



CITY OF ANOKA  
 2015 First Avenue  
 Anoka, MN 55303  
 Licensing: 763-576-2710



**PARADE LICENSE**  
*(Approved by the Police Chief, Council approval is not necessary)*

**Information included in this application is classified as  
 PUBLIC INFORMATION and will be provided to the public upon request**

***PLEASE FULLY COMPLETE THE APPLICATION AND PRINT LEGIBLY***

**Required Documentation: Applications cannot be accepted without the following attachments and payment.**

- Workers Compensation Form
- SP:C1 Tax Clearance Form
- No fee is charged for a parade license

**PERSONAL INFORMATION**

Individual Submitting Application (Full First, Middle, Last Name) \_\_\_\_\_

Home Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (including area code) \_\_\_\_\_ Cell Phone (including area code) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Drivers License # \_\_\_\_\_

State of Issuance: \_\_\_\_\_

**BUSINESS/ORGANIZATION INFORMATION**

Business/Organization Name \_\_\_\_\_

Business Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Business Mailing Address (if different from above) \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone (including area code) \_\_\_\_\_ Alternate Phone (including area code) \_\_\_\_\_

**AUTHORIZED OFFICIALS OF ORGANIZATION**

Name \_\_\_\_\_ Address/City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address/City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

**PARADE INFORMATION:**

Date of Parade: \_\_\_\_\_ Name of Parade: \_\_\_\_\_

Time of Assembly: \_\_\_\_\_ Location of Assembly: \_\_\_\_\_

Time Parade Begins: \_\_\_\_\_ Starting Point: \_\_\_\_\_

Time Parade Ends: \_\_\_\_\_ Ending Point: \_\_\_\_\_

Maximum Length of Parade: \_\_\_\_\_

Route of Travel: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Portion of Streets Requested for Use: \_\_\_\_\_

\_\_\_\_\_

Units in Parade: \_\_\_\_\_ Distance Between Parade Units: \_\_\_\_\_

Persons in Parade: \_\_\_\_\_ (approximate) Vehicles in Parade: \_\_\_\_\_

Animals in Parade: Type: \_\_\_\_\_ Number: \_\_\_\_\_

Type: \_\_\_\_\_ Number: \_\_\_\_\_

Type: \_\_\_\_\_ Number: \_\_\_\_\_

**IT SHALL BE THE DUTY OF PARADE CHAIRPERSON TO SEE THAT:**

1. No person without a valid driver's license will drive any motorized vehicle in the parade.
2. No one will be allowed to march in or participate in the parade while under the influence of alcohol.

(I) do hereby swear that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Anoka, its agents, and employees, to obtain any necessary information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and my qualifications for said license. I do understand that providing false information shall be grounds for denial of my license. I fully understand that it is my responsibility to be familiar the requirements of the City, which is detailed in the pertinent section of the Anoka City Code, which was provided to me with my original application, and of which I may request additional copies of by contacting the office of the City Clerk.

**Signature of applicant:**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

*(for office use only)*

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Complete  Incomplete   APD check  Other check

