

COLE CAMP POLICE DEPARTMENT

401 West Main Street, Cole Camp, Missouri 65325 Telephone: (660) 668-2321 Fax: (660) 668-2300

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Jeff Canfield, Chief of Police (Approved:_____

PARADE AND SPECIAL EVENTS PERMIT APPLICATION

I. GENERAL	INFORMATION	
EVENT NAME:		
DATES:		
LOCATION:		
EVENT HOURS:		
ATTENDANCE:		
II. DESCR	IPTION OF EVENT	

Please provide a brief description of event.		
and time of closing and reopening. Also if p	possible attach route map for	
parades and running events.		
Will even use entire right of way?	Half of Roadway?	Sidewalk?
Number of vehicles in event?	Гуре	
Number of persons involved in the event		
Number and type of animals in the event		
Number of static displays or booths		
Special equipment considerations		
III. EVENT DETAILS		
Number of floats		
Number of bands in the event		
		DMATION
IV. APPLICANT AND SPONSO	RING ORGANIZATION INFO	RMATION

Sponsoring Organization		
Not for Profit Applicant name		
Address		
14444000	Fax	Email
Responsible Person		
Phone	Cell	Email
INSURANCE REQUIRE	MENT	
As a condition of the permi	t the applicant shall procu	re and maintain insurance which includes the
		litional named insured which provides coverage
		under the circumstances, and proof of insurance
shall be submitted to the Ci	ty at least ten days prior to	the event.
Proof of insurance or waive	ed by city	
Signed Date	i e e e e e e e e e e e e e e e e e e e	
IDEMNIFICATION		
I HEREBY AGREE TO IN	JDEMNIFY AND HOLD I	HAMRLESS The City of Cole Camp, its agents, to persons or property, all expenses, and other
liability that may result fro	m this activity. Further tha	at I have read, understand and will comply with
Cole Camp City Ordinance	340.040 that pertains to m	ny receiving a permit for this event.
Signature Date		
Signature Date		
I certify that I have app	proved / disapproved this pe	ermit as presented:
Signature Date		

nature	Date			

A copy of this application will become the Permit for the event when signed and dated by the Chief of Police