

CITY OF SYLVANIA 6730 Monroe St. Sylvania, Ohio 43560

PARADE, FESTIVAL, EVENT or ASSEMBLY APPLICATION [SMC: 311.02, 705.04, 1519.02]

GENERAL EVENT INFORMATION

Name/Title of e	event:					
Type of event:	parade	running-biking	assembly	othe <u>r</u>		
Event location:			_ Number of participants expected:			
Event Web site: _						
				pm End time:		
Rain date(s):		Start time:	am/pm End time:		am/pm	
APPLICANT IN						
Person, group or	organization	sponsoring:				
Address:			Phone:_()			
Event contact per	son:					
Phone number: ()					

e-mail:_____

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LOGISTICS

Do you request any streets to	be closed to traffic for your event?	YES	NO	
Do you require the streets to	be closed in advance of the event for "s	set up"?	YES	NO
If YES, Date:	and time:	am/pm for s	streets to be	e closed.
If any street is to be closed,	when can the street be reopened?			
Date:	and time:	am/pm	ļ	
If your event is a parade, list	the types of groups that will be in your	parade:		
	lcoholic beverages at your event? <i>ve or have you applied for an F2 or ot</i>		NO d liquor per	rmit?
	amplified music at your event? YI details. There are city ordinances restr			fied music.
outlets, no parking signage, t	equipment, resources or assistance from traffic control, security, assistance with cribe your requirements in detail:	•		ades, electrical YES NO
A me the envirother requests or	r special instructions for your event? D		. 1	

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INCLUDE WITH APPLICATION

- MAP Applicant *must* attach a clearly marked map on an 8¹/₂ x 11 piece of paper with a drawing of the route/streets/location you are requesting to use.
- REGISTRATION FORM If participants will be running, walking, biking or otherwise using any city street you must attach a copy of your Participant Registration Form to this application (parades are exempt). The Participant Registration Form must clearly state...<u>"the course to be</u> used for the event is not a closed course and traffic will be maintained".
- <u>INSURANCE POLICY OR A CERTIFICATE OF INSURANCE</u> that includes a minimum liability coverage of \$1,000,000 and the provision that the City of Sylvania is included as an Additional Insured. (May be submitted no less than 20 days prior to event).
- PRE-EVENT RESIDENT/BUSINESS NOTIFICATION LETTER
- APPLICATION FEE

The applicant hereby agrees to save and hold the City of Sylvania, Ohio harmless from any and all liability or damage growing out of the permitted event.

Your application cannot be considered without this required information. This application must be mailed or brought to the Sylvania Police Records Office. If your event is assessed a Permit Fee you will be notified and your event cannot occur until your Permit Fee is received. If you have any questions, please call the office of the Safety Director at 419-885-8969.

Applicant signature:_____Date:____Date:_____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:___Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:___Date:___Date:____Date:____Date:____Date:______Date:______Date:_____Date:_____Date:_____Date:_____Date:______Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____AATE:______AATE:_____AATE:_____AATE:_____AATE:_____AATE:____AATE:_____AATE:_____AATE:_____AATE:____A

Address:_____

Phone:(____)

e-mail: Revised 1/2024