

**CITY OF ITHACA
POLICE DEPARTMENT**

120 EAST CLINTON STREET
PO BOX 6557
ITHACA, NEW YORK 14851-6557

Dennis Naylor
Chief of Police

Police Dispatcher 607/272-3245
Police Administration/Records 607/272-9973

FORM IPD-78 (REV.8/17)

**PUBLIC ASSEMBLY, PARADE, OR MOTORCADE
PERMIT APPLICATION**

NOTE: Please allow five business days for approval of this request.

(Please print or type application)

DATE OF EVENT _____ TIME EVENT STARTS _____ TIME EVENT ENDS _____

LOCATION AND/OR ROUTE OF EVENT (Including assembly areas and disbanding areas for parade or motorcade)

PURPOSE OF EVENT _____

ESTIMATED SIZE OF EVENT (Including number of people and number and size of vehicles) _____

APPLICANT'S PLANS TO ASSURE PUBLIC SAFETY AND ORDER _____

WILL POLICE ASSISTANCE BE REQUIRED? _____

- | | | |
|---------------------------------|--|---|
| EXTRA-DUTY POLICE REQUIRED? | <input type="checkbox"/> NO <input type="checkbox"/> YES | <input type="checkbox"/> Extra-Duty Police Agreement Attached |
| NOISE PERMIT REQUIRED? | <input type="checkbox"/> NO <input type="checkbox"/> YES | <input type="checkbox"/> Permit From Mayor Attached |
| STREET CLOSING PERMIT REQUIRED? | <input type="checkbox"/> NO <input type="checkbox"/> YES | <input type="checkbox"/> Permit From Supt. of Public Works Attached |
| COMMONS PERMIT REQUIRED? | <input type="checkbox"/> NO <input type="checkbox"/> YES | <input type="checkbox"/> Permit Attached |

OTHER PERTINENT INFORMATION _____

APPLICANT'S FULL NAME _____ DATE OF BIRTH _____

APPLICANT'S HOME ADDRESS _____ TELEPHONE _____

E-MAIL ADDRESS OR FAX
NUMBER _____

SPONSORING ORGANIZATION'S NAME _____

ADDRESS _____ TELEPHONE _____

NAME OF PERSON IN CHARGE OF EVENT _____

I hereby agree to hold harmless the City of Ithaca, its Mayor, its enforcement officers, and any other public officials connected therewith from any or all injuries to persons, or damages to property, either public or private, that may occur as a result of the issuance of the permit herein requested, not caused by the negligence of the City of Ithaca or its employees.

DATE OF APPLICATION _____ APPLICANT'S SIGNATURE _____

PERMIT <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED BY: _____	DATE: _____
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