

HENRICO COUNTY POLICE DIVISION

Parade/Marathon Application HCPD-161 (09/23)

In accordance with the provision of Henrico County Code Section 22-419, the undersigned hereby requests authorization to conduct a procession in the County of Henrico over the route and under the conditions described below.

All applications must be received by **AT LEAST 30 DAYS PRIOR TO THE EVENT**. If the procession is to traverse or cross any part of the primary highway system, written permission must be obtained from the Resident Engineer, Virginia Department of Highways and attached to this application. If the procession is to form or disband on private property, written consent from the property owner, or their agent, must also be attached to this application. **At no time during the procession may anything be thrown out to the attendees for safety reasons.**

PLEASE PRINT OR TYPE THE INFORMATION REQUESTED BELOW.

Applicant's last four digits of SSN: Phone #: Applicant's email address: Sponsoring organization: Nature of business or operation: Motorcade (motor vehicles only)	Name of applicant:	Date of application:	
Applicant's email adress:			
Applicant's email address:	Applicant's address:		
Sponsoring organization:			
TYPE OF PROCESSION Motorcade (motor vehicles only) Parade (marching units and vehicles) Marathon PROCESSION INFORMATION Passenger cars:			
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Procession INFORMATION Passenger cars: Bicycles: Motorcycles: Runners: Emergency vehicles: Foot units (other than bands): Trucks: Foot units (other than bands): Purpose of this procession: Image: Composed for the proposed route for the event. Street names and direction of travel must be noted.): Proposed route (Attach a detailed map of the proposed route for the event. Street names and direction of travel must be noted.): Location of disbanding area: Date of procession: Date of procession: Date of procession: Date of procession: Date: Date:			
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Applicant's signature: Date:	Date of procession: Time formation b	egins: Time procession begins:	
□ Approve □ Disapprove Commanding Officer, Community Services: Date:			
Copy to:		·	