

COUNTY OF WASHINGTON, VIRGINIA BOARD OF SUPERVISORS

APPLICATION FOR PARADE PERMIT

INSTRUCTIONS

This APPLICATION FOR PARADE PERMIT must be completed and submitted no later that 12:00 noon Wednesday one week <u>before</u> a regular meeting of the Washington County Board of Supervisors (second and fourth Tuesdays of each month). Incomplete Applications for any reason <u>will not</u> be processed. Completed Applications and supporting materials may be submitted in person or by mail to the Office of County Administrator, County of Washington, County Administration Building, 205 Academy Drive, Abingdon, Virginia 24210 or via facsimile to (276) 676-6201.

APPLICANT INFORMATION
NAME OF APPLICANT ORGANIZATION:
APPLICANT ORGANIZATION ADDRESS:
Street Address or P.O. Box City State Zip Code Area Code & Office Telephone
Area Code & Mobile Telephone Area Code & Fax Number E-mail
ORGANIZATION TYPE: □ - GOVERNMENTAL □ - PUBLIC/NON-PROFIT □ - PRIVATE/NON-PROFIT □ - PRIVATE/UNINCORPORATED
□ - OTHER; SPECIFY:
INDIVIDUAL ORGANIZER OR APPLICANT'S NAME:
INDIVIDUAL ORGANIZER OR AFFEICANT S NAIME.
EVENT INFORMATION
OFFICIAL NAME OF PARADE/EVENT:
PURPOSE OF PARADE/EVENT:
ESTIMATED NUMBER OF MOTOR VEHICLES/FLOATS IN PROCESSION: ESTIMATED NUMBER OF PEDESTRIANS:
DATE OF PARADE/EVENT: TIME START: TIME FINISH:
DISTANCE OF PARADE/EVENT:
Miles, Kilometers or Feet
PROCESSION STARTING LOCATION:
PROCESSION FINISHING LOCATION:
ROUTE OF PROCESSION:
LOCATIONOF PARKING FOR PARADE/EVENT PARTICIPANTS:
LOCATIONOF PARKING FOR SPECTATORS:
LOCATION OF STAGING AREA FOR START OF PROCESSION:
PUBLIC SAFETY INFORMATION
TRAFFIC CONTROL WILL BE PROVIDED BY:
EMERGENCY MEDICAL SERVICES WILL BE PROVIDED BY:
HAS WASHINGTON COUNTY SHERIFF'S OFFICE AND APPROPRIATE EMERGENCY MEDICAL SERVICES PROVIDER(S) BEEN NOTIFIED OF
THIS PARADE/EVENT: □ - YES □ - NO
APPLICANT CERTIFICATION:
THE UNDERSIGNED ON BEHALF OF THE APPLICANT ORGANIZATION DO HEREBY CERTIFY AND AGREE TO ACCEPT FULL RESPONSIBILITY FOR THE SAFE AND PROPER CONDUCT OF THE PARADE/EVENT AND THAT ARRANGEMENTS HAVE BEEN MADE FOR TRAFFIC CONTROL AND EMERGENCY MEDICAL SERVICES WITH THE APPROPRIATE AGENCIES AS INDICATED HEREON.
DATE:
Signature of Applicant