



# WOODBURN POLICE DEPARTMENT

1060 Mt. Hood Avenue, Woodburn, Oregon 97071  
Phone: (503) 982-2345 FAX: (503) 982-2370

<b>For Agency Use Only</b>
Date Received: _____
Initials: _____

## APPLICATION TO CONDUCT PARADE OR PROCESSION

*Application must be submitted no later than 30 days prior to the proposed event.*

DATE OF APPLICATION: \_\_\_\_\_

APPLICANT: \_\_\_\_\_  
*(Corporation, Business or Group in control of event)*

EVENT CONTACT: \_\_\_\_\_  
*(Name, Address, Phone#, E-Mail)*

EVENT TITLE/ACTIVITY: \_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_ TIME OF EVENT: \_\_\_\_\_

ROUTE ALONG WHICH ACTIVITY IS TO PROCEED: *(Attach map if possible)* \_\_\_\_\_

\_\_\_\_\_

No. of participants: \_\_\_\_ No. of vehicles: \_\_\_\_ No. of animals/type: \_\_\_\_\_

Amplification Devices (if any) to be used: \_\_\_\_\_

Statement of the measures applicant will take to insure that the sound amplification will not unreasonably disturb other people in the vicinity: \_\_\_\_\_

\_\_\_\_\_

**Insurance Requirements:** Commercial General Liability Insurance including products/completed operations coverage with a minimum limit of \$1 Million per occurrence and \$2 Million Aggregate listing the City of Woodburn as an additional insured. The permit holder must supply a certificate of insurance and a copy of the additional insured endorsement showing both the certificate holder and additional insured exactly as follows "The City of Woodburn, its officers and employees are listed as additional insureds for commercial general liability per endorsement # \_\_\_\_\_.  
*(enter your endorsement no.)*

**Hold Harmless:** To the fullest extent permitted by law, the permit shall indemnify, defend and hold harmless the City of Woodburn, their respective employees, directors, officers, agents, volunteers, and any other persons acting on their behalf from and against any and all claims, actions, suits, causes of actions, or demands which arise or are in any way connected with the acts or omissions of you, your employees, directors, officials, agents, volunteers, or persons working on your behalf.

\_\_\_\_\_  
(Signature of Applicant)