# Application for Parade Permit

**TO:** Metropolitan Police Department
Special Operations Division
2400 East Capitol Street, NE
Washington, DC 20003
FAX: (202) 727-4284

**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:** _____