



**CITY OF HATTIESBURG
HATTIESBURG POLICE DEPARTMENT
APPLICATION FOR PARADE PERMIT**



**ALL PERMITS MUST BE SUBMITTED AT LEAST 30 DAYS PRIOR
TO THE DATE OF THE PARADE**

Purpose of Parade: (Theme): _____

Date of Event: _____ **Day of the Week** _____

Assemble time: _____ **Start Time:** _____ **End Time:** _____

Assemble Location: _____

End/Assemble Location: _____

Desired route to be traveled: _____

Number of People Expected in the Parade: _____

Number of vehicles expected in the Parade: _____

Will all the roadway be needed for the Parade: Yes
 No

Will the parade be crossing any railroad tracks: Yes
 No

If YES, then give the location of the crossing and the person contacted with the railroad for any scheduling conflict:

Location: _____ **Contact:** _____

Phone: _____

City Parade Ordinance for Insurance:

SECTION 14.

A: The applicant and any other persons, organizations, firms, or corporations on whose behalf the application is made, by filing such application do represent, stipulate, contract and agree that they will jointly and severally indemnify and hold the city harmless against liability for any and all claims for damage to property, or injury to, or death of persons arising out of or resulting from the issuance of the permit or the conduct of the parade or its participants.

B: In addition, no parade shall be issued unless the applicant therefor shall obtain a comprehensive general liability insurance policy, issued by an insurance company authorized to do business in the State of Mississippi, with coverage of not less than One Million Dollars (\$1,000,000.00) and that includes the assembly area, the parade route, the disbanding area of the parade, and any other area used by the participants of the parade. The city shall be named as an additional insured on the policy.

Sponsor must attach a copy of the liability insurance for the event:

Attached: Yes No

I have read the current city ordinance for parades: Yes No

Person applying for the permit:

Name: _____

Address: _____

Phone Number: _____

ORGANIZATION/CLUB SPONSORING PARADE

Name: _____

Address: _____

Phone: _____

President of Organization _____

Phone# _____

Name, address and phone number of at least 3 parade marshals who will be assisting with this parade.

1. _____

2. _____

3. _____

OFFICIAL USE ONLY- DO NOT WRITE BELOW THIS LINE

Received by: _____ **Date Received:** _____

Supervisor Review: Name _____ **Title** _____ **Date:** _____

Permit: **APPROVED** _____ **DENIED** _____ **Date:** _____

Reason for Denial _____

Granting authority:

Peggy Sealy, Chief of Police or designee