

# CITY OF LOCKHART

## PARADE PERMIT APPLICATION

**This application must be filed with the chief of police no later than 7 days prior to the start of this activity. The Chief of Police has the authority to ask for any additional information he finds necessary to make a fair determination as whether a permit for such parade should be issued. The Chief of Police also has the authority, where good cause is shown, to consider any application for a parade that is filed less than seven (7) days before the date of the proposed parade.**

DATE OF PARADE \_\_\_\_\_ TIME PARADE WILL BEGIN \_\_\_\_\_  
TIME UNITS WILL BEGIN TO ASSEMBLE FOR PARADE \_\_\_\_\_

### **PARADE SPONSOR (Group, organization, or individual)**

NAME \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

MAILING ADDRESS \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

### **PERSON IN CHARGE OF THE PARADE**

NAME \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

MAILING ADDRESS \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

APPROXIMATE NUMBER OF PERSONS CONSTITUTING PARADE \_\_\_\_\_

WILL THERE BE ANIMALS? YES \_\_\_\_\_ NO \_\_\_\_\_

TYPE OF ANIMALS \_\_\_\_\_

DESCRIPTION OF VEHICLES USED IN PARADE \_\_\_\_\_

DISTANCE TO BE MAINTAINED BETWEEN UNITS OF PARADE \_\_\_\_\_ FEET

**PARADE ROUTE** (Please attach a map of the parade route)

WHERE WILL UNITS ASSEMBLE FOR PARADE? \_\_\_\_\_

WHERE WILL PARADE START? \_\_\_\_\_

DIRECTION OF TRAVEL

STREETS TO BE TRAVELED

( EXAMPLE: NORTH ON MAIN STREET )

( EAST ON MARKET STREET )

\_\_\_\_\_ ON \_\_\_\_\_

\_\_\_\_\_ ON \_\_\_\_\_

\_\_\_\_\_ ON \_\_\_\_\_

\_\_\_\_\_ ON \_\_\_\_\_

\_\_\_\_\_ ON \_\_\_\_\_

\_\_\_\_\_ ON \_\_\_\_\_

WHERE WILL PARADE END? \_\_\_\_\_

WILL THE PARADE OCCUPY ALL OR ONLY A PORTION OF THE WIDTH OF THE STREETS PROPOSED TO BE TRAVERSED? \_\_\_\_\_

**AMPLIFIED SOUND**

WILL AMPLIFIED SOUND BE USED \_\_\_\_\_

IF SO, WHAT TYPE \_\_\_\_\_

DURING WHAT HOURS \_\_\_\_\_

**NO OPERATION OR ACTIVITY SHALL AT ANY TIME ALONG ANY FACILITY PROPERTY LINE CAUSE A SOUND PRESSURE LEVEL WHICH EXCEEDS THE FOLLOWING DECIBEL LIMITS:**

| <u>Frequency (Hz)</u> | <u>Maximum db level</u> |
|-----------------------|-------------------------|
| 0 to 600              | 58                      |
| 600 to 2400           | 50                      |
| above 2400            | 42                      |

**VIOLATION OF THESE SOUND LEVELS IS A CRIME PUNISHABLE BY A FINE NOT TO EXCEED \$1000.00.**

**PERSON APPLYING FOR PARADE PERMIT**

PHYSICAL ADDRESS \_\_\_\_\_

(Number) (Street) (City) (State) (Zip Code)

MAILING ADDRESS \_\_\_\_\_

(Number) (Street) (City) (State) (Zip Code)

TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

D.L. # / ID. Card # \_\_\_\_\_

**If the parade is designed to be held by, and on behalf of or for, any person other than the applicant, the applicant for such permit shall file with the chief of police a communication in writing from the person proposing to hold the parade, authorizing the applicant to apply for the permit on his behalf.**

I, the undersigned applicant, hereby affirm that the information contained in this application is true and correct to the best of my knowledge. I understand that any false or misleading statement in this application is grounds for denial of a permit, or if one has already been issued, grounds for its revocation. I also understand that I am responsible for compliance with all applicable laws and any other requirements set forth for the issuance of this permit.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# CITY OF LOCKHART

## PARADE PERMIT

Permit Holder \_\_\_\_\_

Organization \_\_\_\_\_

Type of Parade \_\_\_\_\_

Date of Parade \_\_\_\_\_ Starting Time \_\_\_\_\_

Time Parade will begin to assemble \_\_\_\_\_

Minimum Speed \_\_\_\_\_ Maximum Speed \_\_\_\_\_

Maximum Space Between Units in Parade \_\_\_\_\_

Maximum Length of Parade \_\_\_\_\_

### PARADE ROUTE

Starting location \_\_\_\_\_

### DIRECTION OF TRAVEL

Ending location \_\_\_\_\_

Other requirements:

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

**Michael Lummus**  
**Chief of Police**