



**COUNTY OF WASHINGTON, VIRGINIA
BOARD OF SUPERVISORS**

APPLICATION FOR PARADE PERMIT

INSTRUCTIONS

This APPLICATION FOR PARADE PERMIT must be completed and submitted no later than 12:00 noon Wednesday one week before a regular meeting of the Washington County Board of Supervisors (second and fourth Tuesdays of each month). Incomplete Applications for any reason will not be processed. Completed Applications and supporting materials may be submitted in person or by mail to the Office of County Administrator, County of Washington, County Administration Building, 205 Academy Drive, Abingdon, Virginia 24210 or via facsimile to (276) 676-6201.

APPLICANT INFORMATION

NAME OF APPLICANT ORGANIZATION: _____

APPLICANT ORGANIZATION ADDRESS: _____

Street Address or P.O. Box _____ City _____ State _____ Zip Code _____ Area Code & Office Telephone _____

Area Code & Mobile Telephone _____ Area Code & Fax Number _____ E-mail _____

ORGANIZATION TYPE: ☐ - GOVERNMENTAL ☐ - PUBLIC/NON-PROFIT ☐ - PRIVATE/NON-PROFIT ☐ - PRIVATE/UNINCORPORATED

☐ - OTHER; SPECIFY: _____

INDIVIDUAL ORGANIZER OR APPLICANT'S NAME: _____

EVENT INFORMATION

OFFICIAL NAME OF PARADE/EVENT: _____

PURPOSE OF PARADE/EVENT: _____

ESTIMATED NUMBER OF MOTOR VEHICLES/FLOATS IN PROCESSION: _____ ESTIMATED NUMBER OF PEDESTRIANS: _____

DATE OF PARADE/EVENT: _____ TIME START: _____ TIME FINISH: _____

DISTANCE OF PARADE/EVENT: _____
Miles, Kilometers or Feet

PROCESSION STARTING LOCATION: _____

PROCESSION FINISHING LOCATION: _____

ROUTE OF PROCESSION: _____

LOCATION OF PARKING FOR PARADE/EVENT PARTICIPANTS: _____

LOCATION OF PARKING FOR SPECTATORS: _____

LOCATION OF STAGING AREA FOR START OF PROCESSION: _____

PUBLIC SAFETY INFORMATION

TRAFFIC CONTROL WILL BE PROVIDED BY: _____

EMERGENCY MEDICAL SERVICES WILL BE PROVIDED BY: _____

HAS WASHINGTON COUNTY SHERIFF'S OFFICE AND APPROPRIATE EMERGENCY MEDICAL SERVICES PROVIDER(S) BEEN NOTIFIED OF THIS PARADE/EVENT: ☐ - YES ☐ - NO

APPLICANT CERTIFICATION:

THE UNDERSIGNED ON BEHALF OF THE APPLICANT ORGANIZATION DO HEREBY CERTIFY AND AGREE TO ACCEPT FULL RESPONSIBILITY FOR THE SAFE AND PROPER CONDUCT OF THE PARADE/EVENT AND THAT ARRANGEMENTS HAVE BEEN MADE FOR TRAFFIC CONTROL AND EMERGENCY MEDICAL SERVICES WITH THE APPROPRIATE AGENCIES AS INDICATED HEREON.

Signature of Applicant DATE: _____