

MARATHON, PROCESSION OR ROAD RACE PERMIT APPLICATION

ALL PAPERWORK MUST BE SUBMITTED 3 WEEKS PRIOR TO EVENT

APPLICANT INFORMATION

| | | | |
|------------------|--------|--------------------|----------------|
| Name: | | Date: | |
| Current Address: | | City: | State: Zip: |
| Date of Birth: | Phone: | Drivers License #: | |

BUSINESS / ORGANIZATION INFORMATION

| | | | |
|---|---------|-----------|----------|
| Name of Business /Organization: | | | |
| Address: | | | |
| City: | State: | Zip Code: | Fax No.: |
| Phone: | E-mail: | | |
| Type of Business: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> | | | |

DESCRIPTION OF BUSINESS / ORGANIZATION

| | | | |
|------------------------------------|------------------------------------|---------------------------------|---|
| Political <input type="checkbox"/> | Religious <input type="checkbox"/> | Social <input type="checkbox"/> | Other <input type="checkbox"/> Nature of Other: |
|------------------------------------|------------------------------------|---------------------------------|---|

LIST OF OFFICERS

| | | |
|-----------------|--------|--------|
| Name & Address: | Title: | Phone: |
| Name & Address: | Title: | Phone: |
| Name & Address: | Title: | Phone: |
| Name & Address: | Title: | Phone: |

TYPE OF PERMIT

| | | |
|-------------------------------------|------------------------------------|-----------------------------------|
| Procession <input type="checkbox"/> | Road Race <input type="checkbox"/> | Marathon <input type="checkbox"/> |
| Purpose of the Event: | Approximate Number of Participants | Date of the Event |

FORMATION & ROUTE

| | | | |
|---|-------------|-----------|--|
| Formation Location: | Start Time: | End Time: | Road Closure: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Event Route: | | | |
| Location of Reviewing Stand / Finish Line (If Any): | | | |

FLOATS AND/OR EQUIPMENT

| | | |
|--------------------------|-------------------|------------------|
| Number of Organizations: | Number of Floats: | Number of Bands: |
| Additional Information: | | |

INSURANCE

ALL APPLICANTS MUST PROVIDE GENERAL LIABILITY INSURANCE COVERAGE OF \$500,000.00 AND SUBMIT A CERTIFICATE OF INSURANCE AND ENDORSEMENT NAMING THE CITY OF NEW ROCHELLE AS ADDITIONALLY INSURED PARTY AND MUST STATE THAT ALL COVERAGE SHALL BE PRIMARY TO ANY OTHER INSURANCE COVERAGE BY THE CITY. THE CITY RESERVES THE RIGHT TO INCREASE OR MODIFY THE INSURANCE REQUIREMENTS.

SIGNATURES

I certify to the truth of the above statements and agree that if a license is granted all requirements of the City, County and State Laws, Ordinances & Regulations applying to the sale of any and all food stuff shall be complied with.

| | |
|-------------------------|-------|
| Signature of applicant: | Date: |
|-------------------------|-------|

NOTARY OR COMMISSIONER OF DEEDS

| | |
|---|-------|
| Sworn & Subscribed Before Me: Signature: | Seal: |
|---|-------|

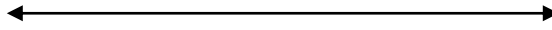
CITY OF NEW ROCHELLE AUTHORIZATIONS

RISK MANAGER

I have reviewed the insurance for this application naming the City of New Rochelle as additional insured.

Comments:

| | |
|-----------|------|
| Signature | Date |
|-----------|------|



LAW DEPARTMENT

I have reviewed this application and it meets the requirements of the Code of the City of New Rochelle.

Comments:

| | |
|-----------|------|
| Signature | Date |
|-----------|------|



POLICE DEPARTMENT

I have investigated the character and reputation of the foregoing organization, the staging area and the route, it is approved (disapproved).

Comments:

| | |
|-----------|------|
| Signature | Date |
|-----------|------|



FIRE DEPARTMENT

I have reviewed this application and intended route, it is approved (disapproved).

Comments:

| | |
|-----------|------|
| Signature | Date |
|-----------|------|



City Manager

The application is granted provided the following conditions are complied with and City Code regulations set forth are observed.

Comments:

| | |
|-----------|------|
| Signature | Date |
|-----------|------|



City Clerk

| | |
|-------------|------------------|
| Signature | Date |
| Permit No. | Date: |
| Receipt No. | Expiration Date: |

(City Seal)