DATE SUBMITTED:_____
TIME SUBMITTED:_____

PARADE PERMIT
AND APPLICATION
CITY OF LITTLE ROCK, ARKANSAS

DATE OF EVENT:_____ SCHEDULED TIME(S) OF EVENT:_____

ROUTE OF PARADE: (Please also attach a map to this application)_____

_____

_____

CONTACT PERSON DURING THE EVENT

IF THE APPLICANT, OR THE PERSON LISTED AS AUTHORIZED TO MAKE APPLICATION ON BEHALF OF AN ORGANIZATION, WILL NOT BE IN IMMEDIATE POSSESSION OF THE PARADE PERMIT AT ALL TIMES DURING THE EVENT, PLEASE NAME THE PERSON WHO WILL BE IN POSSESSION OF THIS PERMIT:_____
HOW WILL THE CITY CONTACT THIS PERSON, IF NECESSARY, DURING THE EVENT (Please list telephone numbers, mobile telephone numbers, pagers, or other means of identifying and contacting this person):_____

_____

_____

(NOTE: The City recognizes that the name of this person may change between the date of this application and the date of the Event; the Permit Holder, however, is required to provide this name in writing to the City Manager no less than three (3) hours prior to the start of the Event. If the City Manager's office is not open on the date of the event, the Permit Holder is required to provide this information to the Office of the Chief of Police, 700 West Markham, Little Rock, Arkansas, (501) 371-4621, no less than three (3) hours prior to the start of the Event. (The City Manager's office is opened from 8:00 am to 5:00 pm, Monday through Friday, except for the following holidays: New Year's Day; Dr. Martin Luther King, Jr.'s, Birthday Celebration; President's Day; Memorial Day; Independence Day (July 4); Labor Day; Thanksgiving; and Christmas).

I. APPLICANT INFORMATION

The City of Little Rock needs to obtain information about the applicant for an event. The information blocks deal with the person submitting the application, the organization for which the application is being made if one is involved, and a person on the date of event who will be in charge of the event should any City official or law enforcement officer need to get in contact with that person. This is the only reason that such information is being sought.

PERSON SUBMITTING THE APPLICATION

NAME_____
ADDRESS: _____

_____

_____

E-MAIL ADDRESS: (if available and applicant is willing to provide):_____

CONTACT NUMBERS: (AREA CODE) NUMBER WHERE APPLICANT WISHES TO BE CONTACTED

TELEPHONE: (____) _____

PAGER: (____) _____

MOBILE TELEPHONE (____) _____

FAX MACHINE: (____) _____

ORGANIZATION SUBMITTING THE APPLICATION

(to be completed only if the person listed above is making application on behalf of the organization)

NAME OF THE ORGANIZATION:_____

ADDRESS(ES) OF ORGANIZATION HEADQUARTERS:_____

NAME OF THE PERSON AUTHORIZED OF RESPONSIBLE FOR HAVING THE APPLICATION MADE ON BEHALF OF THE ORGANIZATION:_____

(Contact Information for the Organization if different from that listed for the Applicant)

E-MAIL ADDRESS:_____

CONTACT NUMBERS: (AREA CODE) NUMBER WHERE APPLICANT WISHES TO BE CONTACTED

TELEPHONE: (____) _____

PAGER: (____) _____

MOBILE TELEPHONE (____) _____

FAX MACHINE: (____) _____

II. INFORMATION ABOUT THE PARADE

(Please answer with the best estimates available; if similar events have been held in other Cities after similar planning, consider use of such information as a basis for answers to these questions)

REQUESTED DATE OF THE EVENT:_____

(NOTE: The requested date may not be available if there is previously scheduled or requested event for the requested date and the City Manager has determined, in consultation with the directors of various City departments (including emergency services personnel) that the demand on public resources to deal with two events would have an immediate and adverse impact upon the welfare and safety of persons within the City. If there is an acceptable alternative date for the applicant that does not suffer the same conflict, please list that ALTERNATIVE REQUESTED DATE):_____

SCHEDULED STARTING TIME:_____ ANTICIPATED ENDING TIME:_____

PLEASE DESCRIBE THE DESIRED ROUTE OF THE PARADE:_____

WHAT IS THE ANTICIPATED INTERVAL BETWEEN PARADE PARTICIPANTS IF MORE THAN ONE GROUP IS EXPECTED TO PARTICIPATE:_____

PLEASE DESCRIBE IN GENERAL TERMS THE TYPE OF PARADE AND ACTIVITIES THAT ARE PLANNED **(For example, a single group on parade; a parade with various groups including marching bands and organizations; a parade with floats and vehicles (both motor and animal powered):**_____

IF VEHICLES, MOTOR OR ANIMAL DRIVEN, ARE TO BE USED, PLEASE LIST THE TYPES AND NUMBER OF VEHICLES THAT ARE ANTICIPATED:

_____
_____
_____
_____

BY WHAT METHOD WILL THE PERMIT HOLDER HAVE THE VEHICLES, OR ANIMALS, IDENTIFIED AS A PART OF THE EVENT:_____
_____

WHAT IS THE MINIMUM SPEED THAT WILL BE USED BY SUCH VEHICLES DURING THE EVENT (when not parked, stopped, or at rest):_____

WHAT IS THE MAXIMUM SPEED THAT WILL BE ALLOWED BY SUCH VEHICLES DURING THE EVENT:_____

HOW DOES THE PERMIT HOLDER INTEND TO ENFORCE THESE SPEEDS:_____

FOR ANIMALS, WILL THEY BE EXPECTED TO DO MORE THAN WALK DURING THE EVENT (as opposed to running; or, will they be expected to pull any wagons or other items; if so, please detail): _____
_____

IF THE PLANNING FOR THE EVENT HAS INCLUDED ADVERTISEMENTS OR ANNOUNCEMENTS OF ANY KIND, PLEASE CHECK ALL TYPES OF ADVERTISING OR ANNOUNCEMENTS HAVE BEEN MADE:

_____IN LOCAL NEWSPAPERS, OR OTHER MEDIA
_____IN STATEWIDE NEWSPAPERS, OR OTHER MEDIA
_____IN NATIONAL NEWSPAPERS, OR OTHER MEDIA
_____BY HANDBILLS OR MAILED NOTICES
_____BY INTERNET PUBLICATION
_____OTHER: PLEASE BRIEFLY DESCRIBE_____
_____
_____

HOW MANY PERSONS ARE ANTICIPATED BY THE APPLICANT TO PARTICIPATE IN THE EVENT:_____
(Please describe how the applicant has arrived at this estimation – e.g., based upon past experience with this event in this area; based upon responses to advertisements or mailings; based upon past experience with similar events in other areas):_____
_____
_____

IF SPECTATORS, OTHER THAN PERSONS AT THE SITE OF THE EVENT, ARE ANTICIPATED, HOW MANY PERSONS ARE ANTICIPATED BY THE APPLICANT TO BE SPECTATORS OF THE EVENT:_____
(Please describe how the applicant has arrived at this estimation – e.g., based upon past experience with this event in this area; based upon responses to advertisements or mailings; based upon past experience with similar events in other areas):_____
_____
_____

DOES THE APPLICANT ANTICIPATE THE USE OF SIGNS, SOUND AMPLIFICATION OR RECORDING EQUIPMENT (including bullhorns or other portable equipment), BANNERS, SIGNS, OR OTHER ATTENTION-GETTING DEVICES DESIGNED TO DRAW ATTENTION TO THE EVENT?_____YES_____NO (If the applicant checked "yes" please briefly describe the type of equipment or items that are anticipated):_____
_____
_____
_____

OTHER THAN THE SIDEWALK OR STREET THAT WILL BE THE SITE OF THE EVENT, LIST ANY OTHER PUBLIC FACILITIES OR EQUIPMENT THAT THE APPLICANT EXPECTS TO UTILIZE:_____
_____
_____

WHAT ARRANGEMENTS HAVE BEEN MADE TO SECURE THE USE OF SUCH PUBLIC FACILITIES OR EQUIPMENT (including the name and contact information for any authorized public official who has given permission for such use):___

_____

_____

IF ARRANGEMENTS HAVE NOT BEEN MADE, WHAT STEPS HAVE BEEN TAKEN TO SECURE THE USE OF SUCH PUBLIC FACILITIES OR EQUIPMENT (including identifying the name and contact information for any authorized public official whose permission will be required), and what date does the applicant anticipate such permission will be granted):_____

_____

DATE PERMISSION ANTICIPATED:_____

WHAT ARRANGEMENTS HAVE BEEN MADE TO ASSURE THAT PARTICIPANTS, OR ANTICIPATED SPECTATORS, WILL HAVE ACCESS TO SANITATION FACILITIES OR OTHER RESTROOM FACILITIES DURING THE HOURS OF THE EVENT:_____

_____

_____

_____

III. CERTIFICATION

BY SIGNING THIS APPLICATION, I DO HEREBY STATE UNDER OATH THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AS OF THE DATE THAT THIS APPLICATION IS BEING SUBMITTED.

_____

PRINTED NAME:_____

DATE:_____

STATE OF _____)
) SS
COUNTY OF _____)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 200___.

_____
NOTARY PUBLIC

(NOTE: The City of Little Rock will provide free notary service for Parade Permit applications Monday through Friday, 8:00 am to 5:00 pm in the Office of the City Manager or the Office of the City Clerk, 500 West Markham, Second Floor; or, the Office of the City Attorney, 500 West Markham, Third Floor, except on those days when City Hall is closed because of a declared holiday, or for some other reason authorized by the City Manager).

IV. VERIFICATION THAT APPLICATION FEE HAS BEEN PAID

I HEREBY ACKNOWLEDGE RECEIPT OF THE TWENTY-FIVE DOLLAR ($25.00) APPLICATION FEE REQUIRED TO PROCESS THIS PARADE PERMIT APPLICATION.

_____

DATE:_____

V. DEPARTMENTAL REVIEWS

DEPARTMENT OF PUBLIC WORKS:

THE PUBLIC WORKS DEPARTMENT HAS REVIEWED THIS APPLICATION AND APPROVED IT PROVIDED THE FOLLOWING THINGS ARE DONE, OR THE FOLLOWING ITEMS ARE PROVIDED:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

LITTLE ROCK POLICE DEPARTMENT:

THE LITTLE ROCK POLICE DEPARTMENT HAS REVIEWED THIS APPLICATION AND APPROVED IT. THE FOLLOWING ITEMS WILL BE PROVIDED TO ASSURE THAT THIS PUBLIC ASSEMBLY DOES NOT INTERFERE WITH THE FLOW OF TRAFFIC – VEHICULAR OR PEDESTRIAN – OR OTHERWISE CREATE A POTENTIALLY ADVERSE IMPACT UPON THE SAFETY AND WELFARE OF PERSONS OR PROPERTY IN THE IMMEDIATE AREA OF THE PARADE:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

V. CITY MANAGER APPROVAL

_____AT THE DIRECTION OF THE OFFICE OF THE CITY MANAGER, THIS APPLICATION HAS BEEN REVIEWED AND IS HEREBY APPROVED FOR THE FOLLOWING DATE:_____.

_____AT THE DIRECTION OF THE OFFICE OF THE CITY MANAGER, THIS APPLICATOIN HAS BEEN REVIEWED AND THE REQUESTED DATE IS DENIED, BUT AN ALTERNATIVE DATE HAS BEEN APPROVED. THE PERMIT IS APPROVED FOR THE FOLLOWING ALTERNATIVE DATE:_____.
THE REASON THAT IT WAS NECESSARY TO CHOOSE AN ALTERNATIVE DATE IS:_____
_____
_____
_____

Bruce Moore, City Manager

BY:_____
DATE:_____
TIME:_____