

**OFFICE USE ONLY**  
 LICENSE NO. /CODE \_\_\_\_\_ /59  
 DATE ISSUED \_\_\_\_\_  
 CURRENT PHOTO \_\_\_\_\_



CITY OF COLUMBUS  
 DEPARTMENT OF PUBLIC SAFETY  
 LICENSE SECTION (614) 645-8366  
 750 PIEDMONT ROAD  
 COLUMBUS, OHIO 43224

**PERMIT FOR PARADE PROCESSION OR OTHER MOVING ASSEMBLAGE**

**APPLICANT INFORMATION**

Full Name \_\_\_\_\_  
 (Last) (First) (Middle)

Local Address \_\_\_\_\_  
 (Number) (Street Name) (City, State, Zip)

Telephone (\_\_\_\_) \_\_\_\_\_ Driver's License \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Are you: A Citizen of the U.S.? \_\_\_\_\_ A Legal Alien? \_\_\_\_\_ Alien Registration # \_\_\_\_\_  
 (If born outside of the United States, proof of citizenship or alien registration cards must be submitted.)

**Activity Information**

Name of Organization sponsoring Activity \_\_\_\_\_

Business Address \_\_\_\_\_  
 Number (Street Name) (City, State, Zip)

Telephone (\_\_\_\_) \_\_\_\_\_

Name, Date, and Time of Activity: \_\_\_\_\_  
 (Name) (Date) (Time)

Formation will be WHERE and WHEN: \_\_\_\_\_

Desired Route (Specify directions as to North, South, etc. using a separate sheet if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Purpose or reason for activity: \_\_\_\_\_

Number of People, Autos, Floats, Bands, Etc.: \_\_\_\_\_

Location of Disbandment: \_\_\_\_\_

Have you, or has your organization, ever been issued a previous permit? Yes [ ] No [ ]

If yes, when? \_\_\_\_\_

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

**THIS PORTION OF APPLICATION TO BE COMPLETED IN 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, \_\_\_\_\_ 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 APPLICATION TO BE COMPLETED BY THE DIVISION OF FIRE, 3639 PARSONS AVENUE,  
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