



MUNICIPALITY OF
GREENSTONE

APPLICATION FOR A PARADE PERMIT

NAME OF ORGANIZATION APPLYING: _____

NAME OF APPLICANT: _____

JOB TITLE OF APPLICANT: _____

PHONE NUMBER: _____ EMAIL: _____

DATE OF PARADE: _____ PLACE OF ASSEMBLY: _____

HOURS (START & FINISH TIMES): _____ DESTINATION: _____

PROPOSED ROUTE: _____

DATE ONTARIO PROVINCIAL POLICE NOTIFIED AND ESCORT CONFIRMED: _____

DATE FIRE DEPARTMENT NOTIFIED: _____ DATE EMS NOTIFIED: _____

CONFIRM SAFETY MEASURES IN PLACE (GUIDES, FIRST AID CERTIFIED PARTICIPANTS,
CELL PHONE COMMUNICATION, ETC): _____

PARTICIPANTS - No. ON FOOT: _____ No. OF VEHICLES _____ No. OF BANDS: _____

Signature of Applicant

Date



PARADE PERMIT

THE _____ HAS BEEN
GRANTED PERMISSION TO HOLD A PARADE ON THE _____ DAY OF _____, 20____.

Director of Protective & Planning Services

Date