

CITY OF CHOWCHILLA CALIFORNIA



Parade/Special Events

Fee: \$ _____
(Set in Master Fee Schedule)

Name of Organization: _____

Address of Organization: _____

Applicant's Name: _____

Applicant's Position: _____

Telephone Number: _____ Email: _____

Name of the Event: _____

Date of Function: _____ Time of Function: _____ End of Function: _____

Function Description: _____

Beginning Point of Function: _____

Route of Function: _____

End Point: _____

Indicate which of the following will be in use:

Vehicles: Yes No Types: _____

Walkers: Yes No Types: _____

Other Types: _____

Please state where event will take place:

On Roadway: Yes No How many lanes closed? _____ On Sidewalks: Yes No

Number of Estimated Participants: _____ Number of Estimated Spectators: _____

Responsible Supervisors at Event: _____ Phone contact during event: _____

Insurance Company Information:

Name of Insurance Company: _____

Type of Coverage: _____

Amount of Coverage: _____

Failure to comply with the regulations governing control of the activity shall be just cause for the City of Chowchilla to refuse activities. I agree to abide by all rules and regulations of the State of California and the City of Chowchilla regarding the use of the area. The following information is correct to the best of my knowledge.

If the Event Application is submitted within 60 days of the Function Date, City Council consideration will be required for an additional cost of \$ _____.

Applicant Signature

Date

----- (City of Chowchilla Use Only) -----

COMMUNITY & ECONOMIC DEVELOPMENT DEPARTMENT

Insurance certificate attached to application? Yes No

Route of Parade/Event attached to application? Yes No

Permit Status Reviewed Denied Date: _____

Comments: _____

Reviewed by: _____ Title: _____

PUBLIC SERVICES DEPARTMENT

Number of Personnel Required for Function: _____ On Duty: _____ OT: _____

Number of Blocks Closed: _____

Permit Status: Reviewed Denied Date: _____

Comments: _____

Reviewed by: _____ Title: _____

POLICE DEPARTMENT

Background check of Organization: Yes No

Past Problems: Yes No

Comments: _____

Number of Police Personnel Required for Function: _____ On Duty: _____ OT: _____

Permit Status: Approved Denied Date: _____

Comments: _____

Approved by: _____ Title: _____

FIRE DEPARTMENT

Reviewed by: _____ Title: _____

PARKS & RECREATION DEPARTMENT

Reviewed by: _____ Title: _____