Application for Public Demonstrations, Parades, Processions/Marches or Other
Ord. 133.10

Event Type:
☐ Parade  ☐ Public Demonstration  ☐ Race  ☐ Procession/March  ☐ Other (describe)____________________

- Organization Sponsoring Event:_________________________________________________ Phone:_______________________

Please check one:  First Year for Event___________  Annual Event___________

Contact Person’s Name:_________________________________________________________ Email:_________________________________

Address:________________________________________________________________________ Daytime Phone:________________________________

- Title of Event:____________________________________________________________________

Purpose of Event:_________________________________________________________________

Date(s) for Event:_________________________________________________________________

- Assembly Time:_________  Start Time of Event:_________  End Time of Event:_________

Approximate Time of Street Closure:_________  Event will take place on:  Street_____ Sidewalk___ Both____

- Exact Location of Assembly:________________________________________________________________________

- Parade Route: *A map highlighting the event route must be submitted with this application*

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

- Estimated Number of Persons, Vehicles, Bands, Floats, etc. to Participate (explain):____________________

____________________________________________________________________________________

- If approved, the license can be: _____Mailed _____ Pick up at City Clerk’s Office.

*Mail license to:______________________________________________________________

Please Note: Applications must be submitted no later than 7 business days prior to event for processing.
STATEMENT REGARDING LIABILITY INSURANCE & RELEASE OF LIABILITY WAIVER:

1) If the above event is taking place on City sidewalks and/or streets a Certificate of Liability Insurance is REQUIRED prior to issuance of license and must include the following:

- City of Danville must be listed as ‘Additional Insured’
- $1,000,000 per each occurrence
- Event date and location listed in description on certificate

2) The attached Release of Liability Waiver must also be signed and submitted with application.

Questions regarding liability insurance can be directed to the City Risk Manager, Kathy Courson (217) 431-2305 or kcourson@cityofdanville.org.

I attest that the forgoing information is true and correct to the best of my knowledge:

Printed name of Applicant: __________________________

Signature of Applicant: ____________________________ Date: ____________________

Please return completed application, with all required documentation, to:
City Clerk’s Office, 17 W. Main St., Danville, IL 61832
cityclerk@cityofdanville.org

Office Use Only:

Received By: ______________________ Date: _______________ License #: ____________

Chief of Police: ________________________ Approved: ____ Denied: ____ Date: __________

Mayor: _______________________________ Approved: ____ Denied: ____ Date: __________

Emailed to Staff: ______________________ License mailed ____ Picked up ____ Date: __________
RELEASE OF LIABILITY WAIVER

I, (please print name) ________________________________________________ representing (organization) _____________________________________ acknowledge that I am not covered by any City of Danville insurance policy, that our organization agrees to hold the City of Danville, its officers, its employees, and its agents harmless from any claims, losses, damages, or liability arising out of or proximately caused by the undersigned from any activity, including costs of the defense of claim and attorney fees.

_______________________________________
Printed Name of Applicant

____________________  ______________________
Signature of Applicant                  Date

This form must be completed, signed, and returned to the City Clerk’s Office.