

APPLICATION STATUS**Fees Paid:**

Permit (\$50 non-refundable filing fee)
 Damage Deposit (\$300)

Required documentation:

Yes N/A Proof of Insurance
 Yes N/A Street/Road Closure Permit

ST. GEORGE STREET**PARADE PERMIT APPLICATION****City of St. Augustine, Florida****Department of Public Affairs**

P.O. Box 210 St. Augustine, FL 32085-0210

PHN: 904.825.1004 FAX: 904.825.1096

WEB SITE: www.staugustinegovernment.comEMAIL: kmayo@citystaug.com**GENERAL INFORMATION**

Name of Parade: _____

Date of Parade: _____ Hours of Parade: Start: _____ (AM) (PM) Finish: _____ (AM) (PM)
(Parade may not last more than one hour)Contact Person: _____ Title: _____
(Contact person must be on site during event)Mailing Address: _____
(Street/P.O. Box, City, State, Zip)

Phones: Office: _____ Fax: _____ Home: _____ Cell Phn: _____

Email: _____

Purpose of Event/ Benefits to Community: _____

Estimated Attendance: _____ Years event has been held: _____ Attendance last year: _____

Event is best described as a: Parade March Run Walk Other _____

Number of units: _____ Estimated number of participants: _____

This permit is for parades utilizing that area of St. George Street between Cathedral Place and Orange Street. In the space below, describe the staging area for the parade, the direction of the parade and the planned area of disbursement. If the route includes any areas/streets other than St. George Street, please indicate below.

Assemble at: _____

Parade route (including areas other than St. George Street): _____

Disburse at: _____

Are there Corporate Sponsors: Yes No If yes, please list: _____

Insurance provider: Company Name: _____

Agent/contact name: _____ Phone: _____

SPONSORING ORGANIZATION

Name of Organization: _____

Type of Organization: Non-Profit Religious Community/Civic Political School Other _____
(If the organization is non-profit, provide supporting documentation and Federal ID Number # _____)

Principal officers of the sponsoring organization

President _____

Vice-President _____

Secretary _____

Executive Director _____

Organization mailing/contact information if different from notes in General Information section

Mailing Address: _____
(Street/P.O. Box, City, State, Zip)

Phones: Office: _____ Fax: _____ Email: _____

Are there Corporate Sponsors: Yes No If yes, please list: _____

Insurance provider: Company Name _____

Agent/contact name: _____ Phone _____

Prohibitions:

Motor vehicles or motorized vehicles except electric wheelchairs as necessary to accommodate ADA requirements are not permitted in the parade, nor shall any participants be allowed to bring animals or pets as part of the parade procession. The parade may not obstruct St. George Street to the extent that it cannot be used for normal pedestrian access.

APPLICANT AGREEMENT

The undersigned hereby agrees that the applicant/organization shall comply with all guidelines, policies and requirements of the City, as noted on the attached sheets, for use of City property and/or sale of merchandise on City property, use of City street, right-of-way and/or parking spaces. The undersigned hereby further agrees that proper insurance certificates have been filed with the City; that the applicant/organization has made necessary arrangements for clean up, trash and garbage containers and restroom facilities as may be required by the City. The undersigned hereby confirms the understanding that failure to adhere to information set forth in permit application/approved permit can and may result in the closure of the entire event and revocation of the permit.

Signature of Sponsoring Organization's Designee

Date

Designee of Sponsoring Organization (Print)

APPROVAL

Director of Public Affairs

City Manager

Date

Date