



**CITY OF TRAVERSE CITY**  
APPLICATION FOR A PARADE  
WHEN A STREET CLOSING IS NOT REQUIRED

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Name of Event: \_\_\_\_\_

Name of Applicant  
**and**  
Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Phone

Time and date of Parade from: \_\_\_\_\_ to: \_\_\_\_\_

Route of Parade: \_\_\_\_\_  
\_\_\_\_\_

Is parade to take place on the street or sidewalk? \_\_\_\_\_

Additional  
Provisions: \_\_\_\_\_  
\_\_\_\_\_

**The undersigned, declares and says he\she wishes to be permitted to perform the operation, service or act stated hereon and that the statements made above are true and correct to the best of his\her knowledge and belief. And further says that he\she will comply with all provisions of the ordinances of the City of Traverse City relative to the operation, service or act for which the certificate is requested. Further agrees to hold the City of Traverse City free and harmless from all liability which may be imposed upon it, to reimburse the City of Traverse City for all expenses of litigation in connection with the defense of claims as such liability and claims may arise because of negligence in the performance of the work or act for which the certificate was issued.**

**The applicant acknowledges that the City may be required from time to time to release records in its possession. The applicant hereby gives permission to the City to release any records or materials received by the City from the applicant as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**REQUIRED APPROVALS IF APPLICABLE - Completed by Clerk's office**

Name	Approved	Date
Police Dept. _____	_____	_____
Police escort required? _____		
Fire Dept. _____	_____	_____
Street Dept. _____	_____	_____
DDA/DTCA. _____	_____	_____
pc: to all the above		

**CITY OF TRAVERSE CITY PARADE PERMIT**

Above conditions approved: \_\_\_\_\_

\_\_\_\_\_  
Date  
Charter § 117

\_\_\_\_\_  
Debbra A. Curtiss, City Clerk