CITY OF HEMPSTEAD



PARADE, MOTORCADE, and RUN (EVENT) PERMIT

Date of Application Submittal:
ORGANIZATION NAME:
ADDRESS:
PHONE:
Contact Information (This information will be used as the direct contact for coordination, communication, and full application and permit process of the event.)
Organization Contact Name:
Title:
E-mail Address:
Phone Number:
Event Information (Should this information significantly change after submittal of this application, you are obligated to communicate the changes with the Office of the City Secretary. The Office of the City Secretary will determine if a new application needs to be submitted.)
Please select the type of event:
Parade
Motorcade
Run/Walk
Trail Ride

Event Name/Title:
If the Event has been held before in Hempstead, please list the date(s) of the previous Event(s):
Number of Persons Participating (please be as specific as possible; for example, "100 race participants, 50 race volunteers, 10 vendor tents with anticipated 15 vendor persons"):
Requested Date(s) of Event:
Requested Start and Finish Time of Event:
Description of Requested Route (Please include as much detail as possible including the star point and the end point and the portion of the street to be traversed):
Description of Other Areas of Assembly Needed for Event (This does not include spectators, but does include locations of vendors, or assembly areas before the start and after the finish, etc.):
If Motorcade or Parade, Interval of Space to be Maintained Between Units:
Additional Information for Council's Consideration:

(To be completed by City Staff)

Fee due at time of submittal of application: \$100.00			
Fee Amount Paid: Date of Payment:			
Date of Hearing (To be completed by City Staff)			
Date of Hearing/Consideration at Council Meeting:			
Applicant Acknowledgment			
I,			
I further understand that I am required to show proof of insurance, with the City, its employees, officers, and officials added as an additional insured, in the amounts required by the Parade Ordinance. I understand that Council will not hear my application and request for permit unless and until proof of such insurance is submitted to the Office of the City Secretary. The certification of insurance shall include a statement the effect of:			
"The comprehensive general liability policy listed above includes coverage of designated premises and coverage for contractual liability in compliance with the provisions of article 11.05 of the City Code of Hempstead, Texas, for a parade to be held on theday of, 20"			
I understand that City Council or City Staff are authorized to modify the rout time, and manner of the Event as may be deemed necessary to protect the safety at welfare of the public, including preservation of access to public buildings at maintenance of vehicular and pedestrian traffic flow.	nd		
By my signature below, I understand and have read all of the above informatic and have filled out this Application to the best of my ability and I understand that any significant changes are made to the Event information, it is my duty to update the content of	t if		

revoked or amended.	ely and if I do not, my Permit may be
Applicant Signature	Date
(For completion by City Staff)	
Date of Receipt of Application:	
Name of City Staff Recipient:	
Communication to Applicant concerning Co	ouncil Hearing on Permit Application: