THE TOWN OF SMYRNA
APPLICATION FOR PARADES and ASSEMBLIES PERMIT

Date Submitted: _____ Email Address: _____

1

_____ _____

Applicant's Name (Same if Individual) Address Phone

2 _____ _____

_____ _____

Organization or Individual Applying Address Phone

3 _____ _____

Day and Date of Event Beginning and Ending Times of Event

4 _____

Location of Event

5 Nature of the Event: **(Parade or Assembly)**

Describe: **(List Entire route or Location affected, include additional pages if necessary):**

_____

_____

_____

_____

6 Number of persons or units participating:_____

7 State of DE- Department of Transportation Special Event Permit obtained? **Yes / No (302) 659-4080**

Required PRIOR TO TOWN PERMIT affecting any roadways open to traffic.
See DelDOT's policy on special event permits at:
http://www.eventpermits.deldot.gov

POLICE USE ONLY:
<u>Special Instructions</u> / Street closures needed:

_____
_____
_____
_____
_____
_____
_____
_____
_____

No Parking Restrictions:

_____
_____
_____
_____
_____

_____
Signature of Applicant

_____
Special Investigations Unit
Approval

_____
Patrol
Approval

Approved Disapproved

_____
Chief of Police

_____
Date

Modified 07/29/2015