

**OFFICE USE ONLY**

APPLICATION FOR PARADE/EVENT PERMIT  
Traffic Control Bylaw 570-R-11-06 in accordance to Part 5

Please provide any comments/concerns you may have with regards to this application along with your signature and return this application to the Town Office for further processing:

Operations Supervisor:  
\_\_\_\_\_

Police Staff Sgt for Coaldale:  
\_\_\_\_\_

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

Community Peace Officer:  
\_\_\_\_\_

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Pursuant to the provisions of the Town of Coaldale Traffic Control Bylaw 570-R-11-06, I hereby

AUTHORIZE  REFUSE

this application to hold a parade/event.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Town Manager, Coaldale

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*Please be advised that you have the right to appeal my decision to the Town of Coaldale Council.*



Phone: 403-345-1300  
Fax: 403-345-1311  
E-mail: admin@coaldale.ca  
www.coaldale.ca

1920 - 17 Street  
Coaldale, A T1M 1M1

**Parade/Event Permit**

**COALDALE: A PREFERRED COMMUNITY TO LIVE, WORK AND PLAY**

Updated June 2009

**TOWN OF COALDALE APPLICATION FOR PARADE/EVENT PERMIT**

Traffic Control Bylaw 570-R-11-06 in accordance to Part 5

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

NAME OF ORGANIZATION/APPLICANT: \_\_\_\_\_

MAILING ADDRESS OF APPLICANT: \_\_\_\_\_

PHONE/FAX NUMBER OF APPLICANT: \_\_\_\_\_

TYPE OF PARADE/EVENT: \_\_\_\_\_

DATE OF PARADE/EVENT: \_\_\_\_\_

STARTING TIME OF PARADE/EVENT: \_\_\_\_\_ FINISH TIME OF PARADE/EVENT: \_\_\_\_\_

PROJECTED NUMBER OF PERSONS ATTENDING PARADE/EVENT: \_\_\_\_\_

PROJECTED NUMBER OF VEHICLES IN PARADE/EVENT: \_\_\_\_\_

ROUTE OF PARADE (Please show route on map on other side):  
\_\_\_\_\_

DO YOU REQUIRE BARRICADES? YES  NO

DO YOU REQUIRE POLICE ESCORT? YES  NO

OTHER: \_\_\_\_\_

\*\*\*\*\*

**Print Name** \_\_\_\_\_ **Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

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