



CITY OF STAR
P.O. Box 130
Star, Idaho 83669
P: 208-286-7247 F: 208-286-7569

PARADE OR PUBLIC ASSEMBLY APPLICATION

Applicant/Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ E-Mail: _____

Contact Person: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ E-Mail: _____

Type of Event: _____

Name of Event: _____

Date of Event: _____

Time Event To Form: _____

Time Event To Begin Movement: _____

Time Event To End: _____

Location of Event: _____

Location Event Will Assemble: _____

Location Event Will Disband: _____

Approximate Number of Participants: _____

Maximum Number of Participants Allowed: _____

List Number of marchers _____, animals _____, floats _____, automobiles _____,
other vehicles expected to be in parade or assembly _____.

All applicants are required to submit the following:

Applicant (√)	Description	Staff (√)
	Completed and signed Parade or Assembly Application.	
	Fee.	
	Brief description and map of parade route or public assembly location.	
	Statement of history of prior parade or public assembly within Star or the State of Idaho; including the number of permits previously applied for.	
	Documented plan for controlling disorderly or violent conduct.	
	Documented plan for maintaining traffic flow.	
	Documented plan for sanitary and medical facilities.	
	Documented plan for cleanup.	
	Copy of Certificate of Insurance naming the City as additionally insured.	

Identify any requested exception from any requirement established premised upon the unique circumstances associated with the parade or public assembly for which application has been made.

APPLICANT SIGNATURE: _____

DATE: _____

(FOR OFFICE USE ONLY)

Unless permittee is disqualified, approval of this permit certifies that the permittee is entitled to hold requested parade or public assembly at the above-designated premises, not to exceed designated date(s).

Date Application Received: _____ Accepted as Complete: _____	
Fee Due: Parade - \$200.00 plus \$50.00 refundable cleaning deposit Assembly - \$300.00 plus \$50.00 refundable cleaning deposit	
Date Application Approved: _____	Date Application Denied: _____
City Clerk Signature: _____	
Deputy Review: _____	Comments: _____