

Application for Parade Permit



TO: Metropolitan Police Department
Special Operations Division
2850 New York Avenue, NE
Washington, DC 20002
(202) 671-6522
sod.events@dc.gov

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: _____