

# APPLICATION FOR CEREMONIAL PARADES/ROAD CLOSURE PERMIT

**CEREMONIAL PARADE**      
 **ROAD CLOSURE**      
 **WALK**      
 **RALLY**      
 **HIKE**

**PARADE/ROAD CLOSURE** (For Ceremonial Parades/Road Closures that take place on Streets/Roads where the duration of the road closure is minimal and are not in conjunction with a Special Event).

APPLICANT'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

ORGANIZATION'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

REGISTRATION # (If Non-Profit): \_\_\_\_\_ BUSINESS LICENCE #: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_ REQUESTED FOR (Type of Event): \_\_\_\_\_

PARADE/ROAD CLOSURE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MARSHALL TIME: \_\_\_\_\_ DISPERSAL TIME: \_\_\_\_\_

MARSHALL AREA: \_\_\_\_\_ DISPERSAL AREA: \_\_\_\_\_

EVENT MARSHALL(S): \_\_\_\_\_

# OF EXPECTED PARTICIPANTS: \_\_\_\_\_

PROPOSED ROUTE (Please attach a detailed map showing Marshall/Dispersal points on the street/road & Event Marshall Stations, barricade/cone/signage/first aid areas)

**DEPOSIT:**  
\$250

**Total Amount Required** \_\_\_\_\_

*Note: Parades/Road Closures that have Marshalling or Dispersal areas that are located on the District's owned leased lands/parks will be considered Special Event/Parade/Road Closures; applicants must complete a separate Special Event/Parade/Road Closure Application Form.*

**INSURANCE REQUIREMENTS**

Minimum Liability Coverage of not less than \$2,000,000 third party liability insurance, including coverage of at least \$2,000,000 per occurrence and \$2,000,000 for participant liability coverage.

It shall be the sole responsibility of the Applicant to determine what additional insurance coverage, if any, including but not limited to Workers' Compensation and Participants Insurance, are necessary and advisable for its own protection and/or to fulfill its obligations under this Permit. Any such insurance shall be maintained and provided at the sole expense of the Applicant.

The District does not warrant that this insurance is adequate for the Applicant's needs. The Applicant acknowledges sole responsibility for obtaining whatever coverage, in excess of that required by the District, that the Applicant deems necessary.

*It is the responsibility of the Applicant to ensure that all the rules and regulations pertaining to Parades/Road Closures are adhered to. Personal information on this form is collected under the District's Parade/Road Closure Policy and will be used only for the purpose of responding to this application. The District of Sechelt is hereby authorized to disclose information given on this application when so requested by any person. The District of Sechelt does not represent that the land to be used is necessarily suitable for the intended function and the applicant acknowledges that they have inspected the land to be used and that it is suitable.*

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE/POSITION \_\_\_\_\_

REQUIREMENTS	FOR OFFICE USE ONLY	
	RECEIVED	RECEIVED
INSURANCE		BARRICADES/CONES
REFUNDABLE SECURITY DEPOSIT		TOILETS
FIRE DEPARTMENT/RCMP/AMBULANCE/BC TRANSIT/POST MASTER/MoTH		GARBAGE CANS
PUBLIC NOTIFICATION		COMMUNICATION SYSTEM
SET-UP PLAN		SIGNAGE
MARSHALLS		