



CITY OF ST. PETERS PARADE PERMIT APPLICATION



APPLICATION MUST BE RECEIVED 4 WEEKS PRIOR TO EVENT DATE

Parade or Procession marching, proceeding or occupying any street, sidewalk or public place (includes walkathons, fun runs, 5K races, etc.)

Date Application Received: _____

Main Arterial Streets will not be considered.

St. Peters Police will not traffic event.

No use of Permanent Barriers/Barricades to impede traffic flow is allowed.

Organization:		
Address:		Telephone:
Applicant Name/Parade Chairman:		
Event name/Parade Name:		
Date of Parade:	Starting Time:	Ending Time:
Assembly Area Location:		Time of Assembly:
Number of People:	Number of Vehicles:	Number of Animals:
Type of Vehicles to be Used:		
Space to be maintained between units:		
<p>The following must be attached to Applicant's Application:</p> <ul style="list-style-type: none"> • Proposed Detailed Written Route Attached? Yes No • Proposed Detailed Mapped Route Attached? Yes No • Certificate of Liability Insurance? Yes No <p style="text-align: center;">(Certificate of Insurance naming the City of St. Peters as additionally insured. Minimum acceptable liability coverage is one million dollars per occurrence and two million dollars general aggregate.)</p>		

City Code 240.090

APPLICANT/PARADE CHAIRMAN RESPONSIBLE for Permit Must Sign Hold Harmless:

I, (Print Name) _____ Phone # () _____ - _____

Address: _____

City, State, Zip: _____

do hereby agree to hold harmless the City of St. Peters and its officers, employees or members against any and all claims, cause or actions, damages, costs or expenses based upon any bodily injury and/or property damage now or hereafter arising during or from the use of the above stated event. I agree to be bound by the Terms and Conditions contained herein and attached hereto.

Signature of Applicant _____ **Date** _____

I have read and understand the attached Addendum, City of St. Peters Special Events Information, and acknowledge as Permit holder I am responsible for securing any additional city licenses or permits required.

Signature of Applicant _____ **Date** _____

To Be Completed by St. Peters Police Department.....

Approved: _____

Authorizing Signature:

Permit #: _____

Reviewing Comments:

Jeff Finkelstein
Chief of Police, City of St. Peters
