OFFICE USE ONLY	DEPARTMENT OF PUBLIC SAFETY LICENSE SECTION	THE CITY OF COLUMBUS ANDREW J. GINTHER, MAYOR DEPARTMENT OF PUBLIC SAFETY
LICENSE # _____ LICENSE CODE 59 ISSUE DATE _____ EXPIRES _____	**PARADE PERMIT APPLICATION** **PERMIT FOR PARADE PROCESS ON OR OTHER MOVING ASSEMBLAGE**	

APPLICANT INFORMATION			
Full Name:		**Date of birth:**	
Current address:			
City:	State:	Zip Code:	
Phone Number:	Cell Phone:		
Email:			
Ohio Driver's License Number:	Expiration Date:	Sex: **M** **F**	Race:
Are you a U.S. citizen? **YES** **NO**	Place of Birth:		
Are you a legal alien? **YES** **NO**	Alien Registration #		

If born outside of the U.S., proof of citizenship or alien registration card must be submitted.

ACTIVITY INFORMATION	
Name of Organization sponsoring activity?	
Business Address	Telephone ( )
Name, Date and Time of activity?	
Formation will be **WHERE and WHEN**?	
Desired Route (Specify directions as to North, South and etc.. Use a separate sheet if needed.)	
Purpose or reason for activity?	
Number of People, Autos, Floats, Bands and etc?	
Location of Disbandment?	
Have you or has your organization ever been issued a pervious permit? **YES** **NO**	
If yes, when?	

PERMIT FEE $100.00 PLUS APPLICATION FEE $10.00.....TOTAL $110.00

THIS PORTION OF THE APPLICATION NEEDS TO BE COMPLETED BY THE SPECIAL EVENTS UNIT, DIVISION OF POLICE, 120 MARCONI BLVD., COLUMBUS, OHIO 43215, (614)645-4375

It has been determined by_____ that the following number of police officers, who will be working "off duty" hours and WHO MUST BE HIRED AND PAID FOR BY YOU AND/OR YOUR SPONSORING ORGANIZATION, are required as escorts for your activity:

_____Officers, _____Sgts, _____Lts, _____Cmdrs, and _____Vehicles

The person to whom officers shall report: _____
(Name) ***(Phone)***

At what time? _____

I,_____, do hereby agree to comply with all terms, ordinances, rules and regulations relating to the issuance of this special street permit.

_____
(Signature of Applicant) ***(Date)***

THIS PORTION OF THE APPLICATION NEEDS TO BE COMPLETED BY THE DIVISION OF FIRE, 3639 PARSONS AVE, COLUMBUS, OHIO 43207, (614)645-6001

It has been determined by_____ that the following number of Fire personnel and Fire vehicles THAT MUST BE HIRED AND PAID FOR BY YOU AND/OR YOUR SPONSORING ORGANIZATION, ARE NECESSARY TO PERFORM THE AFOREMENTIONED ACTIVITY.

Fire Personnel: _____

Fire Division Vehicles: _____

The person to whom Fire personnel should report is _____
(Name) ***(Phone)***

At what time? _____ A.M. or P.M.
(Circle one of the above)

I,_____, do hereby agree to comply with all terms, ordinances, rules and regulations relating to the issuance of this special street permit.

_____
(Signature of Applicant) ***(Date)***

IF THIS EVENT WILL TAKE PLACE IN A CITY PARK, RESERVOIR PARK OR RECREATIONAL AREA, THIS PORTION OF THE APPLICATION MUST BE COMPLETED BY RECREATION AND PARKS, PERMIT AND RENTAL SERVICES SECTION.

1111 E. BROAD ST, STE#101
COLUMBUS, OHIO 43205
PHONE (614) 645-3337

_____This applicant has a permit with Recreation and Parks Department.

_____ Does not need a permit with Recreation and Parks Department.

_____ **Phone:** _____ **Date:** _____
(Recreation & Parks Department Authorized Agent)

ALL INFORMATION CONTAINED IN THIS APPLICATION IS SUBJECT TO DISCLOSURE AS A MATTER OF PUBLIC RECORD. ANY FALSE STATEMENT MADE OR GIVEN IN THIS APPLICATION SHALL RESULT IN DENIAL OR FUTURE REVOCATION OF THIS LICENSE, AS WELL AS CRIMINAL PROSECUTION UNDER CHAPTER 2321.13(A-3), (A-5) AND COLUMBUS CITY CODE 2111.

By signing this application, you agree to the following:

- **Abide by all Columbus City Codes and Rules and Regulation governing Parade Permits, including all applicable State of Ohio and Federal laws;**
- **Notify the License Section of any changes including business/owner contact information.**

State of Ohio, County of Franklin

_____, **being duly sworn, deposes and says he/she is**
(Print Applicant Name)

the individual making the foregoing application; that he/she is knowledgeable with respect to that which is to be licensed; that the answers to the foregoing questions and other statements contained herein are true of his/her own knowledge and belief.

_____
(Applicant Signature)

Swore to before me and subscribed in my presence this _____ day of _____, 20_____

_____
Notary or Agent of Director of Public Safety

MUST BE SIGNED, DATED and NOTARIZED