

## APPLICATION FOR PARADE or RECREATIONAL EXERCISE PERMIT CITY OF HATTIESBURG HATTIESBURG POLICE DEPARTMENT



## ALL PERMITS MUST BE SUBMITTED AT 30 DAYS PRIOR TO EVENT DATE

Purpose or name of parado	e:				
Date of event:	te of event: Day of the week:				
Start time:	End time:	ime: Set up period:			
Staging or start location: _					_
Expected # of visitors:					
Expected # of floats or veh	icles:				
Expected # of participants	(biker/runner)				
Will candy or give away ite	ms be thrown duri	ng the event?	YES	NO	
Will the entire roadway be	needed for the eve	ent? YES	NO		
If yes, what roads will be n					
Will barricades be needed to close roads for the event:			YES	NO	
Additional details:					

Please attach a drawn or printed map of the desired route with your application.

City Parade Ordinance for Insurance: SECTION 14.

Peggy Sealy, Chief of Police or appointed designee

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.

## SPONSORS MUST ATTACHED A COPY OF LIABILITY INSURANCE FOR THIS EVENT: Attached: YES NO I have read the current city ordinance for parades: YES NO Applicant contact information: Please submit a \$25.00 non-refundable Name: \_\_\_\_\_ processing fee with your application. This Address: fee is required regardless of approval status. Phone Number: \_\_\_\_ E-mail: Permit fee may be paid in cash or by check at 300 Klondyke Street, Hattiesburg, MS 39401. Please make Organization sponsoring the parade: checks payable to the Hattiesburg Police Primary contact: \_\_\_\_\_ Department. Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_ E-mail: PERMIT FEE PAID President of organization: Phone Number: \_\_\_\_\_ OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE Received by: \_\_\_\_\_\_ Date submitted: \_\_\_\_\_ Supervisor review: \_\_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ Status: \_\_\_\_\_\_ If permit is denied, reason for denial: \_\_\_\_\_ Granting Authority: