

# Application for Parade Permit



**TO:** Metropolitan Police Department  
Special Operations Division  
2301 L Street, NW  
Washington, DC 20037  
FAX: (202) 727-6839

**INSTRUCTIONS:** This application shall be filed not less than fifteen (15) days before the date on which it is proposed to conduct the parade. (DCMR, Title 24, Chapter 7)

## For Internal Use Only

Date Application Received:

Permit #

Name of Sponsoring Organization: \_\_\_\_\_

Applicant: \_\_\_\_\_

### Contact Information

(Include area code with phone and fax numbers)

Principal Officer/Person in Charge: \_\_\_\_\_

(If there is a different person in charge of activities at different locations, each person must be listed).

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Purpose of Application for Permit: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Estimated Number of Participants: \_\_\_\_\_

### Date of Activity

From: \_\_\_\_\_ To: \_\_\_\_\_  
*Month/Day/Year* *Month/Day/Year*

Starting Time: \_\_\_\_\_ ( am/ pm) Disbanding Time: \_\_\_\_\_ ( am/ pm)

Assembly Time: \_\_\_\_\_ ( am/ pm) Assembly Area: \_\_\_\_\_

Rally Area: \_\_\_\_\_

Dispersal Area: \_\_\_\_\_

List any Special Equipment (*props, stages, sound equipment, other structures*) that will be used in assembly and/or rally areas. (If insufficient space, list on separate sheet) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parade/March Route: (If insufficient space, list on separate sheet) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Reviewing Stands: \_\_\_\_\_

Number & Type of Vehicles: \_\_\_\_\_

Number & Type of Animals: \_\_\_\_\_

Number & Type of Bands: \_\_\_\_\_

Number & Type of Banners: \_\_\_\_\_

Number & Type of Placards: \_\_\_\_\_

Number & Type of Signs: \_\_\_\_\_

Number & Type of Special Props: \_\_\_\_\_

Number of Parade Marshals: \_\_\_\_\_

Any Planned Civil Disobedience or Arrests: YES \_\_\_\_\_ NO \_\_\_\_\_  
(If yes, please indicate the individual/group, number of participants & locations below)

\_\_\_\_\_  
\_\_\_\_\_

## **APPLICATION NOT VALID UNLESS SIGNED**

\_\_\_\_\_  
*Signature of person filing application*

\_\_\_\_\_  
*Typed/printed name of person filing*

### **Contact Information**

*(Include area code with phone and fax numbers)*

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_