



# CITY OF BANDERA

511 Main St. • PO Box 896 • Bandera, Texas 78003 • P: (830) 796-3765 • F: (830) 796-4247

## Parade or Public Assembly Application

**THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT A CERTIFICATE OF INSURANCE AND PAYMENT OF \$100 (EXCLUDES NON-PROFITS).**

**PLEASE SUBMIT ALL REQUIREMENTS NO LATER THAN FORTY-FIVE (45) DAYS IN ADVANCE.**

TO: CITY MARSHAL, CITY OF BANDERA      DATE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

APPLICANT'S PHONE NUMBER: \_\_\_\_\_

NAME OF ORGANIZATION REQUESTING PERMIT: \_\_\_\_\_

AUTHORIZED AGENTS / MEMBERS OF ORGANIZATION: \_\_\_\_\_

NAME AND PHONE NUMBER OF THE PERSON IN CHARGE ON DAY OF THE PARADE:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

REQUESTED DATE OF PARADE: \_\_\_\_\_

APPROXIMATE NUMBERS:

(a) Persons in parade: \_\_\_\_\_ (b) Vehicles in parade: \_\_\_\_\_ (c) Animals in parade: \_\_\_\_\_

DESCRIBE THE FOLLOWING TO BE USED IN PARADE:

(a) Types of animals: \_\_\_\_\_

(b) Description of vehicles: \_\_\_\_\_

DURATION OF PARADE (including starting and termination time): \_\_\_\_\_

TIME WHEN PARADE OR PUBLIC ASSEMBLY WILL BEGIN TO ASSEMBLE AT SUCH AREA: \_\_\_\_\_

INTERVALS OF SPACE TO BE MAINTAINED BETWEEN UNITS OF SUCH PARADE OR PUBLIC ASSEMBLY: \_\_\_\_\_

TYPE OF PARADE OR PUBLIC ASSEMBLY (also describe the activities planned during the event): \_\_\_\_\_

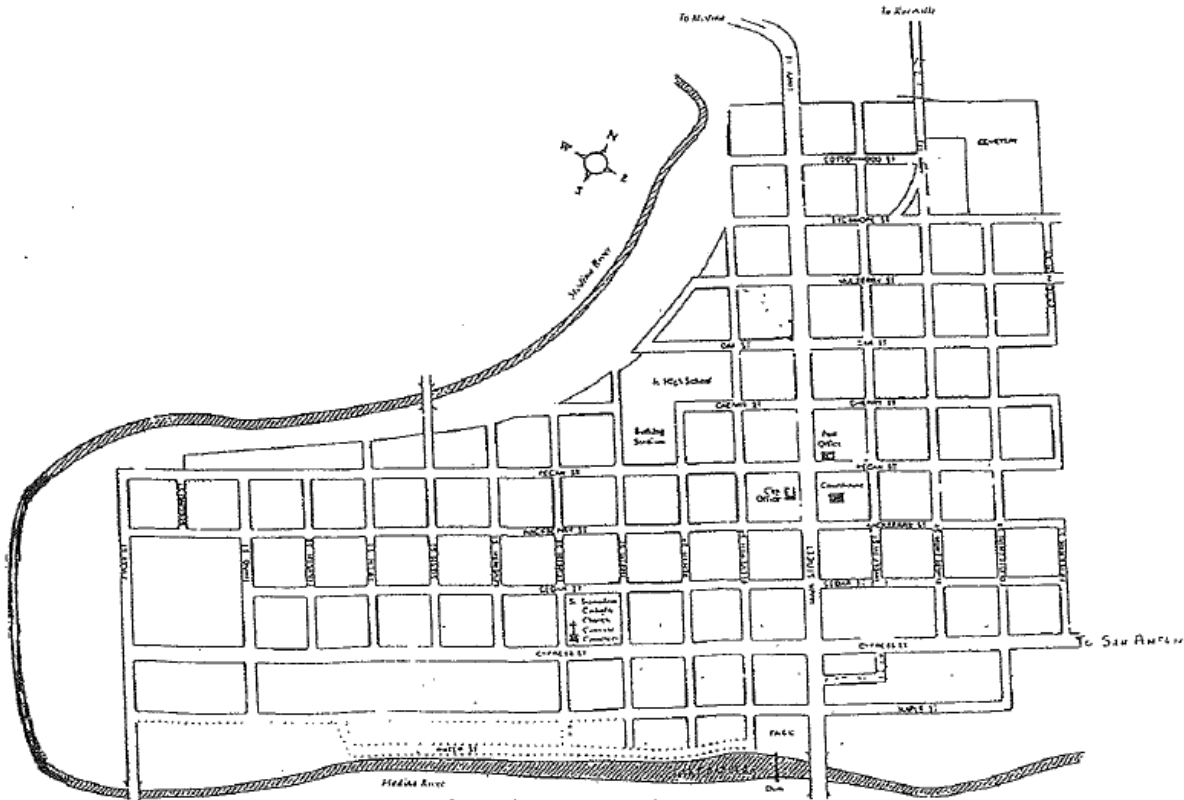
DESCRIPTION OF ANY PUBLIC FACILITIES OR EQUIPMENT TO BE UTILIZED: \_\_\_\_\_

IF THE PARADE OR PUBLIC ASSEMBLY IS DESIGNED TO BE HELD BY OR ON BEHALF OF ANY PERSON OTHER THAN APPLICANT, THE APPLICANT SHALL ALSO FILE A LETTER FROM THAT OTHER PERSON WITH THE CITY MARSHAL AUTHORIZING THE APPLICANT TO APPLY FOR THE PERMIT ON HIS/HER BEHALF. PLEASE IDENTIFY ANY OTHER PERSON: \_\_\_\_\_

INSURANCE CARRIER (ATTACH PROOF OF COVERAGE): \_\_\_\_\_

ROUTE TO BE TRAVELED (starting and termination points): \_\_\_\_\_

PLEASE USE A COLORED MARKER OR PEN TO INDICATE ON THE MAP WHAT ROUTE THE PARADE WILL TRAVEL.



APPROVAL OF PARADE ROUTE BY:

\_\_\_\_\_  
MARSHAL

\_\_\_\_\_  
DATE

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND ABILITY AND THAT I AM PREPARED TO PRESENT THE ABOVE APPLICATION TO THE CITY MARSHAL.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**FOR CITY USE ONLY** Please attach a copy of the receipt to this form.

Date: \_\_\_\_\_ Fee: \_\_\_\_\_ Receipt: \_\_\_\_\_

Taken by: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Completed Application     Proof of Insurance     Payment (Non-Profits are exempt)