

CITY OF RICHMOND – STREET BLOCK/ASSEMBLY PERMIT

Name of Organization Requesting Permit: _____

Purpose of PERMIT: _____ Date: _____

Assembly Location/Time: _____

Time Event Begins: _____

Route Requested OR Streets That Will need to be Blocked:

Verbal Description of Route: _____

Number of Units or People: _____

Types of Units (Floats, Cars, Etc.): _____

Banners, Signs, Etc.to be Used _____

Amplification (Truck, Hand Operated, Etc.): _____

Disassembly Point: _____

Person Responsible: Name: _____ Title: _____

Address _____

Phone: _____

Legal Address of Organization or Group:

Date: _____

Signature of Applicant

Approved _____ Disapproved _____

City Manager

With the following exceptions: _____

Email back to wbailey@richmond.ky.us or Fax to 859-623-7618

Distribution:

Organization _____ Police Chief _____ Mayor _____ City Commission _____

Permit File _____ Fire Chief _____ Ambulance Service _____ Street _____