



## 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.

Name of applicant: \_\_\_\_\_ Date of application: \_\_\_\_\_

Applicant's last four digits of SSN: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant's address: \_\_\_\_\_

Applicant's email address: \_\_\_\_\_

Sponsoring organization: \_\_\_\_\_

Nature of business or operation: \_\_\_\_\_

| TYPE OF PROCESSION  |  |
|---|--|
| <input type="checkbox"/> Motorcade ( <i>motor vehicles only</i> )   | <input type="checkbox"/> Parade ( <i>marching units and vehicles</i> ) <input type="checkbox"/> Marathon |
| PROCESSION INFORMATION  |  |
| Passenger cars: _____   | Bicycles: _____  |
| Motorcycles: _____  | Runners: _____   |
| Emergency vehicles: _____   | Foot units ( <i>other than bands</i> ): _____  |
| Trucks: _____   |  |
| Purpose of this procession: _____   |  |
| Location of formation area: _____   |  |
| Proposed route ( <i>Attach a detailed map of the proposed route for the event. Street names and direction of travel must be noted.</i> ): _____ |  |
| Location of disbanding area: _____  |  |
| Date of procession: _____   | Time formation begins: _____ Time procession begins: _____   |
| Applicant's signature: _____ Date: _____  |  |
| RECOMMENDATION  |  |
| <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove  | Commanding Officer, Community Services: _____ Date: _____  |

Copy to: ☐ Applicant ☐ Traffic Engineer ☐ Communications ☐ Station Captain ☐ Fire ☐ OEM