CITY of SPRINGDALE

POLICE DEPARTMENT

APPLICATION FOR PERMIT
(Please check one)
☐ **PARADE** ☐ **RUN EVENT**
☐ **GROUP DEMONSTRATION**
☐ **OTHER EVENT**

Organization/Group Name:_____

Primary Contact: _____

E-Mail Address: _____

Phone No: ( )_____ **Fax No:** ( )_____

Proposed Location of Event (attach map layout if available):

_____

_____

Proposed Date(s): _____ **Proposed Time(s):** _____

Proposed Purpose: _____ **Proposed Group Size:** _____

Will any minors (persons under the age of 18) be permitted to participate in the event? If so, how will they be involved?

_____

_____

I, the applicant named above, acknowledge I have received a copy of Sec. 110-161 through Sec. 110-182 of the Code of Ordinances of the City of Springdale.

Signature: _____ **Date of Application:** _____

Approved By: _____ **Date of Approval:** _____
(Chief of Police)

Street Department Approval _____ **Date** _____

Return this completed form to Lisa Anderson landerson@springdalear.gov