City of Creede, A Colorado Town

Parade Permit

CONTACT INFORMATION

Name:	Date:
Address:	
Business/Organization (if applicable):	
Phone Number: Email:	
PARADE INF	ORMATION
Parade Date:	
Parade Time (please allow for set-up and take-down):	
Parade Route Begins:	
Parade Route Ends:	
Planned Road Closures (please attach map):	
Estimates Number of People Expected to Attend this I	Event:
Responsible Parties for Barricade Set-Up and Remova	al:
Name:	Name:
Phone:	Phone:

I have read, fully understand and agree to the terms of this Parade Permit, any attached pages, and the City of Creede's Public Property Event Policy and Procedures:

Applicant

City Clerk

ADMINISTRATIVE ONLY

Application Received:
Proof of Insurance:
Board of Trustees Meeting Date:
Sheriff's Department Notified:
Public Works Notified: