



# City of Independence, Kansas

## Parade Permit Application

### Applicant Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Phone: ( ) \_\_\_\_\_

### Information

Is this parade being conducted for, on behalf of or by an organization? If so, please complete this section:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ *City* *State* *ZIP Code*

Phone: ( ) \_\_\_\_\_ Contact Name: \_\_\_\_\_

The following section needs to be completed for the parade chairperson:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ *City* *State* *ZIP Code*

Phone: ( ) \_\_\_\_\_ Contact Name: \_\_\_\_\_

Please provide the following information for the parade:

Date: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

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Route Requested: Starting point: \_\_\_\_\_

Termination point: \_\_\_\_\_

# of Participants: \_\_\_\_\_ # of Animals: \_\_\_\_\_

Description of Vehicles: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Assembly area will be located at: \_\_\_\_\_

\_\_\_\_\_

Assembly time: \_\_\_\_\_

Space interval between units: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

**Information below to be completed by Office staff**

Fee Received: \_\_\_\_\_

Date City Received: \_\_\_\_\_

Received by: \_\_\_\_\_

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Please attach to this application:

1. Detailed plans for the assembly and dispersal of the parade, including times and locations thereof.
2. Detailed plans for cleanup and trash removal.
3. If the parade is designed to be held by, on behalf of or for any person other than the applicant, the applicant for such permit shall file with the City Clerk a communication in writing from such person authorizing the applicant to apply for the permit on his behalf.
4. Proof of general liability insurance in the amount of \$500,000.00 or more, unless waived by the City.
5. Any additional information which the City Clerk shall find reasonably necessary to a fair determination as to whether a permit should be issued.