Code Administration
Health Services Division
37 Green Street
Concord NH 03301

LICENSE FEE: $_____

PERMIT NO. _____
POLICE DEPARTMENT USE ONLY
Officers Required:_____
Restrictions:_____
_____
_____
Approved:_____
Concord Police Dept.

This application must be submitted thirty (30) days prior to proposed event to allow for the processing of the application. Please make check payable to: CITY OF CONCORD

APPLICATION FOR PARADE PERMIT

Organization Name _____ Phone _____

Address _____

Person in charge of Parade_____ Phone _____

Address _____

Theme and type of parade_____

Indicate number of persons expected to participate _____

Indicate number of units expected _____

Proposed Dates: From _____ To _____
Proposed Hours: From _____ To _____

Location/Route where parade is to be held: _____

Do you need street closure? ☐ Yes ☐ No

A MAP DETAILING THE EXACT ROUTE MUST ACCOMPANY THIS APPLICATION

If the event is on the City Plaza – front of "Arch", will you need electricity? ☐ Yes ☐ No
If "Yes", please indicate times needed for electricity: _____am/pm _____am/pm
Additional information , use of live bands, guest speakers, musicians, food, or other types of vendors. _____
_____

Request for street closure: ☐ **Yes** ☐ **No**
Letter for street closure attached ☐ **Yes** ☐ **No**

Permission for street closure must be received from City Council before permit can be issued. (Letter must be submitted to the City Clerk's Office & the Code Administration Office.)

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signed _____ Date _____

APPROVED _____ Date _____
Licensing Officer

THIS LICENSE/PERMIT MAY BE REVOKED FOR JUST CAUSE ACCORDING TO THE CITY OF CONCORD MUNICIPAL CODE OF ORDINANCES, CHAPTER 15 ARTICLE 10, SE