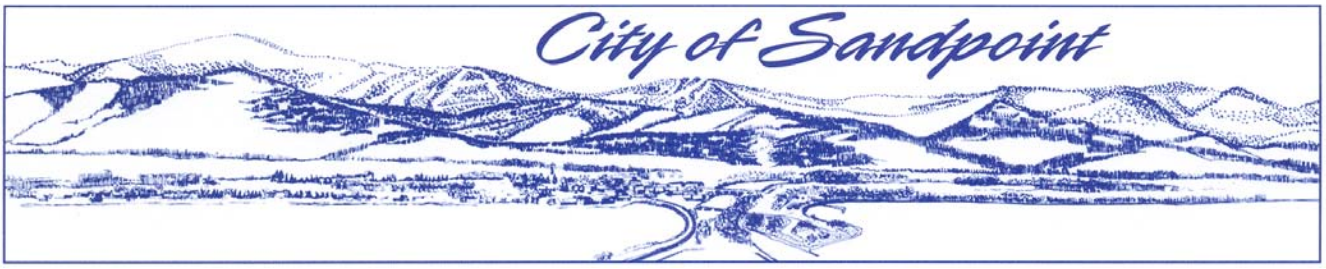

CITY OF SANDPOINT
PARADE OR PUBLIC ASSEMBLY REQUEST FORM

Pick One: **Parade** ☐ **Public Assembly** ☐

Name of Event: _____

Sponsor Name: _____ Profit ☐ Non Profit ☐

Address: _____ Phone: _____

Email Address: _____ Fax: _____

Date of Event: _____ Time of Assembly: _____ Time of Movement: _____ *(for parades)*

Number of Participants: 0-50 ☐ 50-100 ☐ 100-200 ☐ 200 or more ☐

Number of Spectators: 0-50 ☐ 50-100 ☐ 100-500 ☐ 500-1,000 ☐ 1,000 or more ☐

Street Usage _____ **or** Sidewalk/Bike Path Only _____ Permit Fee **($50)**: *For City Office Use Only* Paid ☐ Date: _____

Special reason for fee reduction or elimination: _____

PARADE - Route Choices (*please select one)*

☐ Route #1 ☐ Route #2 ☐ Route #3 ☐ Route #4

If you are requesting a permit for a parade, please contact the City for a copy of the route maps.

PUBLIC ASSEMBLY - Location: _____

Describe the event and the activities that will take place: _____

_____

Contact Person Name: _____

Address: _____ Phone: _____

Email Address: _____ Fax: _____

Event Sponsor Signature: _____ Date: _____

Please Address the Following (Attach supporting documentation where required and necessary.)

Special Equipment to be used (number of animals, floats, automobiles, or other vehicles):

_____

_____

Parking Control Plan:_____

_____

Traffic Control Plan and/or Devices to be used:_____

_____

Will road closure/barricades be required? ☐ Yes ☐ No If Yes, please identify roads to be closed:

_____

(A $200 refundable deposit is required for use of City barricades.)

Please contact the Public Works Department to coordinate road closure/barricades: 263-3428.

First Aid Plan (describe):_____

Security Plan (describe):_____

Cleanup Plan (describe):_____

Prior parade/assembly history of applicant, including number of permits previously applied for:

_____

General Liability Insurance: ☐
(name, address, phone)

Comprehensive Automobile Liability Insurance ☐
(name, address, phone)

_____

_____

Other Insurance (name, address, phone): ☐

_____

_____

Bond (name, address, phone): ☐

_____

_____

Release of Liability attached: ☐

Please submit completed request form, with all attachments and $50 processing fee, to:
Sandpoint City Clerk's Office, 1123 Lake St., Sandpoint, ID 83864

Email or call the City Clerk's Office if you have any questions: clerksoffice@ci.sandpoint.id.us 263-3317.