

# City of Lewiston Parade Permit Application

This form must be filled out in accordance with City Code, Chapter 35, Article X.



NAME OF EVENT		TODAY'S DATE	
PERSON OR ORGANIZATION IN CHARGE:		ADDRESS	
APPLICANT	PHONE	FAX	
APPLICANT ADDRESS	EMAIL	DATE(S) OF EVENT	

An application that does not require a new or modified traffic control plan shall be filed **at least** five (5) business days, but not more than one (1) year, in advance of the date of the proposed parade.

An application for a permit that requires a new or modified traffic control plan shall be filed **at least** ten (10) business days, but not more than one (1) year, in advance of the date of the proposed parade. **Late applications will not be accepted.**

<b>FOR PARADES: ATTACH MAP SHOWING PROPOSED ROUTE</b>	THE PARADE WILL BEGIN MOVING AT:	AM/PM
WE WILL BEGIN SETTING UP AT:	AM/PM	WE WILL BE CLEANED UP/TORN DOWN NO LATER THAN: AM/PM
LOCATION PARADE WILL FORM:	LOCATION PARADE WILL DISBAND:	

**The Applicant understands that the parade shall continue to move in a reasonable manner and that any willful and excessive delay of said parade, except when reasonably required for safety, shall constitute a violation of the permit.**

**INITIAL \_\_\_\_\_**

<b>APPROX # OF PARTICIPANTS, NOT INCLUDING SPECTATORS</b>	
<b>APPROX # OF MARCHERS, ANIMALS, FLOATS, AUTOS, ETC</b>	

If exception from requirement of the Lewiston Parade regulations is requested because of unique circumstances associated with this event, please explain:

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<b>APPLICANT'S PRIOR PARADE HISTORY, INCLUDING NUMBER OF PERMITS FOR WHICH YOU HAVE PREVIOUSLY APPLIED:</b>

How many additional garbage cans will be needed **for the public?** \_\_\_\_\_  
(The City will provide additional garbage cans for the public for the event. This does **not** include dumpsters for vendor garbage, which are the responsibility of the event sponsor.)

Please address the following (Attach supporting documentation where required and necessary.)

<b>FIRST AID PLAN (DESCRIBE):</b>
<b>SECURITY PLAN (DESCRIBE):</b>
<b>CLEANUP PLAN (DESCRIBE):</b>
<b>SANITARY AND RESTROOM PLAN (DESCRIBE):</b>

<b>I AGREE TO COMPLY WITH NOISE ORDINANCE CITY CODE, CHPT 24, ART II</b>	<b>INITIAL</b> _____
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<b>FEE CHART: TYPE OF APPLICATION</b>	<b>FEE AMOUNT</b>
<b>501(C)(3) ORGANIZATIONS NOT SUBJECT TO APPLICATION FEE</b>	
APPLICATION FOR A FIRST TIME PARADE THAT DOES REQUIRE A NEW OR MODIFIED TRAFFIC CONTROL PLAN	<b>\$200.00</b>
APPLICATION FOR RECURRING PARADE THAT DOES NOT REQUIRE A NEW OR MODIFIED TRAFFIC CONTROL PLAN	<b>\$60.00</b>

Notice: By my signature affixed below, on behalf of the sponsor identified above, I hereby apply to the City of Lewiston for a parade permit and shall adhere to and be bound by any commitments made in this application.

EVENT SPONSOR PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please submit a completed request form, fees and all attachments to: City of Lewiston’s Public Works Office, 215 D St., Lewiston, ID 83501  
 Email or call Public Works with questions: [publicworks@cityoflewiston.org](mailto:publicworks@cityoflewiston.org) 208.746.1316

----- **CITY STAFF USE ONLY BELOW THIS LINE** -----

<b>INSURANCE PROVIDED</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>AFFIDAVIT OF INDIGENCE</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>**This section for City use only.**</b>					
Route	DEPARTMENT	APPROVAL	DATE	INITIALS	COMMENTS
1	POLICE DEPT.				
2	FIRE DEPT.				
3	PARKS & REC				
4	TRAFFIC SERVICES				
5	ENGINEERING				

PUBLIC WORKS DIRECTOR: _____	DATE: _____	APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>
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COMMENTS/CONDITIONS:
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**EXHIBIT A**  
**INSURANCE**

- A. Applicant, at its sole expense, shall procure and maintain in full force and effect insurance written by an insurance company or companies with AM Best's rating(s) of A VIII or better. All insurance companies must be authorized to do business in the State of Idaho. By requiring insurance herein, the City of Lewiston does not represent that coverage and limits are necessarily adequate to protect Applicant, and such coverage and limits shall not be deemed as a limitation on Applicant's liability under the indemnities granted to the City of Lewiston in this agreement.
- B. Certificates of Insurance evidencing the coverages required herein shall be provided to City prior to the Event. All certificates must be signed by an authorized representative of Applicant's insurance carrier.
- C. Certificates shall be mailed or delivered to:  
Accounts Payable  
City of Lewiston  
P.O. Box 617  
Lewiston, Idaho 83501
- D. Certificates must evidence the following minimum coverages:
1. WORKERS' COMPENSATION insurance meeting the statutory requirements of the State of Idaho, if applicable.
  2. COMMERCIAL GENERAL LIABILITY insurance, if applicable, providing limits of liability in the following amounts:

General Aggregate:	\$2,000,000
Product/Completed Operations Aggregate:	\$2,000,000
Personal & Advertising Injury Liability:	\$1,000,000
Per Occurrence:	\$1,000,000
Damage to Premises Rented to You:	\$ 50,000
  3. COMPREHENSIVE AUTOMOBILE LIABILITY insurance including, as applicable, owned, non-owned, and rented autos, in an amount of not less than \$500,000 per occurrence, combined single limit, written on an occurrence form.
- The Commercial General Liability ("CGL") insurance policy shall be written on an "Occurrence" form and shall cover liability arising from premises, operations, independent contractors, products, completed operations, personal injury, advertising injury, and liability assumed under an insured contract (including tort liability of another assumed in a contract). City and its elected officials, agents, employees, successors and assigns shall be included as Additional Insureds under the CGL using ISO endorsement CG 20 10. The Additional Insured endorsement CG 20 10, or its equivalent, must be provided with the certificate of insurance.
- E. The Commercial General Liability policy carried by Applicant pursuant to this agreement shall include an endorsement expressly waiving any right of subrogation on the part of the insurer against the City of Lewiston and its elected officials, agents, employees, successors and assigns. Applicant shall pay any additional costs or charges for obtaining such waiver. A copy of the waiver of subrogation endorsement shall accompany the certificate(s) of insurance.



\_\_\_\_\_) (hereinafter "Applicant" )  
(Applicant's Name) )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
(Applicant's Address) )  
\_\_\_\_\_) )  
(Applicant's Phone Number) )  
\_\_\_\_\_)

**AFFIDAVIT OF INDIGENCE -  
INDIVIDUAL**

NAME OF PARADE: \_\_\_\_\_ (hereinafter "Parade")  
DATE OF PARADE: \_\_\_\_\_ LOCATION OF PARADE: \_\_\_\_\_

I, the Applicant, swear or affirm under penalty of perjury, pursuant to Idaho Code Title 18, Chapter 54, as may be amended from time-to-time, that I am unable to afford the insurance required for the Parade.

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Applicant

STATE OF IDAHO )  
                          ) ss.  
County of Nez Perce )

On this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ before me, a Notary Public, personally appeared \_\_\_\_\_, known or identified to me to be the person who executed the instrument.

\_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_  
Commission Expires: \_\_\_\_\_

