



License #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Permit Fee \$26.00

### PARADE PERMIT

I, \_\_\_\_\_ for \_\_\_\_\_  
(Full First, Middle and Last Name of Parade Chairperson) (Sponsoring Organization)

hereby make application for a **Parade Permit** within the City of Coon Rapids, Anoka County, Minnesota.

Address (Individual or Organization): \_\_\_\_\_

Day Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Event Type: \_\_\_\_\_

Date of Parade: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

The designated route which will be traveled is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach Map of Parade Route

The parade will occupy:  all;  a portion of the width of the streets designated above

Please list the approximate number of units to be used in the parade:

Walkers/Runners	Bands	Marching Units	Animals	Floats	Vehicle Units

Description of vehicle units and animals: \_\_\_\_\_

The assembly area for such parade will be: \_\_\_\_\_ Assembly Time: \_\_\_\_\_

The interval of space to be maintained between units: \_\_\_\_\_

I understand that the City of Coon Rapids has an electronic notification system where all proposed ordinances are posted for Council consideration. To receive Coon Rapids ordinance updates, go to [www.coonrapidsmn.gov](http://www.coonrapidsmn.gov) and click on NotifyMe. Then click the envelope icon to subscribe to the list titled "City Proposed Ordinance Changes".

I have received and understand the provisions of the City Code pertaining to parades and accept responsibility for the conduct of this parade.

#### TENNESSEN WARNING

The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

I have read and understand the Data Practices Rights Advisory and certify that the statements in this application are true and correct to the best of my knowledge.

\_\_\_\_\_  
(Applicant's signature)

**Requirements:**

- Parade permit must be filed with the City Clerk's office at least ten days before date of the parade.
- Parade Chairperson shall carry permit upon his/her person during the conduct of the parade.
- If parade is on Anoka County roadway, permit from Anoka County Highway Department is required.

APPROVED BY:

Police Chief \_\_\_\_\_

Date: \_\_\_\_\_

Fire Chief \_\_\_\_\_

Date: \_\_\_\_\_

Director of Public Services \_\_\_\_\_

Date: \_\_\_\_\_

FINAL APPROVAL GIVEN BY THE DEPUTY CITY CLERK OF THE CITY OF COON RAPIDS

\_\_\_\_\_  
Deputy City Clerk

Date: \_\_\_\_\_



City of Coon Rapids  
 Office of the City Clerk  
 11155 Robinson Drive  
 Coon Rapids, MN 55433-3761  
 Phone: 763-767-6432  
 Fax: 763-767-6531  
<http://www.coonrapidsmn.gov>

# Form #1

## License Applicant Information

Under Minnesota Law (M.S. 270C.03) the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

- Under the Minnesota Government Data Practices Act and the Federal Privacy Act, we must advise you:
- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue, or any other Department of Revenue in the United States, delinquent taxes, penalties or interest.
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please print or type in the following information and return along with your application.

Personal Information:			
First Name:		Middle Name:	
Last Name:			
Email Address:			
Address of Residence:	Street:		
	City:		
	State:	Zip:	
Driver's License #		State of Issue:	
Social Security #			
Organization Information:			
Complete Legal Business Name:			
Doing Business As Name:			
Phone #:			
Business Address in Coon Rapids:	Street:		
	City:	Coon Rapids	
	State:	Zip:	
Minnesota Tax ID #		Federal Tax ID #	
If Minnesota Tax ID # is not required, please explain:			

Date

Signature

Title