

**Town of Vernon
567 Governor Hunt Rd
Vernon Vt 05354
802 257 0292
<https://vernonvt.org>**

PARADE PERMIT APPLICATION

APPLICANT: _____ **DATE:** _____
ADDRESS: _____ **TELEPHONE:** _____
_____ **CELL PHONE:** _____

SPONSORING ORGANIZATION: _____
PARADE CHAIRMAN: _____

PARADE THEME: _____

PARADE DATE: _____ **TIME: From** _____ **To** _____
ASSEMBLY LOCATION: _____ **TIME:** _____
DISPERSAL LOCATION: _____ **TIME:** _____
PROPOSED PARADE ROUTE: _____

MAP ATTACHED: YES ___ **NO** ___ **WILL THE ENTIRE STREET BE USED?** _____
NUMBER OF PARADE ENTRIES: _____ **APPROX SIZE:** _____
WILL PEOPLE BE WALKING _____ **LIST ATTACHED:** _____

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION PROVIDED IS VALID AND I WILL ABIDE BY ANY ADDITIONAL PROVISIONS NOTED BY OFFICIALS OF THE TOWN OF VERNON AND I AGREE TO HAVE ALL PARTICIPANTS OF THE PARADE MARCH SOLELY WITHIN THE PRESCRIBED PARADE ROUTE, THAT THE ORGANIZATION HOLDS HARMLESS THE TOWN OF VERNON FROM ANY CLAIMS OF LIABILITY THAT MAY ARISE AS A RESULT OF THIS PARADE. IF PEDESTRIANS ARE INVOLVED, A LIABILITY INSURANCE CERTIFICATE LISTING THE TOWN OF VERNON AS ADDITIONALLY INSURED FOR THE DAY OF THE EVENT IS REQUIRED.

SIGNATURE: _____ **DATE:** _____

OFFICIAL USE ONLY

APPLICATION APPROVED: [] **APPLICATION DENIED:** []
IF DENIED, REASON: _____
SIGNATURE: _____ **DATE:** _____