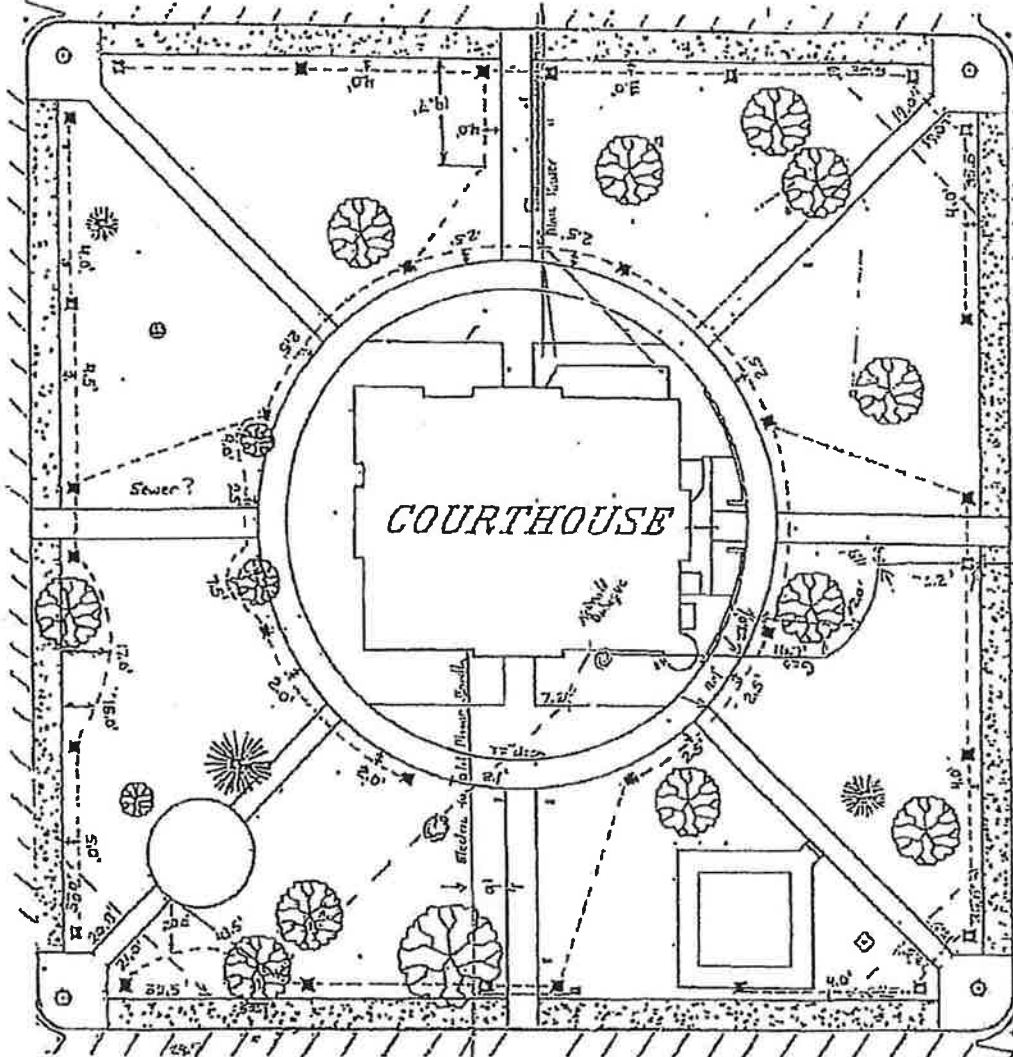
CHARIT
HOT

BRADEN AVENUE

NORTH MAIN STREET

NORTH GRAND STREET

CHAMBE
COMME



COURT AVENUE

US BANK
DRIVE-THRU