

**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:
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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:
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NOTARY OR COMMISSIONER OF DEEDS

Sworn & Subscribed Before Me: Signature:	Seal:
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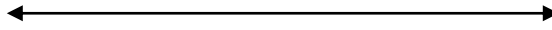
CITY OF NEW ROCHELLE AUTHORIZATIONS

RISK MANAGER

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

Comments:

Signature	Date
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LAW DEPARTMENT

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

Comments:

Signature	Date
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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
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FIRE DEPARTMENT

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

Comments:

Signature	Date
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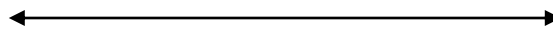


City Manager

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

Comments:

Signature	Date
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City Clerk

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

(City Seal)