



APPLICATION/PERMIT FOR USE OF PUBLIC RIGHTS OF WAY

Parades, Marches,
Processions,
Foot/Bicycle Races

No. _____

1. NAME OF APPLICANT: _____

2. NAME OF ORGANIZATION: _____

3. ADDRESS OF ORGANIZATION: _____

4. BUSINESS PHONE: _____ 5. FAX NUMBER: _____

6. EMAIL: _____

7. NAME, ADDRESS AND PHONE NUMBER OF THE PERSON WHO WILL OVERSEE THE ACTIVITY FOR WHICH PERMIT IS REQUESTED:

8. EXACT USE FOR WHICH PERMIT IS REQUESTED: _____

9. DATE OF EVENT: _____ HOURS OF EVENT: FROM: _____ TO: _____

10. ROUTE OF EVENT: _____

11. ESTIMATED NUMBER OF PARTICIPANTS IN EVENT: _____

Applicant's Signature

Date

Attach certificate of insurance coverage in the amount of \$1,000,000 for any occurrence. Said coverage shall name the Village of New Lenox as an additional insured (not a certificate holder).

The Organization requesting the Use of Public Rights of Way permit shall be liable for any injuries to any persons participating in the event.

FOR OFFICE USE ONLY

Approved

Denied

Date