



CITY OF BANDERA

511 Main St. • PO Box 896 • Bandera, Texas 78003 • P: (830) 796-3765 • F: (830) 796-4247

Parade or Public Assembly Application

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT A CERTIFICATE OF INSURANCE AND PAYMENT OF \$400.00

PLEASE SUBMIT ALL REQUIREMENTS NO LATER THAN FORTY-FIVE (45) DAYS IN ADVANCE.

TO: CITY MARSHAL, CITY OF BANDERA DATE: _____

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S PHONE NUMBER: _____

NAME OF ORGANIZATION REQUESTING PERMIT: _____

AUTHORIZED AGENTS / MEMBERS OF ORGANIZATION: _____

NAME AND PHONE NUMBER OF THE PERSON IN CHARGE ON DAY OF THE PARADE:

Name: _____ Phone number: _____

REQUESTED DATE OF PARADE: _____

APPROXIMATE NUMBERS:

(a) Persons in parade: _____ (b) Vehicles in parade: _____ (c) Animals in parade: _____

DESCRIBE THE FOLLOWING TO BE USED IN PARADE:

(a) Types of animals: _____

(b) Description of vehicles: _____

DURATION OF PARADE (including starting and termination time): _____

TIME WHEN PARADE OR PUBLIC ASSEMBLY WILL BEGIN TO ASSEMBLE AT SUCH AREA: _____

INTERVALS OF SPACE TO BE MAINTAINED BETWEEN UNITS OF SUCH PARADE OR PUBLIC ASSEMBLY: _____

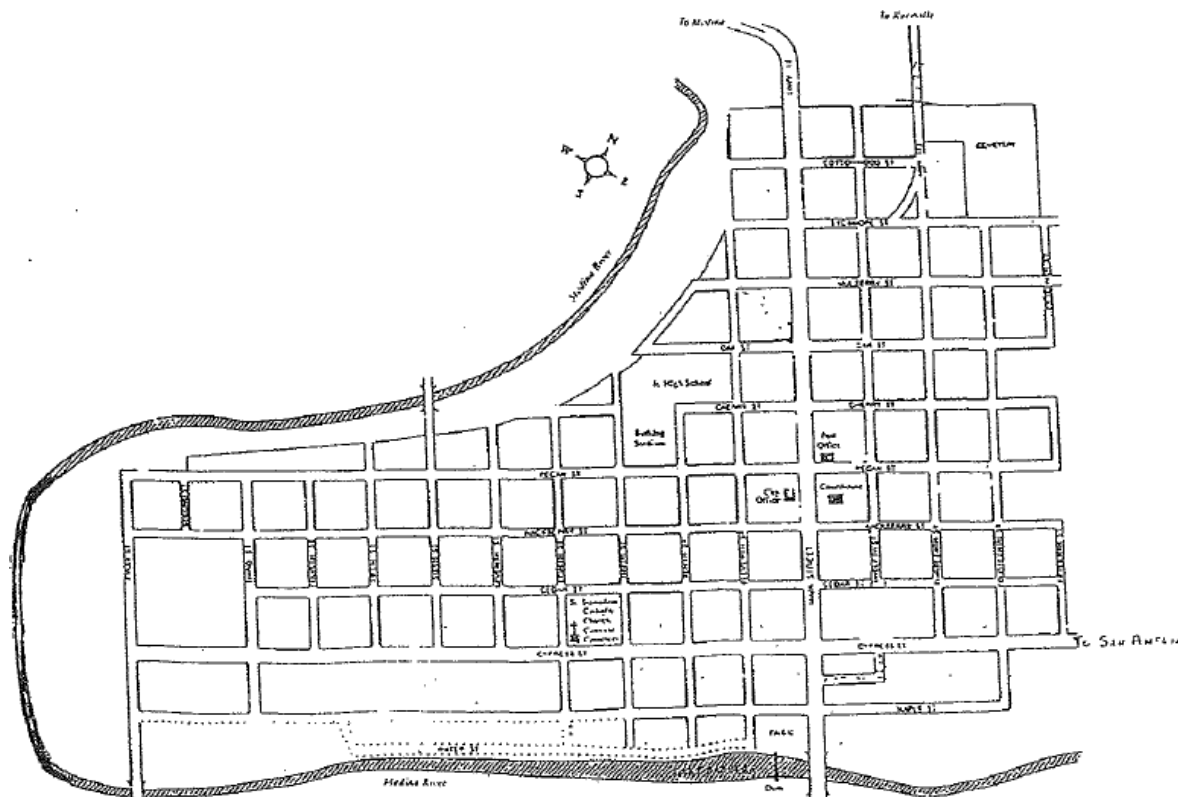
TYPE OF PARADE OR PUBLIC ASSEMBLY (also describe the activities planned during the event): _____

DESCRIPTION OF ANY PUBLIC FACILITIES OR EQUIPMENT TO BE UTILIZED: _____

IF THE PARADE OR PUBLIC ASSEMBLY IS DESIGNED TO BE HELD BY OR ON BEHALF OF ANY PERSON OTHER THAN APPLICANT, THE APPLICANT SHALL ALSO FILE A LETTER FROM THAT OTHER PERSON WITH THE CITY MARSHAL AUTHORIZING THE APPLICANT TO APPLY FOR THE PERMIT ON HIS/HER BEHALF. PLEASE IDENTIFY ANY OTHER PERSON: _____

INSURANCE CARRIER (ATTACH PROOF OF COVERAGE): _____

PLEASE USE A COLORED MARKER OR PEN TO INDICATE ON THE MAP WHAT ROUTE THE PARADE WILL TRAVEL.



MARSHAL

DATE _____

APPLICANT'S SIGNATURE

DATE _____

FOR CITY USE ONLY Please attach a copy of the receipt to this form.

Date: _____ **Fee:** _____ **Receipt:** _____

Taken by: _____ **Permit Number:** _____

☐ **Completed Application** ☐ **Proof of Insurance** ☐ **Payment (Non-Profits are exempt)**