



Date of Application:

This is an application for a:
 Demonstration Special Event

Individual/Organization(Org.)	Telephone Number	Cell Phone	Fax Number	
Email Address	Website			
Street Address	City	State	Zip Code	Country
Person in Charge of Event <input type="checkbox"/> Same as above	Telephone Number	Cell Phone Number		
Email Address	Event Name			
Street Address	City	State	Zip Code	Country

At least one person must be listed as in charge of the activity. If different individuals are to be in charge of various activities at different locations, please list their names and contact information (add supplemental sheet if more than two):

Name	Telephone Number	Email Address	Org./Role of Responsibility
Name	Telephone Number	Email Address	Org./Role of Responsibility

	Set-Up Begins	Activity Begins	Activity Ends	Break-down Completed
Primary Date	Date: Time: AM PM	Date: Time: AM PM	Date: Time: AM PM	Date: Time: AM PM
Alternate Date	Date: Time: AM PM	Date: Time: AM PM	Date: Time: AM PM	Date: Time: AM PM

Please list ALL proposed locations (include assembly and dispersal areas):

Estimated maximum number of participants for EACH PUBLIC AREA TO BE USED (Including organizers, volunteers, participants and spectators):

Purpose of event:

Plan for proposed activity (include all speakers, a complete time schedule of the activity, proposed routes for any marches or parades, plans for the orderly termination and dispersal of activity which might affect regular flow of city traffic, etc.):

Please list all equipment:

Are you proposing road closures or traffic management? If so, list the roads and/or trails affected? Yes No

How will the event be advertised or publicized:

TV Print Flyers
 Radio Website Email/Listserv
 Social media (Twitter, Facebook, Tumblr, etc.)

Do you propose to have commercial sponsors? If Yes No
yes, how are sponsors recognized.

What are your cleanup and/or recycling plans?

How will cleanup members be identified?

Do you have any reason to believe or any information indicating that any individual, group or organization might seek to disrupt the activity for which this application is submitted? Yes No

If "Yes", list each such individual, group or organization and contact information for each:

Are you planning to conduct civil disobedience? Yes No

OTHER

Permit Applicant Information (information for person completing application)				
Name	Telephone Number	Cell Phone Number	Fax Number	
Position	Email Address			
Street Address	City	State	Zip Code	Country
Signature of Applicant		Date		

APPLICATION IS NOT VALID UNLESS SIGNED

Permit Approved

Yes

No

Chief of Police / Designee

Date

Jacques M. Roy
Mayor



Chad Gremillion
Chief of Police
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