

# Willis Police Department

P O Box 436 Willis, Texas 77378  
Phone (936) 856-4039 Fax (936) 856-5857

## Parade, Motorcade & Other Public Procession Permit

Permit Fee \$10.00

**Filing Period:** An application for a parade permit shall be filed with the City Chief of Police not less than ten (10) days or more than 180 days before the proposed parade date. An application which includes a request to close any portion of the state highway system must be filed not less than 30 days before the proposed parade date.

**Filing Fee:** The application for a parade permit shall be submitted with a non-refundable fee in the amount of ten dollars (\$10.00) to cover processing costs.

### Contact Information

Name of Person Applying:		
Address, City, State & Zip Code:		
Phone:	Phone:	Phone:
Organization Name (if Applicable):		
Headquarter Address, City, State & Zip Code:		
Phone:	Phone:	Phone:
Name of Head of Organization (if Applicable):		
Address, City, State & Zip Code:		
Phone:	Phone:	Phone:
Held by or on Behalf of: (if Applicable):		Statement of Authorization Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Parade Chairperson:		
Address, City, State & Zip Code:		
Home Phone:	Work Phone:	Cell Phone:

## Parade Information

Date of Parade:	Start Time:	Ending Time:	Written Permission (Attach Copy): <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Point:			
Disbanding Point:			
Parade Route:			
Will the parade occupy all or only a portion of the width of the proposed streets. <input type="checkbox"/> All <input type="checkbox"/> Only a Portion			
Time at which units of the parade will arrive at assembly area:			
Interval of space to be maintained between units in the parade:			
Approximate number of units in parade _____ number of participants _____			
Maximum length of the parade: Miles _____ Blocks _____ or Fractions _____			
Are sanitation facilities needed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of public facilities or equipment needed:			

Signature of Person Applying: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_