



City of NAPOLEON, Ohio  
*Open Meeting, Demonstration, Rally or Parade*

**APPLICATION FOR PERMIT**

*(Per Chapter 312 of the City of Napoleon Codified Ordinances)*

***Applicant***

NAME (LAST, FIRST, INITIAL): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_

***Sponsoring Agency*** (If Different than Applicant)

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CHAIRMAN: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

STATE ID NUMBER \_\_\_\_\_

***Event Description:***

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***Date of Event:*** \_\_\_\_\_

***Rain Date*** (If Applicable): \_\_\_\_\_

***Starting Time:*** \_\_\_\_\_ . M.

***Ending Time:*** \_\_\_\_\_ .M.

***Parade Route/Street Location of Event:***

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***Street Closure Required:*** YES -  NO -  If YES, Street(s) to be Closed are: \_\_\_\_\_

\_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_,  
 from \_\_\_\_\_ . m. to \_\_\_\_\_ . m.

**Must Notify Residents and Businesses whose access will be affected by the street(s) closure.**

IF BARRICADES OR ORANGE TRAFFIC CONES WILL BE NEEDED, PLEASE CONTACT THE  
 CITY OPERATIONS DEPT. @ 419.599.1891 AT LEAST ONE (1) WEEK PRIOR TO THE EVENT.

**Approved:**

CITY MANAGER

Yes.  No. If No, Reason \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

CITY FINANCE DIRECTOR

Yes.  No. If No, Reason \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

POLICE CHIEF

Yes.  No. If No, Reason \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FIRE CHIEF

Yes.  No. If No, Reason \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PUBLIC WORKS DEPARTMENT

Yes.  No. If No, Reason \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Condition(s)* – (if any)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERMIT ISSUED IS NON-TRANSFERABLE  
AND  
VALID ONLY ON DATE SPECIFIED  
OR  
PRE-DETERMINED RAIN DATE**

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