PERMIT APPLICATION FOR PARADE, PROCESSION, OR OTHER PUBLIC ASSEMBLY (Applications must be submitted no later than 30 days prior to the event)

Date of Application:		d.		
Individual or organization in whose name the	_			
Name, address of the organization's preside				
(a)Name:	(b)Title:			
(c)Address:				
(d)Tel No:				
(e)Cell Phone No:	Cell Phone No: (f)Email address:			
The state of the s	Cd muhlio o	11 (11 - 11 - 41::41:20).		
Describe the type, nature, character and pur	rpose of the public as	ssembly (list all activities):		
•				
Give the inclusive date(s) of the assembly:_				
Give the inclusive date(s) of the assembly:_ Give the inclusive time(s) of the assembly:_				
•				
Give the inclusive time(s) of the assembly:				
Give the inclusive time(s) of the assembly:	sembly: Component			
Give the inclusive time(s) of the assembly:_ Give the number and composition of the ass	sembly: Component			
Give the inclusive time(s) of the assembly:_ Give the number and composition of the ass People (riding/walking)	sembly: Component			
Give the inclusive time(s) of the assembly: Give the number and composition of the ass People (riding/walking) Motor Vehicles	sembly: Component			
Give the inclusive time(s) of the assembly: Give the number and composition of the ass People (riding/walking) Motor Vehicles Floats	sembly: Component			
Give the inclusive time(s) of the assembly: Give the number and composition of the ass People (riding/walking) Motor Vehicles Floats Animals	sembly: Component			

Will it be necessary to block any street or sidewalk d	uring the course of the as	ssembly?		
If so, explain:				
Will alcoholic beverages be sold and/or served?				
If so, explain:				
Will signs, placards, banners, flags or cards be displa				
List all vendors who will be supplying food, drink(s)				
Applicant:	Title:	Title:		
By:(Signature)	Telephone Nu	Telephone Number:		
RETURN FORM TO: mbushard@annistonal.g	<u>ov</u>			
Approved this day of	_, ²⁰ Safe	Governor Ivey's latest Safer-at-Home Order must be adhered to as well as any		
City Manager		directives from the CDC		
Police Department Remarks:				
Signed:	Date:			

THE APPROVED APPLICATION SERVES AS THE PERMIT